



I am the power of 

Code of Conduct

A MESSAGE FROM THE PRESIDENT



At Flagler Health+, we conduct ourselves with INTEGRITY and work diligently to provide the highest QUALITY of care and honor a legacy of SERVICE to our community. Our core values and deeply ingrained principles guide all of our decisions and actions. Our success is built on the trust and confidence we earn from our workforce members, patients, and the community. This trust is what drives our organizational culture and supports our mission to provide the best patient experience with the best staff.

Our Code of Conduct guides the standards of behavior that make our organization an industry leader. It is designed to help meet the highest standards of workplace ethics and compliance and help guide workforce members when confronted with situations and questions. While our Code of Conduct consolidates our principles of workplace ethics and compliance into one document, no single document can substitute for a sense of honesty and integrity or a desire to do the right thing.

If you have questions about compliance, workplace ethics, or any topic outlined in our Code of Conduct, please reach out to your direct supervisor, Human Resources, the Corporate Compliance Office, or the Legal Department for assistance. The Compliance Hotline also offers workforce members the option to speak with a third-party representative and anonymously submit questions or express concerns 24/7 every day of the year.

Flagler Health+ expects everyone to read and understand our Code of Conduct and abide by these standards so as to help maintain and enhance our culture of compliance and support our core values of quality, integrity, innovation, and service. Each workforce member is essential to maintaining our most valuable asset - our reputation for delivering high-quality healthcare with integrity. Thank you for your commitment to Flagler Health+ and for accepting your role as a key contributor to our culture of compliance. You are the Power of+.

A handwritten signature in black ink that reads "Carlton DeVooght". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Carlton DeVooght
President and CEO

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PART I – UNDERSTANDING OUR COMPLIANCE PROGRAM

The Compliance Program will operate with integrity, professionalism, and courtesy and provide guidance needed to make sound business, legal, and ethical decisions. The Compliance Program will operate in an honest, open, and ethical manner and will embrace the spirit of team work. The Compliance Program will promote the values of fair dealings and open communication and will encourage discussion of ethics in the workplace.

LIVING THE CODE OF CONDUCT IS EVERYONE'S RESPONSIBILITY

It is the responsibility of every Flagler Health+ Workforce Member to understand and comply with the rules, regulations and laws that govern their jobs. Who all is included as a Workforce Member?

“**Workforce Members**” shall mean and include the following:

1. All individuals employed by Flagler Hospital, Inc., and all persons deemed to be employed by Flagler Hospital, Inc. under any federal or state statute (i.e. Statutory Employee).
2. All Agency employees, co-employees, leased employees, travelers, etc. who work under the direction and supervision of Flagler Hospital, Inc. while performing labor or services at the Hospital.
3. All Volunteer members and participants in the Flagler Hospital Auxiliary.
4. All physicians and independent licensed practitioners with whom the hospital has contracted to provide professional services whenever such individuals or entities are acting in such capacity and within the scope of the scope of such agreement(s).
5. All independent contractors, vendors, business associates and other persons or entities, to the extent which the Hospital has the power or authority to discipline or sanction under its inherent powers or under the terms and conditions of any contract, agreement or legal relationship.

Also, every Workforce Member is expected to uphold the Code of Conduct every day. In certain cases, violations of the Code of Conduct could subject the Hospital, as well as you personally, to civil and/or criminal penalties. Violating the Code of Conduct may also result in disciplinary action, up to and including termination. The Code of Conduct is intended for easy understanding; however, some topics are very complex, and therefore, are summarized in the Code. Topics addressed in the Code of Conduct may also be covered in policies and procedures. Should you require additional information for clarification on a topic addressed in the Code, please ask your supervisor or the Compliance Officer. Remember, it is every Workforce Member's responsibility to know and understand the rules, policies and procedures, and regulations that affect their jobs. If there is anything in the Code of Conduct you do not understand, please discuss it with your supervisor, the Compliance Officer, a member of the Corporate Compliance Council or call the Corporate Compliance Hotline at (800) 826-6762.

A CONDITION OF EMPLOYMENT

If something you are told to do just doesn't "sit right," it is your responsibility to voice your concerns. Abiding by this Code of Conduct is a condition of employment at Flagler Health+. One way to abide by the Code is to raise potential compliance and ethical issues. Employees that fail to meet the standards of conduct in the Code, and any manager or supervisor who attempts to punish an employee for raising questions or following the principles of the Code, will be subject to discipline, up to and including termination.

TRAINING & MONITORING

The Code will be updated to stay current with developments both inside and outside of the Hospital. Appropriate training will be provided to all employees about the Code of Conduct and Compliance, and to certain employees about specialized subjects such as billing, coding and laboratory regulations. We all have many demands on our time, but participating in compliance and Code of Conduct training is the most effective way to continually enhance our culture of compliance. Managers are responsible for ensuring their department's attendance at training sessions and other compliance-related activities. Please keep this Code of Conduct in a convenient place so that you can refer to it in the future.

PART II - COMPLIANCE IN THE RIGHT LIGHT: ENHANCING OUR CULTURE OF COMPLIANCE

Providing quality healthcare to the satisfaction of our patients is the number one priority at Flagler Health+. We continually survey our patients to determine how well we are meeting this objective and follow up on issues that have been raised in patient surveys to improve the services we provide. Our mission is to treat patients with respect and dignity, to provide care that is appropriate and necessary, and to meet or exceed our patients' expectations of care. Patients and families will be involved with decisions regarding their care as much as possible. We embrace the cultural and spiritual differences of our patients and their families, as we treat each patient with dignity, respect and concern for privacy. On admission, each patient receives a written statement of the Patient's Bill of Rights. The Patient Rights include the right to make decisions regarding care. We will honor each patient's rights, particularly their right to use an Advance Directive. We will inform patients about the care alternatives available to them and the risks associated with the care they choose. If conflicts arise among patients, their families, or their caregivers, assistance will be provided to help resolve the care dilemma. We will provide patients access to Patient Engagement representatives, religious and cultural advisors, ethics consultations, and medical and clinical professionals to answer questions and to resolve conflicts or concerns.

A. Role of Leadership

While we are obligated to follow our Code, we expect our leaders to set an example and to be, in every respect, role models. Leaders must ensure that those on their team have sufficient information to comply with all laws, regulations and policies, as well as the resources to resolve ethical dilemmas.

Leaders should create a culture that encourages everyone in the organization to raise concerns as they occur. We must never sacrifice ethical behavior in the pursuit of business objectives. All of our leaders are prepared to support you in meeting the standards set forth in this Code of Conduct.

B. The Compliance Program

To promote the highest standards of ethics and compliance with all laws and regulations, the Hospital Board of Trustees has appointed a Corporate Compliance Officer who is responsible for administering an effective Compliance Program. They have also created an executive-level Compliance Council that meets frequently to facilitate compliance issues and requirements throughout the Hospital. As a result of these efforts, our commitment to compliance affects and applies to all levels of our organization.

PART III - PATIENTS & OUR MEDICAL STAFF

We treat all patients with dignity and respect despite age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression. We provide care that is both medically necessary and appropriate. Clinical care is based on identified patient need, not on patient financial status.

A. Medical Staff Financial Arrangements & Referrals

While we contract with some physicians and allied health professionals, the majority of our Medical Staff on the Flagler Health+ Campuses are independent physicians or practitioners who have applied for Medical Staff membership and/or privileges and, if granted, have agreed to follow the respective Medical Staff By-laws, Rules and Regulations, and Practice Policies.

In order to legally meet all standards regarding referrals, admissions and discharges to Flagler Health+, we adhere to the following:

- We do not accept or offer payment for the referrals we make or for referrals made to the Hospital. No Workforce Member is permitted to solicit or receive anything of value, directly or indirectly, in exchange for making a patient referral to an organization.
- Patients are free to select their health care providers and suppliers. When making patient referrals to another health care provider, we do not take into account the volume or value of referrals that the provider has made or may make to us.

B. Patient Rights

Upon registration, patients receive a written statement of their patient rights. We ensure that patients are involved in all aspects of their care; we properly register all patients and obtain their general consent for routine tests, treatments and procedures; we obtain informed consent from patients who may receive invasive procedures; and we provide a process for resolution of any complaints. Each patient is provided with an explanation of the risks and benefits associated with available treatment options.

C. Patient Referrals & Discharge Planning

Federal Medicare regulations and certain state regulations govern the discharge planning process. We all must recognize that the discharge of a patient to a residence or some other post-acute care setting is a critically important clinical decision that must be made in the best interest of the patient. We follow all federal and state regulations and provide Medicare beneficiaries with an explanation of

their Medicare discharge appeal rights. Patients are free to select their health care providers and suppliers subject to the requirements of their health insurance plan.

D. Patient Transfers

The Federal Emergency Medical Treatment & Active Labor Act ("EMTALA") mandates that emergency medical treatment must be provided to all patients regardless of their ability to pay. We ensure that prompt and effective delivery of emergency care will not be delayed in order to determine a patient's insurance or financial status.

EMTALA carries reporting obligations in cases where a patient has been transferred improperly either to or from the Emergency Care Center. Any Workforce Member who believes that a patient has been transferred improperly must report the incident to the Risk Manager or Compliance Officer.

PART IV - PATIENT CONFIDENTIALITY & HIPAA

A. Patient Confidentiality

Our Notice of Privacy Practices is made available to every patient. Workforce Members at Flagler are given limited, appropriate access to confidential and private information about patients and their healthcare, based on his or her "need to know" in order to perform assigned duties. Any violation of a patient's confidentiality or privacy is considered a very serious matter, is a violation of both Federal and Florida laws, and will result in significant consequences, including loss of employment or privileges when warranted. No Workforce Member has a right to any patient health or financial information, other than the **minimum necessary** to perform his or her job or responsibilities. Workforce Members should never discuss work-related issues involving patients or their care outside the facility with their family and friends, third-parties or others who do not have a *bona fide* "need to know."

Discussing or disclosing a patient's medical condition or providing any health, personal or financial information about patients to anyone, other than those who have a "need to know" the information, in violation of Federal or Florida law or hospital policies, **will result in corrective action, up to and including immediate termination of employment.**

Workforce Members are not authorized to access (using the Hospital's Information Systems) the medical or financial records of their family members, neighbors or friends, except when performing job duties and only when having a "need to know" such information. Medical and financial documents and records are confidential and may not be released, except with the consent of the patient, or in other limited circumstances allowed by law. ***Additional protections and restrictions as to access apply to mental health, drug and alcohol abuse treatment, HIV infection, and certain other records.*** Medical records may not be physically removed from the hospital, whether in "hard copy" or electronic form, or transmitted, faxed, photocopied or replicated in any form or medium unless you have prior written authorization from the patient or unless it is permissible to do so under applicable law. No records may be amended, revised, altered or destroyed, except in accordance with our record correction and retention policies. Any unauthorized release of, or access to, medical, health or financial patient records should be immediately reported to the hospital's Privacy Officer, Compliance Officer, Information Systems Security Officer or to Risk Management.

B. Compliance with the HIPAA Privacy Rule

The Health Insurance Portability & Accountability Act of 1996 (as amended), the Federal Privacy Regulations, Florida law and Hospital policies govern the manner in which we use **Protected Health Information (PHI)**. The Hospital **Privacy Officer** is responsible for implementing and maintaining Privacy Rule policies and procedures. The Hospital is also required to have administrative, physical and technical safeguards in place to protect the confidentiality, integrity and availability of electronic PHI and has appointed an **Information Security Officer**, who is responsible for establishing and maintaining an Information Security program designed to protect our information resources.

However, each Workforce Member is personally responsible for being familiar with and has a legal obligation to comply with all laws, regulations and policies designed to protect PHI, which is any information in any form (oral, electronic or paper records) that identifies an individual and provides his/her past, present or future health status or condition (i.e., diagnosis, treatment, etc.), together with related information, such as insurance or financial information.

PART V - COMPLIANCE WITH LAWS & REGULATIONS

All Workforce Members must be knowledgeable about and ensure compliance with all laws and regulations. Each of us has a **duty to report** suspected violations to his/her immediate supervisor, a member of the Hospital's Management Team, or a member of the Hospital's Compliance Council. Additionally, the hospital has a confidential telephone and email-based reporting system, where individuals may anonymously report potential problems without fear of retribution. Claims of ignorance, good intentions or bad advice are not acceptable excuses for noncompliance by Workforce Members.

A. Retention of Records

Medical and business documents are retained in accordance with the law and our record retention policy. This includes paper such as letters and memoranda, and computer-based information such as e-mail or computer files. You must not remove or destroy records except in accordance with and when permitted by the records retention policy. In addition, no one may alter, revise or falsify information on any record or document.

B. Confidentiality & Electronic Record Security

Confidential information, such as patient lists, clinical records, pricing and cost data, purchasing data, business plans and strategies and other confidential and protected business information or data that is used in the performance of your job must not be shared with others outside the Hospital without prior written approval. We prohibit unauthorized access to our computer systems, either directly, or by network or telephone, including sharing your password with others. We prohibit the destruction or corruption of electronically stored or processed data without following proper protocols and procedures.

C. Cost Reports

We receive reimbursement under government programs which require the submission of certain reports regarding our operating costs, financial condition and other sensitive financial information. We comply with federal and state laws which define what costs are allowable and outline the appropriate methodologies to claim reimbursement for the cost of services provided to Medicare and

Medicaid patients. Given the complexity, all issues related to the completion and settlement of cost reports or other business or financial data or information should be forwarded to the Hospital's Chief Financial Officer.

D. False, Misleading, & Deceptive Claims

The Deficit Reduction Act of 2005 included Section 6032 entitled "Employee Education About False Claims Recovery." Any entity within a state that receives at least \$5 million annually in Medicaid payments is required by law to inform its Workforce Members and any of its contractors or agents about false claims recovery.

We are required by law to provide our Workforce Members with the following detailed information on: our existing compliance culture and program, the Federal False Claims Act and any administrative remedies in The Program Fraud Civil Remedies Act 31 U.S.C. §§ 3801-12 state laws pertaining to civil or criminal penalties for false claims and statements, whistleblower protections provided under such laws, and the role of such laws in detecting and preventing fraud, abuse or waste, and what to do if a Workforce Member suspects a potential violation of our policies:

The Federal False Claims Act ("FCA") includes the Medicare and Medicaid programs. Since its enactment, the Federal Government has recovered billions of dollars through litigation and settlement of allegations that corporations and individuals violated the Statute and thereby improperly obtained federal health care program funds.

FCA establishes liability for any person who knowingly presents or causes to be presented a false or fraudulent claim to the United States Government for payment. FCA prohibits a person from knowingly making a false claim when the person: has actual knowledge that information on a claim is false, acts in deliberate ignorance of the truth, or acts in reckless disregard of the truth or in the submission of false information on a claim to the U.S. Government or its contractors.

Health care providers and suppliers (persons and organizations) who violate the Federal FCA may be subject to civil monetary penalties ranging from not less than \$5,000 to more than \$10,000 for each false claim submitted. In addition to this civil monetary penalty, providers and suppliers can be required to pay three (3) times the amount of damages sustained by the U.S. Government for each false claim. If a provider or supplier is convicted of an FCA violation, the Office of the Inspector General of the U.S. Department of Health & Human Services may seek to exclude the provider or supplier from participation in federal health care programs.

Any person may bring an action under the FCA and is called a *qui tam* relator or whistleblower. Any case must be brought within six (6) years of the filing of the false claim. A whistleblower must have a copy of his/ her complaint and all relevant evidence served on the U.S. Department of Justice. The case remains sealed for at least 60 days or longer and is not served on the defendant so that the Government can investigate the complaint. After its investigation, the Government may pursue the matter in its own name or decline to proceed. If the Government declines, then the whistleblower has a right to bring a lawsuit in Federal Civil Court.

If the Government proceeds with the case, the whistleblower may receive between 15% and 25% of any monies recovered, depending on his/her contribution to the success of the case. If the Government declines to pursue the case and the whistleblower's lawsuit is successful, he/she will be entitled to between 25% and 30% of the amount recovered. The whistleblower may also be entitled to

reasonable expenses including attorney's fees and costs for bringing the lawsuit. FCA also provides that whistleblowers who pursue a clearly frivolous lawsuit can be held liable to a defendant for attorney's fees and costs.

In addition to a financial reward, the FCA entitles whistleblowers to additional relief, including employment reinstatement, double back pay, and any other compensation arising from retaliatory conduct against a whistleblower for filing an action under the False Claims Act or committing other lawful acts, such as investigating a false claim or providing testimony for, or assistance in, a False Claims Act action.

E. Charges, Billing & Claims Submission

We promote full compliance with all laws governing the submission of claims to federal, state and other third party insurers. Many of our Workforce Members have responsibility for entering charges and procedure codes for services rendered. Each of these individuals is required to exercise diligence, care and integrity in reviewing departmental charges timely for accuracy. They must also ensure that all Medicare Bulletins have been carefully reviewed for the latest information on medical necessity and reimbursement changes impacting on the programs, granted through the award of a Provider Number, carries a responsibility that must not be abused. We are committed to maintaining the accuracy of every claim we process and submit to a third party payer. Our Workforce Members are prohibited from knowingly presenting or causing to be presented improper or duplicate charges for health care services, supplies or equipment that are then submitted as claims for payment. It is illegal to make any false statement to the government, including statements on Medicare or Medicaid claim forms. Examples of false claims include, but are not limited to:

- Claiming reimbursement for services that have not been provided.
- Selecting a procedure code that is more complex than the actual procedure performed (i.e., "upcoding"). Selecting several codes to bill each service separately when those services should be billed under one procedure code designated for the entire group of services (i.e., "unbundling"). Including inappropriate, unallowable, or inaccurate costs on cost reports. Forging a health care professional's signature on orders for services, medication, or changes in patient status.
- Falsely indicating that a particular health care professional performed a procedure. (Example: Using another professional's computer access code to record patient information when that professional never saw the patient.)
- Billing for a length of stay beyond what is medically necessary. Billing for services that are not medically necessary. Billing duplicate charges. Billing excessive charges. Failing to report overpayments or credit balances. Unlawfully giving health care providers, such as physicians, inducements in exchange for referrals for service.

F. Controlled Substances Laws & Regulations

Flagler Hospital, through its pharmacy, is registered to compound and dispense narcotics and other controlled substances. Improper use of these substances is illegal and extremely dangerous. No health care professional may prescribe or dispense controlled substances except in conformity with federal and state laws and within the terms of the health care professional's license and authorized scope of practice.

Workforce Members must carefully follow record keeping procedures established by their departments and the pharmacy. Unauthorized manufacture, distribution, use, or possession of controlled substances is strictly prohibited and will be prosecuted to the full extent of the law. Any Workforce

Member who suspects any unauthorized handling of controlled substances is to provide the information immediately to the Compliance Officer, Risk Manager, Nursing Supervisor on Duty, or Director of Pharmacy.

G. Compliance with Environmental Laws

We must comply with our policies and procedures that promote the protection of workplace health and safety. You are required to understand how these policies apply to your specific job and to seek advice from your immediate supervisor whenever you have a question or concern. We use a medical waste tracking system, biohazard labels, and biohazard containers for the disposal of infectious or physically dangerous medical or biological waste. We comply with environmental laws, including but not limited to, the Clean Air Act, the Resources Conservation and Recovery Act, and other laws regulated by the U.S. Department of Labor's Occupational Safety & Health Administration ("OSHA"). It is important that you notify your supervisor of any workplace injury, or any situation presenting a danger of injury, so that timely action may be taken.

H. Tax-Exempt Organization

Flagler Hospital holds federal tax-exempt status as a not-for-profit organization operating on behalf of the community for charitable purposes. We provide community benefits such as health promotion and wellness programs. We accept tax-deductible charitable contributions. Any income derived from activities unrelated to the charitable purposes shall be reported and appropriate taxes will be paid.

PART VI - EMPLOYMENT PRACTICES

A. Conflicts of Interest & Management Disclosure Process

We avoid all potential conflicts of interest in order to ensure that we act with total objectivity in carrying out our duties for Flagler Health+. Many employees have business interests and/or jobs outside the Hospital. If you or a close family member has outside business interests, you must ensure that your responsibility is to the Hospital, and your personal business interests remain separate.

A "conflict of interest" is created when any outside work you perform, or any outside financial interest you have, influences your ability to "put the patient and Hospital first." This can also include your spouse or another family member who may have business dealings that could force you to choose between their interests and the Hospital. Members of the Management team may be asked disclosed potential conflicts of interest which may affect their decision-making. If you think you might have a conflict of interest, please contact Human Resources.

B. Discrimination, Harassment & Workplace Violence

We are committed to a policy of nondiscrimination and equal opportunity for all Workforce Members without regard to race, color, sex, religion, age, national origin, ancestry, disability, or sexual orientation. Our policy of nondiscrimination extends to the care of our patients. Workforce Members have the right to work in an environment free of harassment and workplace violence. Harassment includes potential incidents of workplace violence, including robbery and other crimes, stalking, sexual harassment, violence directed at the employer, terrorism and hate crimes. Any form of unlawful

harassment is strictly prohibited. If a Workforce Member believes that he/she has been discriminated against or harassed on the basis of race, sex or another protected category, he/she should contact the Human Resources Department so that an investigation may be initiated in accordance with our policies and procedures. As part of our commitment to a safe workplace, firearms, other weapons, explosive devices, or other dangerous materials are prohibited on our premises.

C. Telephones & Electronic Mail

Telephones and e-mail are to be used for Flagler Health+ related purposes only. Incidental use for personal calls or messages that interfere with your work is a misuse of our resources. Personal long distance telephone calls may not be charged. Sharing, sending, or receiving personal e-mail during work time via the Flagler Health+ e-mail system is generally prohibited.

D. Equipment & Supplies

Computers, copy machines, office supplies, and other equipment are to be used for Flagler Health+ purposes only.

E. Internet

Access to the Internet on our computers is for work-related purposes only. Improper or illegal use of the Internet on Hospital IS hardware, devices, or equipment by our Workforce Members may subject them to disciplinary action, up to and including termination, and should be reported immediately to the Information Security Officer in the Information Systems Department.

F. Personal Electronic Equipment

Use of personal electronic equipment or devices such as cell phones with cameras, personal laptops, et al., must not be used to record patient care, or conduct or facilitate health care operations. Please see Hospital Policy IM-032.

G. Social Networks

Use of social networks such as *Facebook*, *Twitter*, et al., must conform to the Hospital's Policy: see Policy HR-049.

H. Drug & Alcohol-Free Workplace

We are committed to a workplace in which Workforce Members are free from impairment brought about by drugs or alcohol. Reporting to work under the influence of any illegal drug or alcohol; having an illegal drug in your system; or using, possessing, or selling illegal drugs while on work time or property may result in immediate termination. We use "reasonable suspicion" drug testing as a means of enforcing this policy.

PART VII - CONDUCT OF BUSINESS BY THE HOSPITAL

We may use marketing and/or advertising practices in an effort to educate the public, report to the community, increase awareness of services provided by us directly or through contractual arrangement, increase support for Flagler Health+, or recruit employees. All marketing and advertising strategies will be truthful, fair and accurate and will not seek to solicit patients for services beyond the capacity or licensure of the Hospital. All marketing initiatives are reviewed periodically to ensure that our health care services are represented accurately and in a responsible manner.

A. Discounts & Payments Under Anti-Kickback Laws

Federal and State laws prohibit us from knowingly and willfully offering, paying, asking or receiving any money or other benefit, directly or indirectly, in return for obtaining favorable treatment in the award of a contract or the referral of patients. If you are not sure whether acceptance of a gift, travel, etc., might be construed as a conflict of interest, you should contact your supervisor or the Compliance Office for further assistance.

B. Gifts, Meals, Favors and Solicitation

Workforce Members may not offer, accept, or solicit gifts or other incentives or kickbacks from current or potential external contacts who seek business with Flagler Health+. Such contacts include, but are not limited to, providers, sales representatives, pharmaceutical company representatives, durable medical equipment and supplies vendors, and companies seeking to provide consulting, accounting, billing, financial and other services to the entity. Flagler Health+ strives to preserve and protect its reputation, and to avoid even the appearance of impropriety when accepting gifts, meals or favors.

Workforce Members may never accept cash or cash equivalents, such as gift certificates, theater or other tickets, etc. Workforce Members may not accept substantial extravagant gifts, entertainment, meals or favors. See Policy MGMT-026: Gifts, Gratuities, and Business Courtesies.

In the best interest of our patients and our Workforce Members, it is the policy of Flagler Health+ that no Workforce Member, visitor, patient or member of the general public shall be permitted to solicit, sell, or distribute any kind of goods, products or services to or solicit funds from Workforce Members, visitors or patients on the Hospital premises, unless explicitly permitted by law or as stated in Hospital Policy HR-030. Further, no Workforce Member shall solicit or distribute literature or products during working time or in patient care areas unless permitted by law. Questions concerning the scope and application of these rules or about Policy HR-030 should be referred to the Compliance Officer or to Human Resources. Fundraising by our Foundation and Auxiliary is permissible under applicable law and hospital policy.

C. Discussion with Competitors

There should be no written or oral discussions with competitors regarding prices, pricing formulas, bids, bid formulas, discounts, credit arrangements, compensation practices, and any other confidential information. The rates we charge for patient care and related items and services are determined solely by us after we take into account all relevant factors, including costs, market conditions, and widely used reimbursement schedules such as the Medicare Fee Schedule. Joint ventures and affiliations that may require pricing discussions must be individually reviewed for compliance with antitrust regulations.

D. Trade Associations & Outside Activities

Workforce Members are involved in a number of trade and professional associations, which promote quality patient care by allowing us to learn new skills, develop policies and discuss public policy issues. We may participate in and receive the results of general surveys, but must not share business information with trade associations. If you are asked to provide a trade association with information about our business practices, you should consult the Corporate Compliance Officer prior to disclosing any information. We may also require prior approval to participate in outside educational, professional, political, philanthropic, social or recreational activities.

E. Physician Services, Credentialing, & Peer Review

Credentialing and peer review activities carry antitrust implications. While it is appropriate for physicians to review the work of their peers, special care is taken to ensure that credentialing, peer review and physician discipline are conducted only through appropriate Medical Staff Committees. These Committees comply with federal and state laws governing peer review and other related matters.

F. Unfair or Deceptive Trade Practices

In addition to the antitrust laws, we are committed to complying with the Federal Trade Commission Act, which prohibits the use of “unfair or deceptive acts and practices.” This also includes the distribution of marketing and advertising materials that are false and misleading.

G. Purchasing & Contracting

Purchasing decisions will be based on the supplier's ability to meet our needs and not on personal relationships and friendships. We promote competitive bidding to the maximum extent possible. When no competitive bid proposal is requested, the vendor chosen meets the highest ethical standards, i.e., any conflicts of interest, including physician ownership, are fully disclosed; there is no unwarranted favoritism; and selection criteria is documented. Our selection of contractors, suppliers and vendors will be made on the basis of objective criteria. We employ the highest ethical standards in the administration of all purchasing activities

H. Independent Contractors & Vendors

All contractors and vendors who provide items or services to us must comply with all applicable laws and our policies. Management is required to monitor the activities of contractors in their areas. Any irregularities, questions, or concerns on those matters should be directed to the Compliance Officer.

I. Excluded Parties (Excluded from Participation in Federal Health Care Programs)

We comply with federal law which prohibits employing or contracting with persons who are excluded from participation in a federal health care program. Accordingly, prior to employing or contracting with any individual or company, we will take appropriate steps to confirm that they have not been excluded. If we learn that a prospective employee, physician or contractor is excluded, they will not be hired or allowed to render services to us, directly or indirectly.

PART VIII - EXTERNAL & INTERNAL INVESTIGATIONS

A. Response to External Government Investigations, Inquiries & Accreditation Surveys

We will be forthright in dealing with any government investigation or inquiry, or any accreditation agency survey. Requests for information will be answered timely with complete, factual and accurate information. We will cooperate and be courteous to all representatives who have provided appropriate credentials, and provide them with the information to which they are entitled during any review, investigation or unannounced survey. The Compliance Officer, Quality Management, Risk Management, Engineering and Hospital Administration, as appropriate, should be notified immediately when any investigator, state surveyor or accreditation agency representative requests information or presents at one of our facilities.

B. Internal Reviews & Investigations

We are committed to investigate all reported concerns promptly and confidentially. If you as a Workforce Member are involved in any investigation, it is expected that you will cooperate honestly, truthfully, candidly, timely and fully to the best of your ability. Failure to cooperate fully and timely with an ongoing investigation or intentionally or recklessly providing untruthful, false, incomplete or misleading information in regard to any investigation may lead to suspension and or potential termination of employment. The Compliance Officer, along with appropriate senior management from the department(s) under review, will recommend a course of action, procedural changes, and/or further education and training that may be needed. When an internal investigation substantiates a reported violation, it is our policy to: initiate corrective action, including, as appropriate, making prompt restitution of any overpayment amounts, if any; notify the appropriate government agency when appropriate or required; institute whatever disciplinary action is necessary or appropriate, in accordance with our policies and procedures and, implement systemic changes and further training to prevent a similar violation from occurring in the future.

PART IX - REPORTING VIOLATIONS

A. Personal Obligation to Report

We are committed to complying with all laws and regulations and to correcting wrongdoing wherever it may occur. Each of us has a responsibility for reporting any activity that appears to violate applicable laws, regulations, or this Code of Conduct. There will be no retribution or discipline for anyone who, in good faith, reports a suspected violation. We will make every effort to maintain, within the limits of the law, the confidentiality of any individual who reports misconduct.

B. Reporting Potential Violations

If you become aware of dangerous, illegal or unprofessional activity that could pose a risk to patients or damage the public's trust in the standard of care they receive or the way we conduct business, it is important that such concerns are reported to an appropriate person at an early stage to enable us to take necessary corrective action as quickly as possible. You are encouraged to report any situation that you feel is a potential violation of any regulation or ethical standard.

To obtain further guidance or to report a suspected violation, you may choose to contact your immediate supervisor, manager or director, a nursing supervisor, if applicable, a member of senior management, or one of the following:

Corporate Compliance Hotline – (844) 995-4983

The Compliance Line is answered by a company we contract with to answer these calls 24-hours a day, seven days a week. You will be given a reference number and a pin number to follow up on your report. You may remain completely anonymous.

MyFlagler Intranet Anonymous Reporting Link

<http://myflagler/reporting/report.html>

Compliance E-mail Address

corporatecompliance@flaglerhospital.org

VOICING YOUR CONCERNS

In addition to the resources and communications methods identified in Part IX of this Code of Conduct, Flagler Health+ strongly encourages its workforce members to voice any concerns regarding the principles, information, laws, regulations, policies and practices discussed in this Code of Conduct with an immediate supervisor, unit manager, department director, hospital administration executive, or any member of the hospital's Compliance Council. If you are not satisfied with the response you receive or if you wish to exercise your right to express your concern or file a complaint directly with an outside agency or government office, you may find this information helpful.

Flagler Health+ is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). If you wish to contact the Joint Commission regarding a concern, you can contact them at:

The Joint Commission

One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Phone: (800) 994-6610
Fax: (630) 792-5636
Email: complaint@jcaho.org

Any person may address his or her concerns in regard to any licensed physician or physician assistant, or in regard to Flagler Health + or as to Medicaid directly to the following respective Florida State agencies:

As to physicians and physician assistants:

Florida Board of Medicine

Medical Quality Assurance
4052 Bald Cypress Way
Tallahassee, FL 32399-3250
Phone: (850) 414-1976 or (888) 419-3456
Email: mqa.consumerservices@flhealth.gov

As to the Hospital or Medicaid:

Agency for Healthcare Administration

2727 Mahan Drive
Tallahassee, FL 32308
Phone: (888) 419-3456 or (TDD) (800) 955-8771
http://ahca.myflorida.com/contact/call_center.shtml
<http://floridahealthfinder.gov/>

Any Medicare beneficiary or their legal representative may contact the Quality Improvement Organization (QIO) regarding quality of care issues, coverage decisions, and to appeal premature discharge. The QIO may be contacted at:

Quality Improvement Organization:

Florida Medical Quality Assurance, Inc.
5201 W. Kennedy Boulevard, Suite 900
Tampa, FL 33609
Phone: (800) 844-0795
Fax: (844) 834-7129

To report any tips and/or complaints in regard to any potential unlawful activity, fraud, waste, abuse and mismanagement of any programs within the jurisdiction of the US Department of Health and Human Services, including Medicare, please contact

US Department of Health and Human Services

Office of Inspector General
ATTN: OIG Hotline Operations
PO Box 23489
Washington, DC 20026
Phone: 800-447-8477
TTY: 800-377-4950
Fax: 800-223-8164
Email: HHSTips@oig.hhs.gov
Online: <https://forms.oig.hhs.gov/hotlineoperations>

To report discrimination in regard to the provision of healthcare services because of race, color, national origin, disability, age, sex (including sex stereotyping and gender identity), or religion, or concerns regarding any compromise or breach of patient health information, patient Privacy or HIPAA, you may contact:

US Department of Human Services

Office for Civil Rights
Attn: Centralized Case Management Operations
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201
Phone: (800) 368-1019
TTD: (800) 537-7697
Email: OCRComplaint@hhs.gov
Online: <http://www.hhs.gov/civil-rights/filing-a-complaint/complaintprocess>

EXHIBIT A - Acknowledgement & Confidentiality Statement

I, _____, as a Workforce Member of Flagler Health+ and its affiliates, acknowledge that I have received a copy of the *Flagler Health+ Code of Conduct* brochure, and certain policies that comply with the Privacy and Security Regulations under the Health Insurance Portability & Accountability Act (HIPAA). I have also received a copy of the Flagler Health+ Corporate Compliance Program Policy.

I understand that it is **my responsibility** to read them carefully and to seek further guidance from my immediate supervisor, manager or director, and or the Flagler Health+ Corporate Compliance Officer if I have any questions.

I further acknowledge that:

- A) I have received and reviewed a copy of the Flagler Hospital Corporate Compliance Program Policy, and the Code of Conduct brochure; and understand it.
- B) Agree to conduct myself within the guidelines established by the Flagler Hospital Corporate Compliance Program Policy and the Code of Conduct.
- C) Agree to report any suspected violations of the Flagler Hospital Corporate Compliance Program Policy to the Corporate Compliance Officer.
- D) I agree that non-compliance or any violations of these guidelines will result in disciplinary action up to and including termination.

Signature: _____

Date: _____

Name (Print Full Name): _____

Employee Number or Social Security #: _____



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904.819.5155
FlaglerHealth.org

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