

Code of Conduct

White River Health

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I. General Statement

White River Health ("WRH") is committed to integrity as the fundamental guiding principle for its employees and others who act on its behalf and has prepared this Code of Conduct to reaffirm this commitment. The guidelines contained in this Code are designed to assist you in making the right choices when confronted with difficult situations. This Code imposes requirements that are often more exacting than those mandated by law, reflecting our goal of conducting ourselves with the highest level of integrity. The willingness of each of us to raise ethical and legal concerns is essential. Ultimately, the responsibility for ethical behavior rests with each of us in the exercise of our independent judgment.

WRH also expects each employee to recognize and avoid activities and relationships that involve or might appear to involve conflicts of interest, and behavior that may cause embarrassment to WRH or compromise its integrity. The following principles are intended to guide employees in recognizing these situations:

- WRH and its employees will abide by the letter and spirit of all applicable laws and regulations and will act in such a manner that the full disclosure of all facts related to any activity will reflect favorably upon the Health System.
- WRH and its employees will adhere to the highest ethical standards of conduct in all business activities and will act in a manner that enhances the Health System's standing as a vigorous and ethical contributor within the community.
- WRH will deal fairly and honestly with those who are affected by our actions and treat them as we would expect them to treat us if the situation were reversed.
- WRH will undertake only those activities that will withstand public scrutiny and not pursue any course of action which involves a violation of the law or these principles.
- WRH will promote relationships based on mutual trust and respect and provide an environment in which individuals may question a practice without fear of adverse consequences.
- Each of us will abide by WRH's Conflict of Interest Policy and will disclose any potential conflict of interest we may have regarding our responsibilities to the Health System and will remove the conflict as required.

We expect outside colleagues, e.g., vendors, consultants, and others whose actions could be contributed to the Health System, to adhere to the same standards in their dealings with us and with others on our behalf.

An employee who has a question regarding the application or interpretation of the Code should use the procedure specified in Section IX, Compliance with the Code.

I. Conducting WRH's Business

WRH's activities involve thousands of transactions each day. Obviously, we must have strict rules to guard against fraud of dishonesty and guidelines for addressing possible problems that may arise.

If you detect or suspect any behavior which you believe is or may be improper or inconsistent with the guidelines contained in this Code or the law on the part of any employee or agent of WRH or any person with whom WRH deals, you should report it immediately so that the appropriate investigation is initiated. (See Section IX, Compliance with the Code).

Referral by WRH for prosecution will be made when appropriate after review by in house legal counsel.

Compliance with Anti-Kickback and Self-Referral Laws

Federal law specifically prohibits any form of kickback, bribe, or rebate made directly or indirectly, overtly, or covertly, in cash or in kind to induce the purchase, recommendation to purchase, or referral of any kind of health care goods, services, or items paid by Medicare or Medicaid program. The term "kickback" means the giving of remuneration, which is interpreted under the law as anything of value. Under the federal law, the offense is classified as a felony and is punishable by fines and imprisonment for up to five years.

Federal and state "anti-referral" laws impose substantial penalties relative to billing for services referred by physicians or other health care practitioners who have a contractual or business relationship with the Health System. You should become familiar with these laws and assure that all your activities are conducted in such a manner that no question may arise as to whether any of these laws have been violated.

Any question concerning these laws or any business arrangement subject to anti-kickback or anti-referral laws should be directed to the Compliance Officer ("CO").

To list everything that may constitute an improper inducement under the anti-kickback laws would not be possible, but one thing is clear: WRH must scrupulously avoid being either the one who offers or the recipient of an improper inducement. Care must be taken in structuring relationships with persons not employed by WRH so as not to create a situation where WRH appears to be offering an improper inducement to those who may be in a position to refer or influence the referral of patients to WRH. For example, the offering of free goods or services, or those priced below market value, to physicians for the purpose of influencing them to refer patients to, or utilize the professional services offered by WRH would be improper.

As a provider of patient care, WRH also should not receive any improper inducement from its vendors to influence it in making decisions regarding the use of particular products or the referral or recommendations of patients to other providers of goods and services paid for by Medicare and Medicaid. For example, free, or at below- market value, goods or services from vendors, awards, discounts, prizes or other forms of remuneration may be treated as a "kickback" even if given as part of a promotional program of a vendor or provider, e.g., pharmaceutical company, medical equipment supplier, etc. There are certain exceptions to these rules which permit discounts, rebates, and allowances under appropriate circumstances, provided there is proper disclosure of the discount or other remuneration to third-party payers.

Before entering into any business or contractual relationship with any person or organization which may raise a question under the anti-kickback laws, or with any physician or other health care practitioner who makes or may make referrals to WRH, please consult with the CO.

Likewise, it is a violation of WRH's policy, and an offense for which dismissal will be considered, for any officer, employee or any other person acting on behalf of or in the name of WRH to make or authorize the paying of any bribe, any payment for an illegal act, or any other use of WRH resources which, although arguably not illegal, could be interpreted as improper or unwanted.

In general, any money, property or favor offered or given to induce someone to forego normal business or professional considerations in making decisions that affect WRH constitutes improper use of a resource. Equally improper is any payment of any kind to consultants, agents, brokers, attorneys, other individuals, or firms if there is reason to suspect that some or all of the payment is to be used to do anything that is prohibited by this Code.

A useful test to apply in determining whether a payment-or any other transaction-is proper is whether such transaction, if disclosed publicly, could adversely affect the reputation of WRH. Another useful principle to follow is not to give anything to a vendor, client, or other person doing business with WRH which you could not yourself accept if it were offered to you under similar circumstances. If you have any doubts as to whether a payment is

lawful, you should consult your supervisor or the CO.

Billing for WRH

WRH and its staff provide a wide range of services to patients and the community. Because of our mission, some of these services are provided at no charge or at reduced rates. In most cases, however, billing statements are provided to the patient or a third-party payer responsible for payment. It is imperative that these statements accurately reflect the services provided, who performed the service, and the precise charges for those services, as well as all other pertinent data relating to the patient. It is of course fundamental that no one acting on behalf of WRH would intentionally falsify a claim. Such a conduct is a crime, is never in the interest of WRH, and will result in severe sanctions. Negligently prepared bills cause significant administrative problems as well as tarnish WRH's reputation for professionalism. Billing errors as well as billing improprieties of any kind may expose WRH to civil or criminal liability. Medicare, Medicaid, and other payers may only be billed for medically necessary services that are properly documented. Under the Medicare and Medicaid programs, an erroneous bill could, in certain circumstances, be deemed to be a "false claim."

Accordingly, all WRH employees and health care professionals who provide billing information and all employees who perform technical or clerical tasks in connection with preparing or submitting billing statements are required to become familiar with and abide by WRH's billing rules. Each employee must use his or her best efforts to prevent and, where appropriate, report errors, improprieties, or suspicious circumstances in billing that could violate applicable laws and regulations.

If you have knowledge of any billing errors or improprieties, or if you suspect an individual's conduct with regard to billing is inconsistent with WRH's billing rules, this information must be reported to your supervisor or to the CO. Failure to report a suspected billing error or impropriety of any type may result in discipline up to, and including, dismissal.

Tax

WRH is a charity, exempt from taxation by the federal, state, and local governments. To maintain this exemption, which is critical to WRH's survival, WRH must operate for the benefit of the community and must avoid what the tax law calls "private inurement" and "private benefit." All nonexempt individuals or entities must pay fair market value for use of WRH services or property. Violation of the tax law can give rise to criminal penalties as well. Questions on tax issues should be referred to the CO. Care must also be taken that WRH's sales tax exemption is used only for legitimate WRH activities. Personal items should not be purchased through WRH even if WRH is reimbursed by the employee.

All appropriate taxes must be withheld from the employees' wages, and the use of a purchase order to compensate individuals must be limited to true independent contractors and first cleared by the Chief Executive Officer or Chief Financial Officer.

WRH has issued tax-exempt bonds, which are secured by revenues of WRH. These bonds contain restrictions on the use of this property and on other WRH activities which, if violated, could jeopardize WRH's ability to borrow money in the future. Questions on these issues should be referred to the Chief Financial Officer.

Emergency Care

WRH is required by federal law to provide a medical screening examination, regardless of ability to pay, to patients who present to the Emergency Department and request examination. If the patient has an emergency medical condition, WRH must treat and admit the patient, and can only transfer him or her after he or she has been stabilized. With respect to any person who is in need of emergency hospitalization, WRH may not before admission question the patient or any member of his or her family concerning insurance, credit, or payment of charges, provided that the patient or a member of his or her family shall agree to supply such information promptly after the patient's admission. All Emergency Department employees should be aware of WRH's policy in this regard. Special restrictions govern the transfer process. Failure to comply with the detailed requirements of the federal law can subject WRH or its staff to civil or criminal penalties. Questions should be referred to the

Chief Executive Officer or Chief Medical Officer.

Pharmaceuticals, Prescription Drugs, Controlled Substances

Many of WRH's employees have responsibility for, or access to, prescription drugs, controlled substances, hypodermic needles, drug samples, and other regulated pharmaceuticals. WRH is legally responsible for the proper distribution and handling of these pharmaceutical products. Federal and state laws covering prescription drugs and controlled substances are intended to maintain the integrity of our national drug distribution system and protect consumers by assuring that prescription drugs are safe and properly labeled.

These laws include prohibition against diversion of any prescription drug or controlled substance, including a drug sample, in any amount for any reason to an unauthorized individual or entity. The distribution of adulterated, misbranded, mislabeled, expired, or diverted pharmaceuticals is a violation of federal and state law for which severe criminal penalties may be imposed on individual violators as well as on WRH.

It is WRH's policy that all employees be both diligent and vigilant in carrying out their obligations to handle and dispense WRH's prescription drugs and controlled substances in accordance with all applicable laws, regulations, WRH procedures. These WRH procedures and policies are available in written form from Administration.

Every professional employee, whether physician, nurse, pharmacist, or any other licensed individual authorized to prescribe, dispense, or handle prescription drugs or controlled substances, is expected to maintain the highest professional standards in safeguarding pharmaceuticals of all kinds and in preventing unauthorized access to them. This includes adherence to laws and regulations governing procedures for securing scheduled controlled substances and for their return or destruction.

No prescription drug or controlled substance may be sold, transferred, or otherwise distributed unless authorized by a written WRH policy or the appropriate WRH individual charged with such responsibility. Nonprofit hospitals, including WRH, are permitted by an exception to federal antitrust and price discrimination laws to purchase drugs at a specially discounted price. However, the drugs dispensed by WRH's pharmacy are restricted to the WRH employees, students, and staff physicians for their personal use or for the use of their dependents. Drugs dispensed by WRH's pharmacy may NOT, however be used by non-dependents or by staff physicians for their private practice without the express approval of the Chief Executive Officer.

Any violation of any law or any WRH policy involving prescription drugs, controlled substances, or other pharmaceuticals will constitute grounds for dismissal. Each employee is expected to protect the integrity of WRH by safeguarding the drugs entrusted to us for appropriate institutional medical use. If you become aware of any potential lapses in security, or any actual infringement of any law, policy or regulation relating to drugs, you must advise your supervisor or the CO immediately.

II. Research and Grant Requirements

The commitment of WRH to integrity encompasses all research and grant proposals and activities, whether funded by government agencies, such as the National Institutes of Health, the United States Public Health Service, the Federal Food and Drug Administration, or by private sources. WRH has established policies and procedures to ensure that research projects and grants are conducted in a manner that is consistent with federal, state, local, and WRH rules and regulations. It is expected that as members of the scientific community, staff will become familiar with these policies and procedures as well as the laws, rules and regulations governing research and grants.

Conflicts of Interest and Improper Referrals

It is extremely important to identify as early as possible in the grant-writing process any conflicts of interest between sources of grant funds and the WRH recipient. Conflicts of interest would include any actual or potential financial interest of a grant recipient in the outcome of the research. Such conflicts are particularly likely to arise where grants are funded by private sources, which may include pharmaceutical companies and vendors of health care products or services. Researchers must abide by WRH's Conflict of Interest Policy, a copy of which is available from Administration, and the American Medical Association ("AMA")'s guidelines on clinical investigation Code of Medical Ethics, Section 2.07 (1994 Edition). A copy of the AMA guidelines is available from WRH. All conflicts must be reported to the CO.

Researchers must be vigilant in considering whether grants could involve improper inducements for the referral of patients to WRH. This could occur, for example, in a study of drug efficacy underwritten by a pharmaceutical company if the protocol were not appropriately designed. If improper, such referral practices would constitute "kickbacks" in violation of federal law. Section II describes kickbacks and related issues in greater detail (see Section II, Compliance with Anti-Kickback and Self-Referral Laws). Any questions concerning whether the anti-kickback or other law may be involved in a research proposal should be directed to the CO. Care must be taken to be sure that the purpose of the research and the protocol are consistent with proper objectives, and that research is conducted so as to adhere to the approved protocol.

Scientific Misconduct

"Scientific misconduct" means fabrication, falsification, plagiarism, or other practices that seriously deviate from practices that are commonly accepted within the scientific community for proposing, conducting, or reporting research. It does not include honest errors or honest differences in interpretation or judgment of data.

WRH defines "scientific misconduct" also to include failure to submit research projects for any approval that may be required, to obtain informed consent in accordance with WRH's Informed Consent Policy, or to comply with the Conflict of Interest Policy or any other WRH Policy regarding research activities. Fiscal improprieties and issues concerning the ethical treatment of human or animal subjects are also included in the WRH's definition of scientific misconduct. In addition to the rise of serious federal and state penalties, scientific misconduct is a violation of WRH's policy, and an offense for which dismissal will be considered.

Each person employed by or doing research under the auspices of WRH must report to the CO any instance of scientific misconduct which he or she believes may have occurred or any allegations of scientific misconduct which are brought to his or her attention. WRH has written guidelines setting out the process for dealing with alleged or apparent misconduct. The process is intended to protect the rights and reputation of all those who may be involved, and to ensure that the integrity of the Health System is maintained in all research activities.

Grants

All grant writing activity that is conducted on behalf of WRH should be conducted in accordance with all laws, rules and regulations governing such grants and any specific guidelines imposed by the grantor. Once received, grant funds must be disbursed and accounted for pursuant to the grantor's requirements and in accordance with all laws, rules and regulations governing grants.

III. Political Participation

Participation in the political process is one of every American's most basic rights. Federal and state laws, however, limit the nature and extent of organizational political participation.

Federal law and WRH's policy also state that no one will be reimbursed for personal political contributions. Personal compensation will not be altered in any way under any circumstances to reflect such contributions.

WRH encourages employees to participate in the American political process if they so desire. They may make personal political contribution or communicate their beliefs to elected officials.

It is important however, to distinguish between personal and organizational political activities. As a responsible corporate citizen, WRH occasionally will speak out on issues of importance to it. Senior management is responsible for developing WRH's position on relevant legislative and regulatory issues.

Unless you are specifically requested by WRH to represent it before legislative or other governmental bodies, be sure you clearly label any personal communications with legislators as your own beliefs. If you are contacted by legislators or regulators regarding WRH's position on public issues, you should refer them to Administration.

Lobbying

Certain management personnel may periodically be called upon by WRH to contact members of city, county, state, or federal legislative bodies and other officials to set forth and advocate for WRH's position on issues. These persons are always expected to abide by all applicable laws. Any person who attempts to influence any legislative, executive, or other governmental action, official, or employee on behalf of WRH may be required to register as a lobbyist and file certain reports concerning his or her activities. There are also registration and reporting requirements as well as explicit limitations on lobbying that apply to WRH. In addition, some laws provide rules of conduct for lobbyists. Federal law prohibits giving anything of value to any federal public official or person elected to be a public official to influence a decision by such official. In order to avoid any ambiguity in such matters, WRH's policy is to prohibit the giving of gifts, meals or gratuities to federal officials without prior authorization, as discussed in Section V. Doing Business with the Government. To assure that these laws and policies are fully complied with, it is expected that no employee will engage in lobbying without prior authorization from Administration.

WRH may also engage lobbyists or lobby firms to help promote its interests and has established internal controls to assure that all activities are legal. Written authorization must be obtained from the Chief Executive Officer prior to engaging any lobbyist, outside legal counsel, or consultant to lobby for or otherwise WRH's interests on any legislative, regulatory, or other governmental issue. The following evidence must be submitted along with the proper request for authorization to justify the engagement.

- The purpose for the engagement and the nature and extent of services to be performed.
- The basis for selecting the proposed individual, firm, or company.
- The agreed-upon fee and how the fee was determined to be reasonable and appropriate for the services to be performed.

All requests for reimbursement of expenses incurred by a lobbyist must be submitted within thirty (30) days after the expenses are incurred and must also be accompanied by a specific expense reporting form completed and signed by that lobbyist.

IV. Doing Business with the Government

Medicare and Medicaid Requirements

WRH participates in both the Medicare and Medicaid programs. Both programs are governed by complicated laws and regulations which impose strict requirements on providers that are significantly different from and more extensive than those one encounters in non-government commercial contracts. For example, Medicare and Medicaid have very complex payment guidelines that identify not only the circumstances under which, but also how much those programs will reimburse WRH for goods and services rendered to patients covered under those programs. These guidelines are often different than directives received from other third-party payers. Violation of Medicare and Medicaid laws and regulations can result in criminal sanctions being imposed not only on the persons involved but also on the organization on whose behalf those persons act. Moreover, if WRH was found to be involved, it might be excluded from participating entirely in the Medicare and Medicaid programs. It is essential, therefore, that we strictly comply with all Medicare and Medicaid laws, rules, and regulations.

Hiring of Former Government Employees

Very specific rules exist to eliminate even the appearance of a conflict of interest by former government employees who, upon termination of their government service, seek employment with those who do business with government. You should obtain clearance from the Chief Executive Officer prior to discussing the employment or possible retention as a consultant of any current or former government employee.

Both WRH and any employee or consultant who was a former government employee must comply with all applicable rules while working on WRH's behalf.

No Gifts, Meals, or Gratuities for Government Personnel

You may not provide or pay for meals, refreshments, travel, or lodging expenses for government employees. Very strict guidelines prohibit any type of gratuity, with very few exceptions, and your strict compliance is required. Unlike in other circumstances, the laws regarding this issue could be violated if anything of value is given to a governmental employee even if there is no intent to influence an official action or decision. Therefore, no employee should entertain a public official without authorization from Administration.

V. Employee Loyalty and Conflicts of Interest

WRH expects its employees to serve WRH with undivided loyalty. You should put WRH's interests ahead of any other business and commercial interest you may have as an individual. (See also Section II, Conducting WRH's Business). You should avoid situations in which a conflict of interest, or the appearance of a conflict, could arise. For more complete guidance as to WRH's policy on these types of issues, please refer to the Conflict of Interest policy.

VI. Use of Health System Information

Safeguarding the Privacy of Our Patient

Our professions require that we gather a great deal of personal information about individuals. Therefore, we must carefully avoid any unwarranted invasion of individual's right to privacy. This applies to information about our patients and our employees. For this reason, and to assure the accuracy of the information we retain, the following guidelines apply:

- To protect individuals against misuse of information identifiable to them, limit access to that information, except to the extent permitted by WRH policy.
- Use only legitimate means to collect the information and, whenever practical, obtain it directly from the

individual concerned.

- Special confidentiality rules apply to patients in drug and alcohol treatment programs, as well as disclosure of information regarding a patient's HIV status. When release of any information with respect to patients with these illnesses is contemplated, these rules must be adhered to carefully.

Any employee or agent of WRH who engages in any unauthorized disclosure of information in violation of the privacy rights of our patients or others may be subject to immediate termination in addition to possible civil or criminal sanctions. Any person who becomes aware of such unauthorized disclosure should report it immediately.

Confidentiality of WRH Information

One of WRH's most valuable assets is its body of confidential information. The widespread use of computer terminals and computer systems have caused this information to be accessible to many employees. Failure to protect this information adequately can lead to the loss of confidential data that may place WRH legally at risk. Because of this risk of harm to WRH, its employees, and patients, no employee shall, without the written consent of WRH, during the term of employment or thereafter, use for the benefit of such employee or others, or disclose to others any confidential information obtained during the course of employment.

Confidential information includes WRH's methods, processes, techniques, computer software, equipment, service marks, copyrights, research data, clinical and pharmacological data, marketing and sales information, personnel data, patient lists, financial data, plans, and all other know-how and trade secrets which are in the possession of WRH and which have not been published or disclosed to the general public.

As an employee, you are responsible and accountable for the integrity and protection of confidential information and must take steps to protect information that has been entrusted to you. For example, you must not make inappropriate modifications of information or destroy or disclose information except as authorized. Documents containing sensitive data, including information concerning patients, should be handled carefully during work hours, and must be properly secured at the end of the business day. Particular attention must be paid to the security of data stored on the computer system. If you observe individuals that you do not recognize using terminal in your area, immediately report this to your supervisor.

Information Owned by Others

Like WRH, other organizations have intellectual property they want to protect. So do individuals. Also like the Health System, these other parties are sometimes willing to disclose their confidential information for a particular purpose. If you are on the receiving end of another party's confidential information, you must proceed with caution to prevent any accusations that you or WRH misappropriated or misused the information.

To avoid the risk of you or WRH being accused of misappropriating or misusing someone's confidential or restricted information, there are certain steps you should take before receiving such information. The receipt of confidential or restricted information whether oral, visual, or written must not take place until the terms of its use have been formally agreed to by WRH and the other party. That means a written agreement approved by Administration. Furthermore, unless otherwise delegated, establishing such an agreement for the receipt of confidential or restricted information of another party will require the prior written approval of an appropriate WRH Administrator. Once another party's confidential or restricted information is properly in your hands, you must not use, copy, distribute, or disclose that information unless you do so in accordance with the terms of the agreement.

Special care should be taken in acquiring software from others as intellectual property software is protected by copyright laws and may also be protected by patent, trade secret laws, or as confidential information. Such software includes computer programs, databases, and related documentation owned by the party with whom you are dealing or by another party. Before you accept software or sign a license agreement, you must follow established WRH procedures. The terms and conditions of such license agreements - such as provisions not to copy or distribute programs - must be strictly followed. Also, if you acquire software for your personally-owned

equipment, you should not copy any part of such software in any work you do for WRH, place such software on any WRH-owned computer systems, or generally bring such software onto WRH premises.

In any cases do not take the status of information for granted. If you have information in your possession that you believe may be confidential to a third party or may have restrictions placed on its use, you should consult with Administration.

Records Retention/Destruction

WRH is required by law to maintain certain types of medical and business records, usually for a specified period of time. Failure to retain such documents for such minimum period could subject WRH to penalties and fines, cause the loss of rights, obstruct justice, place WRH in contempt of court, or put WRH at a serious disadvantage in litigation. Accordingly, WRH has established controls to assure retention for required periods and timely destruction of retrievable records, such as hard copies and records on computers, electronic systems, microfiche, and microfilm. Even if a document is retained for the minimum period, legal liability could still result if a document is destroyed before its schedule destruction date.

You are expected to comply fully with the records retention and destruction schedule for the department in which you work. If you believe that documents should be saved beyond the applicable retention period, consult your supervisor, who in turn should contact Administration.

It is likewise critical to the successful accomplishment of WRH's professional goals that its records are accurately completed and maintained consistent with proper business practices. Many of WRH's records serve as a basis for treatment decisions for its patients, as a compilation of goods and services rendered for billing purposes, and as a recordation of historical courses of treatment. Each of these functions serves as an indispensable role in enabling WRH to fulfill its obligation to its patients, the medical and nursing staff, and the various payers for goods and services. Consequently, the proper and contemporaneous creation of fully accurate and complete records is a duty of each member of the WRH.

Government Investigations

Given the increased vigilance by law enforcement agencies in the health care arena, it is important that WRH establish definitive guidelines on how and when to respond to government inquiries. Inaccurate or incomplete information provided to government officials in response to their inquiries will often generate complications for WRH and possibly frustrate the legitimate purposes of the inquiry. Unauthorized disclosure of information may jeopardize our patients' rights to privacy and expose the organization to liability. Therefore, we must adhere to the following procedures to ensure WRH responds in a proper manner to all government investigations.

Any employee of WRH who is approached by any federal or state law enforcement agency seeking information about any aspect of the operations of WRH or the job-related activities of any of WRH's offices, employees, or agents should call Administration before turning over any information. Two agencies are entitled, by law, to immediate access to information: The Office of the Inspector General of the United States Department of Health and Human Services and Arkansas Medicaid Fraud Control Units. Proper identification must be presented by officials of either of these agencies before access can be provided. In almost all cases, when a request by personnel of either agency is made, access to the requested information should be delayed pending notification of Administration. Such notification should occur simultaneously with the requested access. Notification will ensure that the organization is aware of the inquiry, properly responds to it, and can take whatever action is necessary regarding it. If access cannot be delayed pending notification of Administration, then Administration should be contacted simultaneously with allowing access to the data.

Other governmental agencies, however, may look at WRH documents and other materials only with WRH's consent or by proper legal process. These agencies include: The Federal Bureau of Investigation, the Drug Enforcement Administration, the United State Postal Inspector, the Arkansas Attorney General (with the exception of the Medicaid Fraud Control Unit), the Independence County prosecutor, and local police departments.

To assure that government agencies are provided with the information to which they are entitled on a timely basis and, at the same time, to prevent the improper disclosure of private information, it is imperative that you contact Administration as promptly as possible after receipt of, or compliance with, any request for information that you receive. In addition, please be certain to (1) obtain the name and organization affiliation of all persons from whom a request for access to information is received or to whom access is permitted before any access is allowed, (2) maintain a written record of each and every document to which access is given, (3) keep a detailed record of all telephone contacts made, including specifically the name and affiliation of the parties to each conversation, the information requested and the response given during the conversation.

Specific confidentiality laws relating to medical records pertaining to AIDS and substance abuse (controlled drugs and alcohol) and to psychiatric records may limit the general authority of government investigators. Employees should be certain that any disclosure of such records complies with the policies and procedures of WRH.

VIII. Human Resources

Commitment to Fairness

WRH recognizes that its greatest strength lies in the talents and abilities of employees. To promote positive employee relations and to ensure an environment of fairness, WRH has established the following commitments:

- To provide equal opportunity for employment and advancement based on ability and aptitude without regard to race, color, creed, age, sex, or sexual orientation, disability, or national origin except where such is a bona fide occupational qualification.
- To protect the health and safety of employees in their work environment.
- To compensate employees according to their performance, and to provide equitable benefits within the framework of prevailing practices.

WRH is committed to ensuring a work environment in which all individuals are treated with dignity and respect. Each employee has the right to work in a professional environment that promotes equal opportunity and is free of discriminatory practices. Discrimination or harassment, whether based on race, color, religion, sex, or sexual orientation, national origin, age, or disability is unacceptable and will not be tolerated. WRH's Human Resources Department has developed a variety of policies in support of these commitments. Familiarity and adherence to these policies IS the responsibility of each employee.

IX. Compliance with the Code of Conduct

Questions Regarding the Code

The CO is responsible for implementation of WRH's Compliance Plan, including the Code. The CO will work with others in WRHS, including the Compliance Coordinators, with respect to elements of implementation and enforcement of this Code of Conduct. An employee who has a question regarding the applicability or interpretation of the Code should direct the question to the CO in person, in writing, or by calling the CO. Correspondence relating to the Code should be addressed to the CO and marked "CONFIDENTIAL."

Reporting of Violations

As part of its commitment to ethical and legal conduct, WRH expects its employees to bring to the attention of the CO, or any appropriate person designated by the CO, information regarding suspected improper conduct. The employee must immediately report such information to his or her supervisor or the CO. Employees are required to come forward with any such information, without regard to the identity or position of the suspected offender. Reports to the CO may be made by calling the CO or writing to the CO concerning questions regarding the Code. Because failure to report criminal conduct can itself be understood to condone the crime, we emphasize the importance of reporting. Failure to report knowledge of wrongdoing may itself result in disciplinary action against

those who fail to report. Any manager or officer receiving a report of a potential Code violation must likewise immediately advise the CO of such violation or possible violation. There will be no reprisals for good faith reporting of actual or possible violations of the Code. Where possible, the identity of the employees making the report will be kept confidential.

Investigation of Violations

All reported violations of the Code will be promptly investigated by WRH and will be treated confidentially to the extent consistent with the WRH's interests and its legal obligations.

All investigations by WRH of wrongdoing will be directed by the CO. Employees are required to cooperate in the investigation of an alleged violation of the Code. If the result of the investigation indicates that corrective action is required, WRH will decide what steps it should take to rectify the problem and avoid the likelihood of its recurrence.

Any material violation of criminal, civil, or administrative law as determined after investigation will be reported to the appropriate government agency after consultation within house legal counsel. Such reporting will occur within a reasonable period after final determination that an offense has occurred.

Discipline for Violations

Disciplinary actions may be taken for:

- Authorization of or participation in actions that violate the Code.
- Failure to report a violation of the Code or to cooperate in an investigation.
- Failure by a violator's supervisors to detect and report a violation of the Code if such failure reflects inadequate supervision or lack of oversight.
- Retaliation against an individual for reporting a violation or possible violation of the Code.

Disciplinary action may, when appropriate, include dismissal. With respect to disciplinary action, principles of fairness will apply, including, when appropriate, review of a disciplinary decision.

Acknowledgement and Certification of Compliance

WRH requires that employees at the ranks of Assistant Administrators and higher, Department heads, and all supervisors sign an acknowledgment confirming that they have received and read the Code of Conduct and understand it, and acknowledge that the Code has been communicated to all employees and agents under their supervision. In addition, each year these employees will be asked to submit an updated Annual Employee Attestation.

X. Individual Judgment

The foregoing guidelines are to help all of us better understand what we believe to be in the best interest of our employees, patients, those with whom we do business, and the public at large. Ultimately, however, you are left to depend on your own individual judgment in deciding on the correct course of action.

As you contemplate a particular situation, consideration of the following factors may help you arrive at a satisfactory answer:

- Is my action consistent with WRH practices?
- Could my action give the appearance of impropriety?
- Will the action bring discredit to any employee or WRH if disclosed fully to the public?
- Can I defend my action to my supervisor, other employees and to the public?
- Does my action meet my personal code of behavior?

- Does my action conform to the spirit of the Code?

Remember always to use good judgment and common sense. Whenever you see a situation where this purpose does not appear to be covered by the Code of Conduct, you have the responsibility to bring your concern to the attention of the CO.

APPENDIX C – Annual Employee Attestation

To the best of my knowledge and belief, all practices and policies of White River Health are legal and in compliance with state and federal regulations and laws.

Signature

Date

I do not agree with the above statement for the following specific reason(s):

Signature

Date

I have access to and knowledge of White River Health’s Code of Conduct, Compliance Plan, and HIPAA Privacy Policies, WRH handbook, WRH policies/procedures and department specific policy/procedure. These documents have been reviewed with me, and I agree to be bound by and comply with them.

Signature

Date

APPENDIX D – Conflict of Interest Statement

Effective _____, _____

_____ being a duly qualified and elected director of

_____ hereby state the following:

1. I have received and read a copy of the Corporation's Conflict of Interest Policy. I understand such policy and agree to abide by its terms and conditions.
2. I realize that my position as a director means that I have a fiduciary obligation toward the Corporation which requires that I act in the utmost good faith in all of my dealings in my capacity as a director. A part of this duty I owe as a director includes me not engaging in transactions which create a "conflict of interest."
3. I further understand that the Corporation is a charitable organization and to maintain its federal tax exemption, it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.
4. A "conflict of interest" is defined as a transaction with the Corporation in which a director of the Corporation has a direct or indirect financial interest in the party with whom the Corporation is conducting business. A director shall be considered to have a direct financial interest in a transaction any time the transaction could result in financial gain accruing to the director in his individual capacity. A director shall be considered to have an indirect financial interest in a transaction any time that the director has a material financial interest in the party dealing with the Corporation.
5. A Director has a "financial interest" if the director has, directly or indirectly, through business, investment, or family
 - i. an ownership or investment interest in any entity with which the Corporation has a transaction or arrangement, or
 - ii. a compensation arrangement with the Corporation or with any entity or individual with which the Corporation has a transaction or arrangement, or
 - iii. a potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Corporation is negotiating a transaction or arrangement.

(Compensation includes direct and indirect remuneration as well as gifts or favors that are substantial in nature.)
6. If I have any of the above-mentioned arrangements listed in paragraph five (5), I will list them in Exhibit "A", which is attached hereto.
7. If my interests in the businesses or organizations listed in Exhibit "A" change within the following year, or if I acquire additional interests in businesses or organizations which may reasonably be expected to have a relationship or transaction with the Corporation that could create a conflict of interest, I will provide the board of directors with a written statement detailing any such change.
8. If any matter comes before the board of which I am a director in such a way as to give rise to a conflict of interest, I will alert the board to the possible conflict and make a full disclosure of the nature of the conflict. I will then withdraw from the meeting until the matter has been voted upon by the board.
9. If I fail to withdraw voluntarily from any meeting where a possible conflict of interest is presented, the Chairman of the board is empowered to require my withdrawal from the room during both discussion on and vote on the matter. In the event the conflict of interest affects the Chairman, the Vice Chairman is empowered to require that the Chairman withdraw in the same manner, and for the duration of discussion and action on the matter, the Vice Chairman shall preside.
10. If the board has reasonable cause to believe that I have failed to disclose actual or possible conflicts of interest, it shall inform me of the basis for such belief; and I will be afforded an opportunity to explain the alleged failure to disclose. After hearing my response and making such further investigation as may be warranted in the circumstances, the board shall take appropriate disciplinary and corrective action if it determines that I have failed to disclose an actual or possible conflict of interest.

I hereby certify this day of _____, _____, that I am familiar with the Corporation's Conflict of Interest Policy and the attestations contained in this Statement and that the information I am providing in Exhibit "A" is true and correct to the best of my information.

Director

Witness

Date

