



# **CODE OF CONDUCT**

**BUSINESS ETHICS AND COMPLIANCE PROGRAM**

**January 2009**

(revised)

**CODE OF CONDUCT  
BUSINESS ETHICS AND COMPLIANCE PROGRAM**

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**CORPORATE COMPLIANCE HOTLINE: (816) 932-3053 OR (888) 660-6227**

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# SAINT LUKE'S HEALTH SYSTEM

## CODE OF CONDUCT

### BUSINESS ETHICS AND COMPLIANCE PROGRAM

#### I. Introduction

##### Mission Statement

*The Saint Luke's Health System is a faith-based, not-for-profit aligned health system committed to the highest levels of excellence in providing health care and health related services in a caring environment. We are dedicated to enhancing the physical, mental and spiritual health of the communities we serve.*

##### Vision

*The best place to get care. The best place to give care!*

In order to carry out our Mission and Vision, the Saint Luke's Health System (System) must maintain the highest reputation for ethics and integrity. This Code of Conduct (Code) has been established to provide guidance in carrying out our daily activities and in support of our commitment to our patients, staff, physicians and the communities we serve. It is the responsibility of those affiliated with the System, including employees, medical staff members, members of the boards of directors (BOD), volunteers and vendors to act in a manner that is consistent with this Code and its supporting policies.

#### II. Code of Conduct and You

The System is committed to conducting its operations in compliance with applicable laws, regulations, and the ethical standards and practices of the industry. This commitment means that you are expected to do what is required AND what is right.

You are not expected to have expert knowledge of all legal and regulatory requirements that may apply to your role with the System. However, you are expected to:

- be familiar with this Code,
- be sensitive to legal and ethical issues,
- ask questions if you are uncertain about any given situation, and
- report concerns you may have about the conduct of others.

There can be no retaliation against anyone for making a good faith report of inappropriate conduct, even if it turns out the report was wrong. Not reporting is a violation of this Code and can result in disciplinary action up to and including termination of your relationship with the System.

### **III. Conduct Principles/Risk Areas**

The following Conduct Principles/Risk Areas provide a summary of the System's position and expectations related to specific topics and describe certain ethics and compliance risk areas in healthcare. These are intended only to provide an overview. A specific System or entity policy may also exist on a given topic.

#### **Principle 1: Patient Relationships**

##### Advance Directives

Our patients will be informed of their right to make advance directives and have them followed within the limits of the law. The System shall comply with all policies and procedures and federal and state laws and regulations governing advance directives.

##### Patient Rights

Patients have a fundamental right to considerate care, which safeguards their personal dignity and respects their cultural and spiritual values. Understanding and respecting these values serve as a guide in meeting patient care needs and preferences.

The patient's dignity will be preserved at all times. In addition, you will be knowledgeable of the procedure for patient complaint resolution. You are responsible for maintaining a clean and recuperative environment for patients and their family members.

The System's goal is to improve patient outcomes and maintain high standards of medical ethics in the delivery of patient care in an ethical and professional manner. Patients have a right to protective services as required and defined within the Joint Commission guidelines.

Patients, families, employees, medical staff members, BOD members, volunteers and vendors have the ability to raise concerns or questions about ethical issues at each facility without fear of retaliation or retribution, changes in quality of care or, as it relates to employees, disciplinary action.

##### Quality/Patient Satisfaction

The System has a strong history of excellence and commitment to quality care. Care will be provided to patients and families in a courteous and caring manner that is sensitive to social, economic, cultural, racial, age, sex and lifestyle differences. The System is dedicated to consistently following a well-designed program of care, based upon the needs of the patient. Even as we work to provide affordable care to patients and providers, we will continue to strive for excellence in all that we do.

#### **Principle 2: Legal Compliance**

##### Anti-Kickback Statute

Federal and State law prohibit the offering of a kickback to an entity or person to induce that person to purchase services from or refer a patient to the System. Examples of the types of actions that could violate the Federal Anti-Kickback statute and similar state laws include the following:

- Offering or paying anything of value to induce someone to refer a patient to the System, including, but not limited to, the routine waiving of co-payments;
- Offering or paying anything of value to anyone while marketing System services;
- Soliciting or receiving anything of value for the referral of System patients to others;

- Giving or receiving free goods or discounts, except as permitted under applicable law and regulations.
- Receiving any payment or other item of value outside the normal compensation arrangement for performance of an employee's responsibilities on behalf of the System.

### Antitrust

Antitrust (competition) laws are based on the belief that a marketplace characterized by free and vigorous competition is in the best interest of consumers and businesses. You must comply with applicable antitrust laws and compete in a lawful, fair and ethical manner.

The following is a brief description of situations or conduct prohibited by the System:

- Agreements with competitors to fix prices or rig bids;
- Boycotts, some exclusive dealing and price discrimination agreements; and
- Unfair trade practices including bribery, misappropriation of trade secrets, deception, intimidation and other similar practices.

Antitrust laws are complex and it may be unclear as to whether or not conduct violates these laws. The guidelines in the preceding paragraph are simply intended to assist you in recognizing possible antitrust issues. Because of the fact-intensive nature of any antitrust analysis, you should consult with one of the following, as applicable: your administrator, the entity Ethics and Compliance Officer (ECO), the Chief Ethics and Compliance Officer (CECO), any member of the System Ethics and Compliance Department, or outside legal counsel before making any business decision that may raise antitrust concerns.

### Emergency Treatment (Emergency Medical Treatment and Active Labor Act – EMTALA)

The System will comply with the Emergency Medical Treatment and Active Labor Act (EMTALA) and with applicable state laws relating to the provision of emergency care. We will provide an appropriate medical screening exam to all patients (including those who present themselves to the emergency department even though the facility may be on diversion) without regard for their ability to pay who present to any facility within the System for care to determine if an emergency medical condition exists. Medical screenings may not be delayed to inquire as to the patient's insurance or payment status.

If it is determined that an emergency medical condition exists, appropriate stabilizing treatment will be provided without regard for the patient's ability to pay. No patient will be transferred to another facility unless the patient is stabilized, or unless a determination has been made that the benefits of transfer outweigh the risks to the patient, or the patient agrees to such transfer.

### Inducement

Federal and state law prohibit the offering or transferring of anything of value to a Medicare or Medicaid beneficiary that the offerer knows or should know is likely to influence the beneficiary to order or receive items or services from a healthcare provider. No System employee, medical staff member, BOD member, volunteer, or vendor shall offer valuable items or services to Medicare or Medicaid beneficiaries to attract their business.

### Professional Courtesy

Professional courtesy describes a practice where one healthcare provider, as a professional courtesy, agrees not to charge another provider for professional services given to that provider.

This can be seen as a kick-back and, therefore, only under limited circumstances may professional courtesy be granted, subject to specific requirements established by policies approved by the BOD of the System entity involved.

#### Research

The System is committed to conducting clinical research activities in a responsible and ethical manner with a primary focus on honesty, accuracy, objectivity and the protection of human participants in research trials. Research will be conducted in a manner that is compliant with all applicable federal, state and local laws and regulations and according to the International Conference on Harmonization Guidelines for Good Clinical Practice. Research protocols and patient consents will be reviewed by disinterested members of the Institutional Review Board and appropriate inquiry will be made related to conflict of interest to avoid any bias in research activities. It is the System's intent to utilize research funding from any source for the specific research projects for which the funds were allocated. Care must be taken in the submission of claims to third party payers for services provided to participants in research trials to ensure appropriateness after considering funding sources related to the research. Any indication of research misconduct will be fully investigated and addressed pursuant to the policies and requirements of the Office of Research Integrity of the Department of Health and Human Services. All research related activities will be guided by the same ethical principles, policies and procedures regardless of funding source.

#### Safe Medical Devices Act

The System is committed to participation in this governmental program to prevent patient injury from medical devices by reporting appropriate events to the manufacturer of a device and/or the FDA. Any event in which a patient is injured by a device will be reported to Risk Management at the entity where the event occurred. Each event will be investigated to determine whether the patient experienced permanent injury, need for medical intervention or death. Appropriate reporting will be accomplished pursuant to established policy.

#### Stark Law (Physician Self-Referral)

The Stark Law (Physician Self-Referral Law) prohibits a hospital from submitting a claim to the Medicare or Medicaid programs for any services rendered to any patient referred to the Hospital by a physician with whom the Hospital has a financial relationship unless the relationship satisfies certain exceptions or safe harbors. The physician is also prohibited from making referrals to the Hospital. No employee will submit a claim for payment or for benefits for any such patient that would violate the Stark Law. All contracts with physicians that would constitute a financial arrangement under the Stark Law shall therefore satisfy the requirements of one of the specific safe harbor exceptions.

### **Principle 3: Business Ethics**

#### Accreditation

In preparation for, during and after surveys, the System addresses all accrediting bodies in an open and honest manner. In no way shall our behavior mislead the surveyor or survey team either directly or indirectly.

#### Advertising/Marketing

The System is committed to representing the System's services, activities and facilities in an honest and accurate manner. No inaccurate or exaggerated statements may be made in any promotional materials of any kind.

### Conflicts of Interest

System employees, BOD members, and volunteers are expected to carry out their job responsibilities independent of personal considerations and in the best interest of the System. Actions or activities of anyone *on behalf of the System* are prohibited if they result in:

- Obtaining personal gain or advantage;
- An adverse effect upon the interests of the System; or
- Competitors obtaining any gain or advantage to the detriment of the System.

A conflict of interest is not inherently improper or illegal. Full disclosure of the facts related to the conflict must be made and the conflict appropriately managed. The following is a brief description of conduct that *may* involve a conflict of interest:

- Ownership in or employment by any third party which does business with the System;
- Doing business, not on behalf of the System, with any System vendor, supplier, contractor, or agency, or any of their officers or employees;
- Representation of the System by you in any transaction in which you or a household member has a substantial personal interest, i.e. entering into a business undertaking that involves a conflict between the duty to the System and personal interest;
- Accepting favors, gifts or entertainment that others may perceive to be substantial enough to influence your selection of goods or services for the System or to influence your judgment in representing the System. Acceptance of gifts of nominal value or reasonable personal entertainment may not be improper, but care must be taken to be sure gifts of this nature do not build up into any perceived obligation to the giver, affect your judgment or create the appearance of a conflict.
- Disclosure or use of confidential, special or inside information of or about the System, particularly for personal profit or advantage of you or your household member;
- Competition with the System by you, directly or indirectly, in the purchase, sale or ownership of property or property rights or interests or business investment opportunities;
- Entering into a transaction or activity where personal interests are advanced at the System's expense;
- Entering into a transaction that may cause loss or embarrassment to the System;
- Entering into outside activities or employment that interfere with job performance; or
- Engaging in outside employment that conflicts with the employee's scheduled working hours with the System;
- Employment by a competitor of System.

Certain employees and members of the BOD must complete a Conflict of Interest statement on an annual basis. These statements are subject to internal review and review by the BOD. You must report any actual or potential conflict of interest situation to one of the following, as applicable: your administrator, the entity Ethics and Compliance Officer (ECO), the Chief Ethics and Compliance Officer (CECO), or any member of the System Ethics and Compliance Department, disclosing all relevant facts and circumstances.

### Contracts

Employees must comply with the requirements of the System's policy on the review, preparation and administration of legal agreements. The submission to a federal government customer of a representation, quotation, statement or certification that is false, incomplete or misleading is forbidden and can result in civil and/or criminal liability.

Contracts with physicians, nursing homes, and other providers or potential referral sources must accurately delineate the specific services that the individual is being paid to provide and the compensation for these services at fair market value. The compensation rate cannot be based on the volume or value of any business referred to the System. All contracts must go through the appropriate System review process prior to being finalized.

### Financial Reporting & Records

All financial reports, accounting records, research reports, expense accounts, time sheets, and other documents must accurately and clearly represent the relevant facts or the true nature of the transaction. Improper or fraudulent accounting, documentation or financial reporting is contrary to System policy and may be in violation of applicable laws. Such actions may result in termination of your relationship with the System.

The System has established control standards and procedures to ensure that assets are protected and properly used and that financial records and reports are accurate and reliable. You share the responsibility for maintaining and complying with required internal controls.

Outside auditors will not provide any of the following non-audit services:

- 1) bookkeeping or other services related to accounting records or financial statements;
- 2) financial information systems design and implementation;
- 3) appraisal or valuation services, fairness opinion, or contribution-in-kind reports;
- 4) actuarial services;
- 5) internal audit outsourcing services;
- 6) management functions or human resources;
- 7) broker or dealer, investment adviser, or investment banking services;
- 8) legal services and expert services unrelated to the audit; and
- 9) any other services that the Public Company Accounting Oversight Board determines, by regulations, is impermissible.

### Media

To ensure the release of factual and accurate information and to generally assist with media communications, you should contact or coordinate with Public Relations regarding all media inquiries and requests. Public Relations can be reached at 816-932-2258. Those who speak officially on behalf of the System should avoid any of the following types of communications without prior notification to Public Relations:

- Responding to calls from the news media;
- Contacting and/or calling the media about a story or news item about the System;
- Conducting interviews with media at public events, exhibits or conventions, or endorsing a product or company that is currently associated with the System; and
- Endorsing written marketing materials or free or paid advertisements on behalf of the System.

### Proprietary Information of Others

The System is committed to respecting the legitimate rights of others to protect their confidential and proprietary information. You may not engage in attempts to wrongfully obtain or use this information. Any confidential information provided to the System by a third party will be handled properly and confidentially.

Applicable laws protect copyrighted materials such as books, magazines, computer software, videotapes, etc. from unauthorized or inappropriate usage. Unauthorized copying may constitute a copyright violation. Copying is usually allowed for educational and research purposes. If you desire to reproduce copyrighted material you should check with the ECO within your entity prior to reproducing the material. Unauthorized duplication of computer software is strictly prohibited.

### System Proprietary Information and Property

Except as specifically authorized by management pursuant to established procedures, you may not disclose to any outside party any non-public business, financial, personnel, commercial or technological information, or plans or data acquired during your employment or affiliation with the System. This information belongs to the System and may only be used for System purposes. It may not be used for your personal purposes or gain. Upon termination of your relationship with the System, you may not copy, take or retain any documents containing System proprietary or confidential information.

System equipment, supplies, and materials are not to be used for personal reasons except as authorized by current policy or by authorization. System property is not to be taken from a System facility except as necessary to fulfill your System responsibilities.

### Tax Issues

As a non-profit entity, the System has a legal and ethical obligation to engage in activities to further its charitable purpose and to ensure that its resources are used to further the public good rather than the private or personal interests of any individual. Consequently, the System must avoid compensation arrangements in excess of fair market value, accurately report payments to appropriate taxing authorities, and file all tax and information returns according to applicable laws and regulations. You should contact the System Tax Department to address concerns regarding any System entity's status as a non-profit organization and any other tax-related concerns.

## **Principle 4: Privacy & Security Compliance**

### Confidentiality of Patient Information

In your role with the System, you have access to highly private and confidential individually identifiable information concerning the patients we serve.

You shall conduct yourself in a manner that will maintain the confidentiality of patient information. You shall not disclose any patient specific information unless it is done pursuant to the patient's written authorization or for purposes of treatment, payment or healthcare operations.

### Privacy Rights of Patients

Contained within regulations for the Health Insurance Portability and Accountability Act (HIPAA) are specific rights that patients have regarding the privacy of their protected health information. As a System, we will comply with all HIPAA privacy regulations. The following rights must be complied with upon the patient's request:

- Right to Inspect and Copy
- Right to Amend
- Right to an Accounting of Disclosure
- Right to Request Restrictions
- Right to Request Confidential Communications
- Right to a Paper Copy of the Notice of Privacy Practices

If there are any questions regarding the Privacy requirements, you may contact the Privacy Site Coordinator at the applicable entity.

#### Retention & Disposal of Documents & Records

State and federal laws require the System to keep documents for specified periods of time. The legal requirements are many and varied; therefore, before documents are discarded, you must consult the System Retention Schedule to verify the appropriate time frame for destruction.

All confidential records must be destroyed in a manner so that the information contained in the document is not legible or identifiable. Any third party engaged to destroy such documents shall agree to maintain the confidentiality of such records during the destruction process.

#### Use of Electronic Systems

You may have access to one or more of the System's computer systems. Computer access codes are the equivalent of a signature. Identification codes and passwords provided to access computer systems must never be disclosed to another. You must not attempt to learn another's access code, or attempt to access a computer system with an access code other than your own. Compromised access codes must be reported to IT security immediately. Other than minimal, incidental use, you must not use any System provided computer outside the scope of your role with the System. Using the computer to browse patient records out of curiosity or for any other reason not specific to your role with the System is strictly prohibited.

The Internet, electronic mail, voice mail and facsimile machines are also used throughout the System. These electronic messaging systems are for business purposes only. Highly sensitive information must only be transmitted on these systems with caution as per policy. Specific System policies have been developed for the use of computers, the Internet and electronic messaging systems.

#### **Principle 5: Customer, Supplier & Third Party Payor Relationships**

##### Billing Reimbursement & False Claims

The System is committed to ensuring that its coding, billing and reimbursement procedures comply with all federal and state laws, regulations and guidelines. All facilities must bill for services using codes that accurately reflect the services provided. Billing or submitting a claim for services that were not provided as stated, not medically necessary, known not to be covered by the Payor or in any way false, misleading or inaccurate is prohibited by law and System policy. If you discover inaccuracies in bills or claims already submitted to the payor, you should immediately contact as appropriate: your supervisor, the entity Ethics and Compliance Officer (ECO), the Chief Ethics and Compliance Officer (CECO), or any member of the System Ethics and Compliance Department so corrective action can be taken.

### *Gifts, Gratuities & Charitable Contributions*

It is the System's desire at all times to preserve and protect its reputation and to avoid the appearance of impropriety. You are prohibited from soliciting or accepting tips, personal gratuities or gifts from patients or their families. You may accept unsolicited gratuities and gifts of a nominal value from patients or their families. If a patient, family or another individual wishes to make a monetary gift, he/she should be referred to any Foundation associated with a SLHS entity.

You shall not accept gifts, favors, services, and entertainment or other things of value to the extent that decision-making or actions affecting the System or the services provided might be influenced or may appear to be influenced. Similarly, the offer or giving of money, services or other things of value with the expectation of influencing the judgment or decision making process of any purchaser, supplier, customer, government official or other person by the System is absolutely prohibited. Any such conduct must be reported to the entity ECO and may be grounds for termination of your relationship with the System.

Nothing in this policy shall prohibit you from accepting a gift from the System in recognition of services rendered to the System.

### *Government Investigations*

It is the System's policy to fully comply with the law and cooperate with any reasonable demands made by a valid search warrant, subpoena or other form of an inquiry from law enforcement representatives and/or agencies. The System's principle of cooperation should be balanced with the belief that it is essential that the legal rights of the System and its personnel be protected. If you receive an inquiry, a subpoena, or other legal document regarding System official business from any government agency or person purporting to represent a government agency, you shall notify the CECO or ECO immediately. If you are contacted at home by a government agency or person purporting to represent a government agency concerning System official business, you should ask the agency representative or person to contact you at a later time and immediately contact the CECO to discuss the situation.

Retaliatory conduct against anyone who, in compliance with this Code, cooperates with an investigation is strictly prohibited. Upon your receipt of first notice of an investigation, receipt of a subpoena or warrant, you shall immediately notify the CECO so that the System document hold processes may be implemented. You must never destroy or alter any document or record in anticipation of a request or upon receipt of a request, subpoena or search warrant for the document or record by a government agency or court. You must never lie or make false or misleading statements to any government investigator. You must never attempt to persuade any other person to provide false or misleading information to a government investigator or fail to cooperate with a government investigation or audit.

### ***Principle 6: Workplace Conduct & Employment Issues***

#### *Americans with Disabilities Act (ADA)*

The System will comply with the Americans With Disabilities Act of 1990 to ensure that qualified applicants and employees with a known disability who are able to perform the essential functions of the job, with or without reasonable accommodation and whose employment does not pose a threat to their health and safety or that of others, are provided equal employment opportunity.

### Discrimination & Harassment

The System is committed to ensuring fair and equitable treatment of employees, patients and all third parties with whom the System deals. The System prohibits discrimination on the basis of race, color, national origin, sex, gender, pregnancy status, age, religion, or disability, veteran status, or sexual orientation or other status protected by law, in any term or condition of employment, in admission or access to treatment, programs or other services or in the provision of physician or other practitioner staff privileges.

If you feel that you or another person is the subject of discrimination or harassment in a System setting, you should report the events as to one of the following: your supervisor, the entity ECO, the CECO, human resources, or any member of the System Ethics and Compliance Department.

The System is committed to maintaining an environment free from all forms of discrimination and harassment. These behaviors include inappropriate jokes, slurs and intimidation. Sexual or other forms of harassment is prohibited and will not be tolerated, including unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual manner. If you encounter any form of unwanted sexually oriented behavior or unwanted hostile or offensive behavior based on race, color, gender, religion, national origin, age, disability or other protected status, you should clearly communicate your objections to the offender and report the matter to one of the following: your supervisor, the entity ECO, the CECO, human resources, or any member of the System Ethics and Compliance Department.

### Environmental Compliance

The System holds in high regard its commitment to providing an environment that minimizes hazards and the risk of injury and occupational illness. Numerous federal, state and local laws and regulations concerning health and safety and the environment apply to the System and its activities. It is the System's policy to comply with all such laws and regulations.

It is your responsibility to adhere to all organizational and departmental safety policies, procedures, plans and policies that have been developed based on the following:

- Applicable laws, regulations and accreditation standards (OSHA, EPA, Joint Commission, etc.);
- Information derived from monitoring, investigating and evaluation of incidents, accidents and occupational illness;
- External services regarding healthcare safety practices; and
- Input and feedback regarding safety issues.

You shall report any adverse health or safety conditions to your supervisor, the entity ECO, the CECO, or any member of the System Ethics and Compliance Department. It is the goal of the System to comply with any reporting requirements that pertain to any such condition and to take action to correct such condition and to prevent any reoccurrence. All employees must complete annual training appropriate to their area of responsibility. Completion of this training will be evaluated during the annual performance review.

All documents pertaining to environmental conditions or compliance (including permits, inspections and authorizations) shall be retained in accordance with the System's document retention policy.

#### Excluded or Sanctioned Providers

Federal law prohibits health care providers from employing, having on their medical staff or doing business with a person or corporation that is excluded from providing services in a federal health care program. Prior to starting your relationship with the System, it will be verified that you are not an excluded or sanctioned provider. You have an obligation to report to your facility Human Resources or to your System contact in the event you or another provider becomes excluded or sanctioned by any federal health sponsored program. Medical staff status is verified upon appointment and reappointment.

#### Honoraria

Employees are, with the permission of their supervisor, encouraged to participate as faculty and speakers at education programs and functions. However, any honoraria received by the employee shall be turned over or directed to the System unless the employee used paid time off to participate in the program or that portion of the program for which the honoraria is paid. Employees must not accept benefits (travel, lodging, speaker fees) from any vendor including pharmaceutical companies, medical device manufacturers or healthcare providers or related healthcare companies from whom the System may purchase goods or services unless approved by the System Management Committee.

#### License, Registration and Certification Renewals

To maintain quality standards of care and to comply with appropriate federal, state or local laws, the System requires you to provide a current license, registration or certification if reasonably required or related to their job position and duties. The System validates each license, registration or certification upon initial employment and on a periodic basis thereafter. Independent contractors and other businesses that are required to be licensed, certified or hold certain other credentials are responsible for keeping such credentials current. The System will not knowingly allow any employee, business or independent contractor to work in the System without valid credentials as required by law.

#### Personnel Actions & Decisions

Salary, benefit and other personal information relating to employees shall be treated as confidential. Personnel files, payroll information, disciplinary matters and similar information shall be maintained in a manner designated to ensure confidentiality in accordance with applicable laws.

#### Political Activity

The System expects you to refrain from engaging in activity which may jeopardize the tax-exempt status of the organization and to comply with applicable campaign finance ethics laws.

You may not use System funds to make any contribution to any political candidate, party, organization, committee or individual in violation of law. You may personally participate in and contribute to any political organization or campaigns, but must do so as an individual and not as a representative of the System.

The System may publicly offer recommendations concerning legislation or regulations being proposed which pertain to healthcare. You shall not attempt to influence the decision-making process of any governmental body or official by making an improper offer of any benefit. All System dealings with governmental bodies and officials shall be conducted in an honest and ethical manner and in compliance with any state or federal statutes or regulation governing such activity.

#### Substance Abuse

The unlawful manufacture, distribution, use, possession, or sale of any drug, including controlled substances, on System property is prohibited. The unlawful presence of any detectable amount of any drug, including any controlled substance, while on System premises or on System business is strictly prohibited. Lawful use of controlled substances, prescription drugs or legally obtained drugs, including over-the-counter drugs, while performing System business or while in a System facility is permitted only when taken in accordance with directions or prescription; and then only to the extent that such use will not negatively affect the safety of others, job performance, or the secure and safe operation of System property and facilities.

No alcoholic beverages may be brought on to or consumed on System premises unless System or individual facility administration has granted express authorization.

#### Workplace Diversity and Equal Employment Opportunity

The System is enriched with the diversity of ethnic groups from all segments of our community. This diversity is reflected within the System workforce. Treating others fairly and with respect and dignity is woven into the System culture. The System prohibits discrimination on the basis of race, color, national origin, sex, gender, pregnancy status, age, religion, handicap or disability, veteran status, or sexual orientation or other status protected by law, in any term or condition of employment, in admission or access to treatment, programs or other services or in the provision of physician or other practitioner staff privileges.

#### Workshops, Seminars and Training Sessions

On occasion, you may be required to travel to other locations in order to view or train on new equipment or systems that SLHS uses, intends to use, or is considering purchasing. Such travel is only considered legitimate if the product, equipment or training cannot be reasonably brought to SLHS. SLHS must bear the expenses related to such travel, unless prior approval is obtained from Management Committee. You may attend local, vendor-sponsored workshops, seminars and training sessions.