

# Geetha M. Reddy, M.D. F.A.C.C.

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Form: Employee Acknowledgement of Receipt of Policies and Procedures

I, \_\_\_\_\_ have read and understand the Geetha M. Reddy, M.D. FAAC policies and procedures. My signature below indicates that I have had the opportunity to read those policies and ask questions. I understand that failure to follow those policies and procedures would be grounds for termination. I understand that this is an At Will Employment State and that I may be terminated without reason at any time. I further understand that any information concerning the Geetha M. Reddy, M.D. FACC practice is confidential and not to be disclosed to anyone without prior approval.

Employee

Signature: \_\_\_\_\_ Date: \_\_\_\_\_