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1. CORPORATE COMPLIANCE PROGRAM

The Board of Trustees for St. Joseph's Hospital Health Center authorized the creation of a Corporate Compliance Program. St. Joseph's Hospital Health Center and its affiliates provide many services. There are complex, ever-changing rules and regulations that guide each particular type of service that St. Joseph's Hospital Health Center follows to help ensure compliant behavior.

In an effort to support this commitment to compliant behavior, St. Joseph's Hospital Health Center’s Corporate Compliance Program improves the organization’s ability to operate in such a manner and to perform its organizational mission. The Corporate Compliance Program helps ensure that service is delivered to patients and business is conducted using honest, ethical and legal behavior.

The Compliance Program is designed to strengthen and further demonstrate St. Joseph's Hospital Health Center’s commitment to achieve the highest level of awareness of governmental and legal requirements. Services rendered are consistent with the Mission of the Hospital and reflective of patient and employee rights, customer service and organizational ethics.

The Board of Trustees authorized the Hospital President to appoint a Corporate Compliance Officer (Chief Compliance Officer). The Director for Corporate and HIPAA Compliance serves as the Chief Compliance Officer and this position has direct access to the Hospital’s President and Board of Trustees.

2. PURPOSE

The Board of Trustees for St. Joseph's Hospital Health Center has adopted the following Code of Conduct to provide standards by which medical staff, resident physicians, clinical affiliates, employee, volunteers and affiliates will conduct themselves in order to assure that the organization operates in a manner that is consistent with laws and regulations, and to fulfill its Mission. Note: for the purpose of this document, the term affiliate is defined as an entity that provides services on behalf of St. Joseph's Hospital Health Center whose activities have an effect on the claim submission process.

Our Business Conduct & Code of Ethics and our Compliance Program apply to all employees, as well as board members, medical staff, resident physicians, clinical affiliates, volunteers, affiliates and other individuals authorized to act as representatives of St. Joseph's Hospital Health Center.

While our Business Conduct & Code of Ethics is designed to provide overall guidance, it does not address every situation. More specific guidance is provided in Policies and Procedures and the Employee Handbook. If there is no specific policy, our Business Conduct & Code of Ethics becomes the policy. If a policy and our Business Conduct & Code of Ethics provision conflict, the Business Conduct & Code of Ethics becomes the policy. The Business Conduct & Code of Ethics is a “living document” that will be updated periodically to respond to changing conditions.

3. CODE OF ORGANIZATIONAL ETHICS FOR ST. JOSEPH’S HOSPITAL HEALTH CENTER

St. Joseph's Hospital Health Center Code of Organizational Ethics is based upon the mission of the Sisters of St. Francis of the Neumann Communities. The Corporate Compliance Program is based on the Organizational Code of Ethics and relies on this Code for its basic ethical guidelines.

**Code Preamble:** The purpose of the St. Joseph Hospital Health Center Code of Organizational Ethics is to provide clear behavioral guidelines that determine appropriate action in conducting professional, business, and personal activities at all levels of our Health Care System. Our core values of integrity and reverence for all are integral to how we seek to achieve our mission and vision, as well as our expectations of others.

These ethical guidelines address the functions of our Health Care System in its various roles: As a health care provider, as a community resource, as individuals, and as a corporation.

**Objective of the Organizational Code of Ethics:** To ensure the integration of the mission, norms, vision, and strategic plan of St. Joseph's Hospital Health Center in all our business practices. To especially consider our ethical behavior in the areas of marketing, admission, transfer, discharge, billing practices and relationships of our staff and members of the medical staff to other health care providers, educational institutions, and payors. All persons who work or render services in St. Joseph’s Hospital Health Center network of service share the responsibility of observing the Code of Ethics.
INTEGRITY OF SERVICE:

- To be truthful and accurate in public advertising and information dissemination.
- To emphasize only those programs deemed necessary for the community served.
- To develop and provide services to patients in a competent manner.
- To act with tact and discretion in order to avoid creating uneasiness, fear or anxiety on the part of any patient.
- To bill patients and/or payors only for services actually provided and to assist in the understanding of those costs.
- To avoid the intentional provision of services that are ineffective.
- To assure that services are not compromised for financial reasons.
- To assure that qualified medical personnel diagnose and treat illness and injury.
- To promote that employees conduct their private and professional life in a manner consistent with the moral standards represented by St. Joseph’s Hospital Health Center.
- To encourage employees to respect community moral standards.
- To assure that employees not accept personal gifts or money from patients for services rendered.
- To abide by the Hospital’s Conflict of Interest Statement. In the event of questionable practice, refer the matter to the Corporate Compliance Committee or to the Chief Compliance Officer.
- To educate staff, patients, and significant others of the services available through the Ethics Committee.
- To provide consultation on patient related ethical issues.

REVERENCE FOR ALL:

- To admit patients and provide a standard level of care without regard for race, color, creed, national origin, sex, sexual orientation, age, disability, or ability to pay.
- To treat everyone in a manner sensitive to the diversity of ethnicity, culture, and lifestyle.
- To guard carefully the privacy and confidentiality of all we serve.
- To assure that only the hospital administrator or his/her designated representative may release information for publication.
- To seek to resolve conflict, at whatever levels, fairly and objectively with respect for all involved parties.

4. NON-RETLALITION/NON-INTIMIDATION POLICY, WHISTLEBLOWER PROTECTION

St. Joseph’s Hospital Health Center has a responsibility for the stewardship of Hospital resources and the public and private support that enables it to pursue its mission. St. Joseph's Hospital is committed to compliance with the laws and regulations to which it is subject and to disseminating policies and procedures to interpret and apply these laws and regulations. Laws, regulations, policies and procedures strengthen and promote ethical practices and ethical treatment of the patients, employees, the community, and those who conduct business with St. Joseph's Hospital Health Center.
A person or entity reporting a concern to the public or those in positions of authority is commonly referred to as a whistleblower. A whistleblower may be a St. Joseph's Hospital Health Center employee, applicant for employment, student, patient, vendor, contractor or the general public. The whistleblower’s role is as a reporting party. They are not investigators or finders of fact, nor do they determine the appropriate corrective or remedial action that may be warranted.

St. Joseph's Hospital Health Center is committed to protecting employees, volunteers, medical staff, resident physicians, clinical affiliates, applicants for employment, or any other party from interference with reporting a concern, or retaliation for having reported a concern or for having refused an illegal order (an illegal order is any directive to violate or assist in violating an applicable federal, state, or local law, rule, or regulation or any order to work or cause others to work in conditions outside of their line of duty that would unreasonably threaten the health or safety of employees, patients and/or the public).

As a result, a St. Joseph’s Hospital Health Center employee, member of the medical staff, resident physician, clinical affiliate, volunteer, or affiliate may not: (1) intimidate or retaliate against anyone who has reported a concern or who has refused to obey an illegal order, nor (2) directly or indirectly use or attempt to use the official authority or influence of his or her position or office for the purpose of interfering with the right of an individual to report a concern to the Compliance Office, the employee’s immediate supervisor, or other appropriate administrator within St. Joseph’s Hospital Health Center or any outside authority.

Any member of the workforce, including members of the medical staff, resident physicians, clinical affiliates, and volunteers, who report waste, fraud, or abuse will not be fired or otherwise intimidated or retaliated against for making the report. The report will be investigated, and even if determined not to be waste, fraud, or abuse, the individual making the report will not be intimidated or retaliated against. There will be no punishment for reporting concerns, including but not limited to firing, demotion, suspension, harassment, failure to consider the employee for promotion, or any other kind of discrimination.

5. DECISION TREE FOR ADDRESSING ISSUES AND CONCERNS

We recognize that the complex, ever-changing rules and regulations of healthcare can create areas of uncertainty for individuals who carry out daily operations. Questions and concerns about the way to handle different situations may, and often do, arise. Each employee has an affirmative duty to report a compliance issue and that failure to do so could result in termination. We encourage employees, medical staff, resident physicians, clinical affiliates, volunteers, and affiliates to use the following mechanisms to find the answers they need.

5.1 If you are in doubt about an issue or you have a concern, you must ask for clarification. Keep asking until you get an answer that makes sense. If you have a specific question, which is not addressed, use the decision tree and ask for clarification.

You should ask yourself: Is the action legal? Is it consistent with St. Joseph’s policies and procedures and with St. Joseph’s Code of Ethics?

- If you think it may be unethical or illegal, don’t do it.
- How would you feel if you did it and it was illegal?
- How would it be viewed to family, friends, patients and the community?

5.2 When you have a concern, remember that it is always better to raise a question before taking an action that may be improper. It is St. Joseph’s policy to ensure that no employee, medical staff member, resident physician, clinical affiliate, volunteer, or affiliate is penalized for raising an issue or concern.

All corporate compliance questions or concerns should be directed to the following individuals in the order they are presented:

Concerns from Employees, Volunteers, Resident Physicians, Clinical Affiliates, or Affiliates:

1. Your immediate supervisor
2. The Director or Manager of your Service Area
3. The Vice President of your Service Area
4. Chief Compliance Officer (Director of Corporate & HIPAA Compliance – (Amy M Rhone 448-5756)
5. General Counsel (Lowell Seifter 448-5880)
6. The Corporate Compliance Hotline (448-6484)

Concerns from the Medical Staff:
1. Department Chairperson
2. The Vice President for Medical Affairs (Dr. Sandra Sulik 448-5880)
3. The Medical Staff Director for Corporate Compliance (Vice President for the Medical Staff)
Note: Concerns may also be reported to the Corporate Compliance Hotline (448-6484)

6. HOW TO REPORT A CONCERN

St. Joseph's Hospital Health Center's internal controls and operating procedures are intended to detect and to prevent or deter improper activities. However, even the best systems of control cannot provide absolute safeguards against wrongdoing. Intentional and unintentional violations of laws, regulations, policies and procedures may occur and may constitute improper activities. St. Joseph's Hospital Health Center has a responsibility to investigate and report to appropriate parties allegations of suspected improper activities and the actions taken by St. Joseph's Hospital Health Center.

Employees, medical staff, resident physicians, clinical affiliates, volunteers, affiliates, and others are encouraged to use guidance provided by this policy for reporting all allegations of suspected improper activities.

Any employee, medical staff member, resident physician, clinical affiliate, volunteer, or affiliate of St. Joseph’s Hospital may call the Compliance Office directly to ask questions or report concerns regarding ethical or legal conduct. The individual may also report any potentially improper action at any time. However, we suggest you start with the guidance under section 5 of this document.

The Corporate Compliance Hotline allows callers to report concerns anonymously and without fear of retaliation. Calls are not traced. Individuals may also report any compliance concerns in writing (Corporate Compliance Notification forms are available outside Human Resources and in the hospital policy manual located on the Hospital Intranet).

Follow-up actions:

The Chief Compliance Officer, will initiate an investigation of appropriate matters brought to his/her attention that cannot be otherwise resolved at the service area level.

The Chief Compliance Officer will track and manage the issue until it is resolved and will keep Administrators apprised of the findings. Whenever the identity of the person filing the report is known, the outcome of the investigation will be reported to the individual.

7. STANDARDS OF BUSINESS CONDUCT – GUIDING PRINCIPLES

7.1 ETHICAL BUSINESS PRACTICES

Exercise good judgment and high ethical standards in your business decision making. Employees, medical staff members, resident physicians, clinical affiliates, volunteers, and affiliates of the St. Joseph’s Hospital Health Center will accurately and honestly represent the Hospital and will not participate in any activity designed to deceive anyone of money, property or services.

Conduct business with honesty, fairness and integrity. These qualities are demonstrated through truthfulness, the absence of deception or fraud and respect for the laws applicable to our business. Acting with integrity is the responsibility of every employee, medical staff member, resident physician, clinical affiliate, volunteer, and affiliate of the St. Joseph’s Hospital Health Center, regardless of facility or location.

7.2 SPECIAL LEGAL RESPONSIBILITIES

Compete fairly and in compliance with all anti-trust laws. Behavior prohibited under the anti-trust laws include, agreements to fix prices, bid rigging, collusion (secret cooperation between people in order to do something illegal or dishonest), price sharing with competitors, boycotts, certain exclusive dealing and price discrimination agreements, unfair trade practices including bribery, misuse of trade secrets, dishonesty, intimidation and other unfair practices.
In order to succeed in today's healthcare marketplace, each of us must be committed to competing on behalf of St. Joseph's Hospital Health Center and its affiliates. But we draw a line between competing fairly and competing illegally. We must never cross that line.

It is unlawful to agree, or attempt to agree, with competitors to fix prices, or make any agreement that inappropriately raise the price of our services or improperly reduces competition. Particular care must be taken in pursuing joint ventures or alliances with other health care providers.

Seek advice from your supervisor or manager before taking any action which may compromise fair competition or compliance with anti-trust laws. Supervisors and Managers contacted regarding anti-trust matters should immediately contact the Compliance Office or Administration.

7.3 HEALTHCARE FRAUD, WASTE AND ABUSE

St. Joseph's Hospital Health Center is committed to detecting and preventing healthcare fraud, waste and abuse. The Corporate Compliance Program helps ensure that service is delivered to patients and business is conducted with third party payors, employees, independent contractors, and other individuals who are representing St. Joseph's Hospital Health Center using honest and ethical behavior.

Fraud is when a dishonest provider (i.e. hospital, physician, diagnostic center) or consumer (i.e. patient) submits on purpose, or causes someone else to submit, false or misleading information that is used in deciding how much healthcare benefits should be paid.

There are several things you can do to reduce the risk of healthcare fraud waste and abuse:

First, you should make sure you understand the rules that relate to the services and goods being provided and billed. Information contained in any claim must be as accurate and complete as possible.

Second, if you become aware of a potential compliance problem, you should immediately notify your supervisor, the Compliance Office (448-5756) or the Compliance Hotline (448-6484). It is important to act swiftly so the matter can be reviewed and the proper action taken. Potential actions include:

- Making changes to prevent the problem from continuing
- Making arrangements to repay any overpayments
- When appropriate, disclosing the problem to appropriate state and federal officials

By voluntarily disclosing such information, St. Joseph's Hospital Health Center may be able to avoid liability or at least limit liability.

7.4 CONFLICTS OF INTEREST

Avoid conflicts of interest and the appearance of conflicts of interest.

A conflict of interest occurs if an outside interest or activity influences or appears to influence your ability to exercise objectivity in meeting your job responsibilities for St. Joseph's Hospital Health Center. There are two kinds of conflicts of interests: a conflict in which the interests are exploited for personal gain and a conflict in which the conflict of interest is acknowledged and dealt with accordingly by those involved.

It is never appropriate for an individual's actions or decisions made in the course of his/her Hospital activities to be determined or influenced by considerations of personal financial gain. Such behaviors call into question the professional objectivity and ethics of the individual, and it also reflects negatively on the Hospital. Participation in activities that conflict with your responsibilities at St. Joseph's Hospital Health Center is not acceptable.
Possible conflicts include situations where employees engage in similar kinds of business in which Hospital is engaged in, or when an employee is a director, officer or employee of a competitor or an entity with a prospective business relationship with the Hospital. If you think you may have a Conflict of Interest, you are expected to obtain assistance from the Hospital's Chief Compliance Officer to determine if a conflict exists and how it should be resolved.

Related Policies:
Medical Staff Conflict of Interest Policy
Corporate Accountability Plan (for Leadership only)

7.5 GIFTS, MEALS, ENTERTAINMENT

This section applies to employees, volunteers and resident physicians. Medical staff will follow the policy that exists within their private practice.

St. Joseph’s Hospital and its employees are prohibited from soliciting or receiving any cash gifts, loans, or any other consideration of value from a vendor, person or organization that does business or may want to do business with St. Joseph’s Hospital Health Center and its affiliates. If a St. Joseph’s Hospital employee receives any cash gift or-loan, it must be returned and the employee’s supervisor notified. Employees may accept a non-cash gift of de minimus value (so small in value that it does not matter) extended as a business courtesy, such as sales promotion items, fruit baskets or candy.

Any non-cash gifts, or any other consideration of value (except for meals, sporting events, local entertainment, business meetings or conferences as described below) that exceeds $50.00 per calendar year, or has the potential to exceed $50.00 per calendar year must be disclosed to the employee’s Director or Vice President of the employee’s service area or the Chief Compliance Officer so that it may be reviewed. All decisions made by the Director and/or Vice President or Chief Compliance Officer must be documented in writing to the employee making the request.

Employees may participate in reasonable business courtesies such as meals, attendance at sporting events, golf tournaments, local entertainment, business meetings, conferences, extended by vendors, or other persons which do business with the Hospital or may want to do business with the Hospital, so long as employee is representing and acting in the best interest of the Hospital, and reports on such activity on a quarterly basis to the employee’s Director, Vice President of service area or Chief Compliance Officer. Leadership is prohibited from taking these courtesies into account when awarding or renewing contracts or purchasing items or services.

In no case may a St. Joseph’s Hospital employee, accept any cash payment from a patient for personal use.

7.6 FAIR TREATMENT OF INDIVIDUALS

We recognize that the greatest strength of our organization lies in the efforts and talents of our employees, medical staff, resident physicians, clinical affiliates, volunteers, and affiliates who create our success and our reputation. We treat each other with respect, dignity, fairness and courtesy.

It is the responsibility of members of the St. Joseph's Hospital Health Center’s team to create and maintain a work environment in which individuals are treated with respect, and where diversity is valued. Harassment, intimidation, disruptive behaviors or abuse of any kind is prohibited in the St. Joseph’s Hospital Health Center workplace. St. Joseph’s Hospital Health Center also prohibits discrimination of any work-related decision based on the race, creed, gender, age, disability status, national origin, or any other illegal basis.

- We provide equal employment opportunities to prospective and current employees, based solely on merit, qualifications and abilities. St. Joseph's Hospital Health Center shows respect and does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, ancestry, age, physical or mental disability, sexual orientation, veteran status or any other status protected by law.
- We support and observe a workplace free of alcohol, drugs and smoking.
- We seek employees, medical staff, resident physicians, clinical affiliates, vendors, and business partners who have not been sanctioned by any regulatory agency and are able to perform their designated responsibilities.
We do not tolerate any act of retaliation or reprisal against any individual who in good faith reports suspected violations of law, regulation, policy or our Business Conduct and Code of Ethics and have a management team who fosters an “open door policy” and creates a work environment in which ethical concerns will be addressed.

All individuals will receive appropriate training and orientation and have the proper experience and expertise to perform their duties and to meet the needs of our customers.

If a St. Joseph’s Hospital Health Center employee, medical staff member, resident physician, clinical affiliate, volunteer, or affiliate perceives that inequitable or unfair conduct is occurring in the workplace, the individual should utilize the organization’s existing “grievance” or problem resolution processes already available within the organization. For employees, this process is described in the Employee Handbook. For members of the medical staff, we encourage you to speak with either the senior partner in your Physician Group or the Department Chair. For resident physicians, we encourage you to speak with the Director of Graduate Medical Education.

7.7 QUALITY OF CARE AND SERVICES

Our mission is to provide high quality care that is safe and effective based upon professionally recognized standards of care. We strive to provide that care in an atmosphere of reverence, compassion and integrity.

We believe that the patient has a right to receive quality care provided with sensitivity, dignity and respect. It is important that everyone involved in patient care work together to achieve common goals while recognizing each patient as an individual with unique cultural and religious beliefs.

- We will respect the dignity, comfort and privacy of every individual, employee, medical staff member, resident physician, volunteer, affiliate and customer, while providing them with consideration, courtesy and respect.
- We will provide healthcare that is safe, effective, patient-centered, timely, efficient and equitable.
- We will provide appropriate and timely care, by qualified healthcare professionals including emergency care to all patients without regard to race, religion, disability, age, sex or national origin or ability to pay for such care.
- We will adhere to the New York State Patients’ Bill of Rights.
- We will not tolerate behaviors that undermine a culture of safety.
- We will maintain complete and thorough records of patient information and protect the privacy of our patient’s health records to fulfill the requirements set forth in our policies, accreditation standards, applicable laws and regulations.

Believing that the ethical aspect of patient care is as important as the physical aspect, we must be willing to step forward and seek assistance whenever an ethical issue/concern occurs.

St. Joseph’s Hospital Health Center is committed to the greatest possible openness and frankness in medical error reporting. Subject to specific limited qualifications set out below, no blame will be assigned to individuals following their reporting of medical errors including those instances where they themselves may have not followed (breached) policies and procedures.

The only exception to this general policy of no blame relate to the following serious failures of staff members to act responsibly, thereby creating or worsening risk exposures to patient safety:

- Premeditated or intentional acts of violence against people or damage to equipment/property;
- Actions or decisions involving a reckless (conscious) disregard of a visible, significant risk toward the safety of our patients or our fellow employees;
- Failure to report medical errors;
- Practicing under the influence of alcohol or drugs.

Individuals who act irresponsibly in one of these ways remain exposed to disciplinary action. Refer to the Employee Handbook and/or the Medical Staff By-Laws.

Outside these specific and rarely invoked exceptions, staff members who make honest mistakes or misjudgments will not incur blame; provided that they report such events in a timely and proper fashion.
Occurrence Report Trending (completed by Managers of the service) will identify staff that makes repeated errors. Determination needs to be made regarding whether or not the specific task being performed is prone to error or if the repeated errors are with the individual. Remedial training for staff that make repetitive errors will be provided as deemed necessary.

Related Plans:
Performance Improvement Plan
Risk Management Plan

7.8 BILLING PRACTICES

Ensure that coding and billing are performed accurately and completely, in accordance with nationally recognized standards and rules. St. Joseph’s Hospital only bills for services that are actually rendered.

- Proper medical documentation must be provided to substantiate all services rendered.
- Always use the principle that if appropriate documentation has not been provided, the service has not been rendered and should not be billed.
- Medical records may be amended to correct an error or complete documentation only if it is in accordance with established medical records procedures and not for the purpose of covering up errors or obtaining any payment to which we are not entitled.
- Medical records may not be erased or inappropriately altered.
- Services rendered must be accurate and properly coded to ensure integrity of state and federal billing requirements and to conform to all other insurance contracts and agreements.
- We use appropriate facility and physician identification numbers on all correspondence and claims.
- We bill only for services and care provided, according to medical necessity guidelines.
- We ensure that all payments and other transactions are properly authorized by management and properly documented in our books and records and notify the payor of payment errors and process refunds promptly and accurately.
- When any payor agreement requires the collection of co-payments and/or deductible amounts, these amounts will be collected to the full extent of the agreement.
- Decisions to waive any co-payment or deductible must be disclosed and implemented in accordance with established rules, policies and procedures.
- Billing policies and procedures must be written, approved by management and appropriately updated. These policies and procedures must be available to all employees involved in the creation of charges or billing data.
- Clinical, administrative or clerical staff involved in the preparation and/or submission of charge or billing data must be trained in coding and documentation practices.
- We regularly review, update and maintain all coding and billing forms, including, but not limited to, encounter forms, registration forms and consent/authorization forms, in accordance with federal and state laws and regulations, as well as applicable rules and regulations.

St. Joseph’s Hospital Health Center maintains policies that require billing data to be retained for certain periods of time, as prescribed by law. In some cases, this billing data may require a longer period of retention due to contractual requirements or requirements of governmental programs.

Individuals who suspect that improper billing or documentation is occurring should immediately alert their Supervisor, Manager or Department Chair. Additionally, any individual may call the St. Joseph’s Hospital Health Center’s Compliance Office if the issue remains a concern.

7.9 ACCURACY OF RECORDS

Prepare and maintain all patient and company records, both written and electronic, accurately and retain such records for periods described by law and St. Joseph's Hospital Health Center policies.

Ensure that all patient and business records for which you are responsible are accurate and complete. No one may falsify or impermissibly alter information on any St. Joseph's Hospital Health Center record or document.

Patient records shall not contain false or misleading information.
Company books and records shall not contain false or misleading information. Financial transactions should be recorded in accordance with generally accepted accounting principles and St. Joseph's Hospital Health Center policies and standards.

7.10 CONFIDENTIALITY OF INFORMATION

Protect confidential and proprietary information including patient information. Observe copyrights, trademarks and/or licenses and safeguard the intellectual property of St. Joseph's Hospital Health Center and those with whom we do business. St. Joseph's Hospital Health Center will take reasonable steps to prevent copying or unauthorized use of copyrighted or licensed materials and to ensure that all proprietary information entrusted to the institution is safeguarded.

Information that is obtained developed or produced by St. Joseph’s Hospital Health Center and its employees, or supplied by outside parties for the benefit of St. Joseph's Hospital Health Center, and information about St. Joseph's Hospital Health Center patients, is confidential. This includes information related to the operations, activities, business affairs and finances of the Hospital. This information should not be disclosed to anyone outside of the St. Joseph's Hospital Health Center – including friends, family, relatives, business or social acquaintances, customers, suppliers or others. Do not disclose this information to other St. Joseph’s Hospital Health Center employees except on a “need to know” basis with the understanding that the individual receiving the information needs to treat it as confidential. It is of the utmost importance to protect confidentiality.

A patient’s health care record is the property of the Hospital and shall be maintained to serve the patient, necessary health care providers, the institution, and third party payors such as Medicare and Medicaid in accordance with legal, accrediting and regulatory agency requirements. The information contained in the health care record belongs to the patient and the patient is entitled to the protection of that information. All patient care information is regarded as confidential, regardless of the medium (written, verbal, electronic), and available only to authorized persons. For example, an authorized person could be a treating or consulting physician, an employee that may be providing patient care, an employee that is carrying out a healthcare operations process, or to a third party payor in order to facilitate reimbursement. No member of our workforce has a right to access any patient information other than what is needed to do his or her job. As a result, in general, we do not use, disclose or discuss patient specific information with others unless it is necessary to treat the patient, we have the patient’s explicit consent (this is called an authorization), or it is required to by law. Never disclose confidential patient information to any unauthorized person.

When using social media and social networking sites (i.e. Facebook, Twitter, LinkedIn, MySpace etc) in all cases; do not publish any information about a patient either specifically or in general. This includes but is not limited to any information that may be considered a distinguishing characteristic and/or case uniqueness etc. The only exception in the case of social networking postings is Community Relations. Contact the Compliance Office for additional information on this exception.

7.11 MARKETING

Represent St. Joseph’s Hospital Health Center accurately and truthfully and avoid any false, misleading or deceptive information that would create unreasonable expectations.

St. Joseph's Hospital Health Center and its partners will communicate to the community, patients, physicians and employees concerning the availability of our services; it will provide educational information about personal health, and will inform the public of St. Joseph's Hospital Health Center’s views on public policy issues related to healthcare.

St. Joseph’s Hospital Health Center is a Catholic healthcare organization in Central New York and as such is perceived as an organization that maintains high standards in carrying out its mission and values in the marketplace.

Our Catholic heritage holds us to be mindful of the trust the community places in us to provide accurate advertising that promotes our organization without disparaging or demeaning our competitors. We are expected to communicate balanced information that is provided in a way that honors our patients’ privacy and confidentiality and respects the patient-healthcare worker and patient-hospital relationship.

We are further expected to link ourselves with types of media and programs that are consistent with our mission and values.
7.12 IMPROPER USE OF FUNDS

St. Joseph's Hospital Health Center funds may not be used for improper or illegal activities such as payments to physicians to “induce” referrals or for political payments.

St. Joseph's Hospital Health Center prohibits any payment that may be viewed as a bribe, kickback or inducement. A “bribe” or “kickback” is any payment or consideration of value offered with the intent to influence a decision on grounds not directly related to its business merits. Payments or considerations of value given to physicians or other parties to influence the flow of referrals to St. Joseph's Hospital Health Center are inducements and are prohibited. Prohibited inducements include gifts of more than nominal value, excessive entertainment or other considerations given to government employees, physicians, resident physicians, or any other party in a position to influence patient referrals.

You cannot use company funds to contribute to a political party, committee organization or candidate in connection with an election campaign. You may, of course, make personal contributions of your own funds to the campaigns of candidates of your own choice. Such contributions are not reimbursable by St. Joseph's Hospital Health Center.

7.13 HEALTH, SAFETY AND ENVIRONMENTAL CONCERNS

Provide a safe physical environment that is reasonably free of hazards and manage staff activities to maintain the environment in a safe and secure atmosphere for patients, employees, visitors and the general public. St. Joseph’s Hospital Health Center policy is to comply with all applicable health, safety and environmental laws and regulations within the workplace. Employees, medical staff, resident physicians, clinical affiliates, volunteers, and affiliates may handle hazardous chemicals, infectious medical waste and low-level radioactive materials at various locations. All individuals are expected to handle materials appropriately, in accordance with established control, storage and disposal procedures. If you do not know the correct procedure for handling or disposing of a material, promptly ask your supervisor or another St. Joseph’s Hospital Health Center resource, such as the Safety Officer or appropriate administrator for assistance. In keeping with the responsibility for the safety, health and well being of all patients, visitors, and hospital staff, it is the responsibility of all personnel to incorporate personal accountability and hospital policy regarding safety and accident prevention into the performance of their duties.

7.14 PROTECTING ST. JOSEPH’S HOSPITAL HEALTH CENTER’S ASSETS

Use St. Joseph’s Hospital Health Center’s property and other assets for business purposes only. St. Joseph’s Hospital Health Center property is made available to St. Joseph Hospital Health Center employees, medical staff members, resident physicians, clinical affiliates, volunteers, and affiliates only for authorized St. Joseph’s Hospital Health Center business purposes and should not be used for personal reasons. This applies to physical assets, such as office equipment, computers, software and supplies or medical supplies, as well as other types of property, such as company records, patient information and customer lists. St. Joseph’s Hospital Health Center property must not be removed from company premises without the express approval of your immediate supervisor, or appropriate personnel, and only when required to perform your job. If property is removed from St. Joseph’s Hospital Health Center premises, you must return the property as soon as it is no longer needed off-site for business purposes.

All St. Joseph's Hospital Health Center employees, medical staff, resident physicians, clinical affiliates, volunteers, and affiliates are expected to maintain and properly care for company property. Company property is not to be used for personal gain.

7.15 GOVERNMENT AUDITS AND REVIEWS

Cooperate with legitimate government investigations. Government investigations are a fact of life in today’s healthcare environment and procedures for cooperating with these investigations may be complex. If you become aware of an investigation, seek immediate guidance from the St. Joseph’s Hospital Health Center’s Compliance Office or Administration.

If any person who identifies him or herself as a government investigator approaches a St. Joseph Hospital Health Center employee, medical staff member, resident physician, clinical affiliate, volunteer, or affiliate, the individual should contact Administration or the Compliance Office immediately. When calling, notify the person taking the call that you are calling concerning a potential government investigation. Administration or the Compliance Office will assist in verifying the credential
of the investigator, determining the legitimacy of the investigation, and following proper procedures for cooperating with the investigation.

In some cases, government investigators, or persons presenting themselves as government investigators, may contact individuals outside of the workplace, during non-working hours, or at home. While you are free to speak with the investigator, do not feel pressured to talk with the person under such circumstances without first contacting Administration, the Compliance Office or your personal attorney. It is the legal right of individual’s to contact legal counsel before responding to questions by an investigator.

St. Joseph’s Hospital Health Center employees, medical staff, resident physicians, clinical affiliates, volunteers, or affiliates must never:

- Destroy or alter any company document/record for the purpose of responding to a request.
- Lie or make false or misleading statements to any government investigator.
- Attempt to persuade any other company employee, or any other person, to provide false or misleading information to a government investigator or to fail to cooperate with a government investigation.

**Related Policies:**
- Search Warrants
- What To Do If An Investigator Comes To Your Service Area

### 7.16 SANCTIONS

St. Joseph’s Hospital Health Center may impose sanctions on any member of the workforce who intentionally or unintentionally violates established policies or procedures. This means that every confirmed act of non-compliance may result in corrective action or discipline.

Sanctions, which are penalties imposed, can result in not only disciplinary action placed in personnel files, but the removal of privileges, discharge of employment, contract penalties, and in some cases civil and/or criminal prosecution. This is not intended as an exhaustive list, and other sanctions may be recommended by the Corporate Compliance Committee.

Possible disciplinary action will follow Hospital’s existing disciplinary policies and procedures. However, depending on the severity of the event, progressive discipline is not required.

**Related Policies:**
- Employee Handbook
- Medical Staff By-Laws

### 8. EVALUATION

St. Joseph’s Hospital Health Center is dedicated to having an effective compliance program. As a result, it is committed to taking reasonable steps to evaluate periodically its risks and its effectiveness. This evaluation process will assist in identifying any weaknesses in the compliance program and implement appropriate changes.

### 9. MONITORING

The Compliance Office reports regularly to the Corporate Compliance Committee so that the Committee is able to review, advise on and monitor the on-going efforts of the Compliance Program. Some specific duties of the Corporate Compliance Committee include but are not limited to, reviewing the Corporate Compliance Plan and other initiatives associated with compliance in support of applicable laws and regulations, monitoring audit results and the plans of corrective action when applicable, and advising on complaints and Corporate Compliance Notifications that are received as appropriate.

In addition, the Chief Compliance Officer shall make written or oral evaluation reports on compliance activities including reports or complaints received from employees, investigations, audits, and monitoring to the Board of Trustees. Reports to the Board shall be at least annually or more often as necessary or advisable.