

Dear Colleagues,

We believe the essence of health care is, first and foremost, service to others. Our single goal is to provide affordable, accessible, first-rate health care that improves the health and well-being of the people we serve and raises the quality of life for all concerned. In serving others, our name must always stand for honesty and integrity at the highest level. To assure this, I am pleased to introduce the Code of Conduct.

The Code of Conduct is part of our overall program of Compliance and Ethics. It serves as a guide for each of us – board, management, employees, volunteers and service providers – as we strive to conduct all our business dealings with a high degree of honesty and integrity. Medical and business decisions can be complex. The Code of Conduct is a plain guide to using good judgment and making the right choices. I expect all of us to know and follow it.

We all have a role to play and every one of us can make a real difference. Everyone has individual responsibility and accountability to follow our legal and regulatory compliance policies, and to conduct activities in an ethical manner. To help you, our Code of Conduct sets out our standards on how we should behave with our stakeholders – patients, fellow employees, community, physicians and regulators. However, no code of conduct can spell out appropriate behavior for every situation. THM relies on each of us to use good judgment of what is right and proper in any situation. If there is any doubt, ask yourself:

1. Does it comply with our standards, including this Code and our policies and procedures?
2. How would my action look as a headline in tomorrow's newspaper?
3. How would my family or friends view my behavior?
4. Does it follow the letter and spirit of the law and regulation?

If you have any questions about the Code of Conduct or ethical concerns, please contact your supervisor, another member of management at your facility, any senior corporate manager, or the Chief Compliance and Ethics Officer. You may also report anonymously through the compliance hotline. We assure you there will be no retribution or retaliation for any inquiry or for reporting a possible breach of the Code.

You are a critical member of our team and play an important role in our future. Thank you for ensuring quality and integrity and supporting our focus of service to others.

Michael Bailey  
President and CEO

*This Code of Conduct serves as the foundation for the Corporate Compliance and Ethics program for American Health Communities which are managed by Tennessee Health Management, Inc. It demonstrates our commitment to ethical and legal behavior within our workplace and provides practical guidelines that will help you resolve questions about appropriate conduct as you perform the duties of your job.*

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## **PROGRAM OVERVIEW**

This Code of Conduct has been incorporated into a compliance and ethics program developed to help reduce risk and prevent the potential exposure for misconduct. It is an aid to the development of effective internal controls that promote adherence to applicable federal and state laws, and the program requirements of federal, state and private health plans. The adoption and implementation of the compliance and ethics program significantly advances the prevention of fraud, waste and abuse in our health care efforts. The Program also furthers the fundamental mission and core values of our facilities and business units. In practice, this compliance and ethics program articulates and demonstrates our commitment to an effective compliance process.

In addition to these guidelines, individuals including contractors and affiliates should follow other policies and procedures adopted by THM, as well as applicable laws.

Initially, every employee will receive training on our Code of Conduct. Also, all individuals will receive annual training to update their awareness of the Code of Conduct and established Compliance and Ethics Program Guidelines.

You should retain this handbook for future reference. Please take the time to read and understand the content of this handbook.

Kelly Thomas, JD, CHC  
Chief Compliance and Ethics Officer

Contact Information for Compliance Department:

201 Jordan Lane  
Franklin, TN 37067  
615-905-5400  
[compliance@amhealthpartners.com](mailto:compliance@amhealthpartners.com)

## **OUR MISSION, VISION, VALUES & QUALITY PLEDGE**

THM and the American Health Communities facilities they manage are a group of professionals who are deeply passionate about the care and treatment of others. Our employees are committed to giving patients the highest quality treatment available by providing an experience that is both memorable and meaningful.

The cornerstone of the patient centered care we offer is our focus on enhancing our patient's quality of life while allowing them to receive treatment close to home. We believe in the power of therapy and rehabilitation as tools to help our patients as they transition from acute care to home.

We provide skilled nursing and rehabilitation services at locations throughout Tennessee and Alabama.

In all that we do, we abide by our Mission, Vision, Values and Quality Pledge.

### **Mission**

To provide compassionate, high-quality health care and outstanding service that enhances well-being and consistently exceeds expectations

### **Vision**

To be a premier health care provider, trusted business partner and preferred employer

### **Values**

- Respect
- Integrity
- Teamwork
- Excellence
- Compassion
- Professionalism

### **Quality Pledge**

We will faithfully and diligently serve the patients and families who have entrusted their care or the care of their loved ones to us and, through our dedication to continually improving the standard of health care we provide, have a positive influence on everyone whom we care for.

## **RESPONSIBILITY OF OUR LEADERSHIP**

While it is the responsibility of all employees and affiliates to adhere to our Code of Conduct, our leaders are expected to be a model and set the example to be followed. We expect everyone in the organization with supervisory responsibility to exercise that responsibility in a manner that is kind, sensitive, thoughtful and respectful.

We expect each supervisor to create an environment where anyone can feel free to raise a legitimate question or concern and propose ideas. We also expect that they will ensure those under their leadership will have the proper training and sufficient information to comply with laws, regulations, and policies, as well as the resources to resolve ethical dilemmas.

Our leaders must help create a culture which promotes the highest standards of ethical behavior. We will never sacrifice ethical behavior in the pursuit of business objectives. Leaders will:

Commit to treating all colleagues with fairness, dignity and respect and provide them with the opportunity to develop professionally and to work in a team environment.

Work with our physicians and other health care providers to provide them a facility with modern equipment and outstanding professional support.

Commit to seeing that patients are provided with sensitive, compassionate, timely and cost-effective quality of care.

Uphold our contractual obligations in dealing with third-party payers in a way that promotes fairness and brings about efficiency and cost effectiveness to all involved.

Commit to understanding the needs of my community and proudly support efforts to charitable events and promote good will.

Promote our commitment to the principles contained in this Code of Conduct.

## **STANDARDS OF BEHAVIOR**

Everyone must commit and adhere to this Standard of Behavior:

- I will treat all people with respect, dignity and respond to their needs.
- I will provide patients with quality care.
- I will build positive relationships with patients, guests and fellow employees.
- I will address patients by name and identify myself to them.
- I will answer all call lights and telephones promptly and courteously.
- I will present myself to patients and guests in a professional manner.
- I will take the time to explain all tests, procedures and treatments to the patient, within the scope of my authority.
- I will comply with patient and staff privacy and confidentiality requirements.
- I will respect the privacy of patients.
- I will be committed to patient safety as my priority.
- I will be committed to a positive behavior by promoting cooperation throughout the facility.
- I will be a responsible team member who is honest, trustworthy, and ethical as well as accountable for all my actions.
- I understand not only my role on the team, but also the larger goals of other departments and my facility as we strive to meet our community's needs.

## **QUALITY OF CARE**

Our primary purpose for existing is to provide high quality care in a cost-effective manner. We are committed to providing health care services that meet the needs of those we serve. We provide patient care designed to achieve the intended outcome of the patient's treatment plan in an appropriate manner. We treat patients with respect and professionalism and in a manner that preserves their dignity and self-esteem. We will involve patients in decisions about their health care and continue to seek new approaches to increase the quality of care we deliver.

We are responsible for providing health services and products while complying with all applicable laws, regulations and standards, including state and federal regulations regarding patients' rights. Clinical assessments of patients will be undertaken by individuals qualified to conduct such assessments.

It is essential that all employees report any concerns related to the health care services being provided to our patients. Concerns should be relayed to someone in authority within the facility who can properly assess and correct any problems.

## **REGULATORY OVERVIEW**

We will uphold all laws and regulations. Every employee should be familiar with the policies and laws that apply to their job. If someone is uncertain about the law, policy or procedure, they should follow the communication process outlined in this Code of Conduct. Violations of the law or policies and procedures could, and will likely result in disciplinary action, up to and including dismissal. Maintaining ethical standards is in everyone's interest.

If you know of a problem, you must not remain silent – step forward and help resolve it!

Primary areas of concern for health care providers are the Federal Anti-Kickback Statute, the Stark II Self-Referral Statute, Health Insurance Portability and Accountability Act (“**HIPAA**”) Privacy and Security Rules, HITECH and the Federal Civil and Criminal False Claim Act.

### **Federal and State False Claims Act Laws**

The federal Deficit Reduction Act requires that certain entities, such as THM and its managed facilities provide affiliated employees, contractors, and agents with information related to the federal False Claims Act (“**FCA**”) law. This law provides that civil penalties may be imposed against any person or entity that knowingly presents or causes to be presented a false or fraudulent claim to a federal health care program for payment. In addition to civil monetary penalties, violators of the federal False Claims Act may be subject to treble damages for each false claim submitted to federal health care programs. The federal False Claims Act includes whistleblower protection provisions that protect any individual who is discharged, demoted, suspended, threatened, harassed, or any other manner discriminated against for filing an action under the federal False Claims Act.

Many states have enacted False Claims Act statutes that contain provisions that are like the federal statute, including whistleblower provisions.

Prohibited actions under the False Claims Act include:

- Submitting a false or fraudulent claim;
- Creating or using a false document to get a claim paid;
- Conspiring to get a false claim paid; and
- Creating a false record to avoid returning some or all of what is owed to the federal or state government.

### **Anti-Kickback Statute**

Under Federal Law, it is unlawful for any person to solicit, offer, pay or receive any remuneration, or anything of value, to or from any other person to induce or in return for:

- the referral of an individual to any medical setting reimbursable directly or indirectly, in whole or in part, under the Medicare or Medicaid programs; or
- the purchase, lease, order, or arranging for the purchase, lease or order of any goods, facility, services or item for which payment may be made, either directly or indirectly, in whole or in part, under the Medicare or Medicaid programs.

## **Stark II Self-Referral Statute**

This statute prohibits physicians from referring Medicare or Medicaid patients to an entity for the furnishing of "designated health services," if the physician or physician's immediate family member has a "financial relationship" with the facility.

## **Elder Justice Act**

The Elder Justice Act ("**EJA**") requires any employee, manager, agent, or contractor ("**Covered Individuals**") of a long-term care center that receives at least \$10,000 in federal funds annually to report any reasonable suspicion of a crime committed against a resident or any other individual receiving care from the center. These reports must be made to one or more local law enforcement agencies and to the Secretary of the Department of Health and Human Services (Secretary) or to the agency designated by the Secretary to receive such reports. If serious bodily injury occurred as a result of the suspected crime, the report must be made within 2 hours of forming a reasonable suspicion that a crime has occurred, otherwise the report must be made within 24 hours of forming a reasonable suspicion that a crime has occurred.

Covered Individuals who fail to make these reports under the EJA shall be subject to a civil monetary penalty of up to \$200,000 and may be excluded from participation in any Federal health care program. If the failure to report results in further injury to the victim of the crime or results in harm to another individual, the civil monetary penalty may be increased to \$300,000.

A long-term care provider may not retaliate against, discharge, demote, suspend, threaten, harass, or deny a promotion or other employment-related benefit to an employee, or in any other manner discriminate against an employee in the terms and conditions of employment; or file a complaint or report against an employee with a state professional agency against the

employee for making a report required by the EJA. An employee has the right to file a complaint with the Secretary, or the agency designated by the Secretary, against a long-term care provider that violates the reporting requirements of the EJA. A long-term care center that violates the anti-retaliation provisions of the EJA shall be subject to a civil monetary penalty of up to \$200,000 and may be excluded from participation in any Federal health care program for a period of 2 years. Questions should be directed to your supervisor, manager, the Legal Department or the Chief Compliance and Ethics Officer.

## **HIPAA**

The Center is required by state and federal law to protect the confidentiality of information concerning patients under its care. In 2003 and 2005, a federal law known as HIPAA (The Health Insurance Portability and Accountability Act) created additional restrictions on the use, disclosure and safeguarding of Protected Health Information ("**PHI**") and gave patients new rights regarding their own PHI. The federal law allows the Center to use PHI for the purposes of treatment, payment and health care operations. We may disclose PHI (1) with the individual's authorization; (2) to another health care provider for treatment and payment purposes without the individual's authorization; and (3) in certain other circumstances as described in the law. The use or disclosure of PHI must be

limited to the minimum amount necessary to accomplish the purpose of the use or disclosure. It also requires the Center to apply administrative, technical and physical safeguards to protect the information from unauthorized use or disclosure as well as ensuring the confidentiality, integrity and availability of all the electronic systems that contain electronic Protected Health Information. If you become aware of any potential privacy concern contact the Compliance Department.

## **Antitrust**

Antitrust laws are designed to create a level playing field in the marketplace and to promote fair competition. It is unlawful to agree, or attempt to agree, with competitors to fix prices, divide geographic markets or make any agreement that artificially raises the price of our services or improperly reduces competition. Particular care should be taken in pursuing joint ventures or alliances with other health care providers.

Seek advice from your supervisor, manager or the Legal Department or Chief Compliance and Ethics Officer before taking any action which may compromise fair competition or compliance with antitrust laws.

## **Contracts**

We will accurately specify the services to be provided, benefits to be received, realistic time commitments, and reasonable compensation rate(s) in all contracts. All contracts and agreements must be in writing and reviewed and approved per company policy.

## **Ineligible Persons and Felony Crimes**

We will not grant medical staff membership or privileges to any individual, or contract with any potential referral source who is listed by a Federal or state agency as debarred, excluded, or otherwise ineligible for participation in federally or state-funded health care programs. We cannot hire or employ anyone who is excluded or ineligible.

We will not employ or contract with any individual or company who is ineligible for participation in federally or state-funded health care programs. Any employee who learns that they may become ineligible to participate in Federal or state-funded health care programs or are charged or convicted with a felony crime must disclose this to the Human Resources Department and Chief Compliance and Ethics Officer.

## **Licensure**

We will not employ or contract with any employee who is not appropriately licensed. If at any time your license becomes restricted, you must notify the Chief Compliance and Ethics Officer.

## **BILLING & CODING PRACTICES**

Employees are responsible for ensuring our bills accurately reflect the services rendered and supplies used to treat our patients. Facilities must only bill for services that have been properly ordered and performed. Facilities will not routinely waive copayments or deductible payments.

Staff involved in the preparation or submission of charges or billing data must be trained in coding and documentation practices. Billing policies and procedures must be written, approved by management, and periodically updated.

### **Accuracy of Documentation**

Records should be organized in a manner permitting prompt retrieval.

We are responsible for preparing and maintaining accurate and reliable records.

Substantiating medical documentation must be provided for all services rendered. You must always bill on the principle that if the appropriate documentation has not been provided, then the service has not been rendered.

Medical records (paper or electronic) may not be erased or altered except in accordance with company policy, and never for covering up errors or obtaining any payment to which we are not entitled.

Individuals who suspect that improper billing or documentation has occurred should immediately alert their supervisor or a higher-level manager. Additionally, the individual should contact the Chief Compliance and Ethics Officer or use the Compliance Hotline if it continues to be a concern.

### **Retention of Records**

Billing records are to be stored in a safe and secure location and must be retained for the period established by company policy. You must dispose in accordance with the retention policy. If you are unsure, always contact your supervisor or manager before disposing of any records. Never destroy medical records without having appropriate authority.

## **CONFIDENTIALITY OF INFORMATION**

### **Patient Information**

We treat our patient's information with care, respecting our patient's privacy. We will only use patient information for treatment purposes, to obtain payment, and for other health care operations, including administrative purposes and evaluation of the quality of care that our patients receive.

We are committed to providing the best possible care to all our patients. This includes treating our patient's information with care, including maintaining every patient's confidentiality and keeping their Protected Health Information ("PHI") secure.

We discuss or share PHI only with those who have a right or need to know, only if necessary authorizations have been received, and only in a manner consistent with legal requirements. We will avoid discussing PHI in public areas. We proactively safeguard patient information consistent with HIPAA regulations and our privacy and security policies and procedures. Employees must never use or disclose PHI in a manner that violates the privacy rights of our patients. Violation of this policy may result in disciplinary action up to and including immediate termination.

### **Employee Information**

We must respect the privacy of our fellow employees. Do not engage in gossip. Do not discuss information contained in another employee's personnel file unless you have a specific business purpose and you are authorized to do so.

### **Passwords**

Passwords and other personal security codes are to be kept confidential. You are responsible for the actions resulting from the use of your accounts. Do not share your password or let others use your computer while you are logged in.

### **Proprietary Business Information**

Do not give confidential or proprietary Company information to unauthorized persons such as competitors, suppliers, or outside contractors without prior approval of a supervisor. This includes financial information, customer lists, discounts, special prices, computer data and computer programs, as well as descriptions of company processes or operations.

## **CONFLICTS OF INTEREST**

All individuals are expected to act in the best interest of the company. A conflict of interest occurs if an outside interest influences or appears to influence your ability to objectively meet

your job responsibilities. It is the company policy that employees will not have any direct or indirect financial interest in or personal business relationship with any firm or person with which the company does business, or in any other activity, which would create a conflict of interest. If you have any questions regarding a conflict of interest you should discuss it with your manager as soon as possible. Violations of this policy will result in disciplinary action up to and including termination.

### **Outside Employment**

Employees may hold outside jobs if they meet performance standards. Outside employment with a competitor of your facility or the Company is prohibited. Employees who are considering outside jobs in addition to their current employment are required to notify Human Resources of their intentions. Management reserves the right to determine if the outside job presents a conflict of interest.

## **Relationships with Vendors and Suppliers**

Employees will maintain impartial relationships with current and potential vendors, contractors and suppliers and are expected to make decisions that are in the best interest of the Company. Care must be exercised to avoid even the appearance of favoritism toward a vendor, contractor or supplier due to personal relationships. Employees may not hold a substantial interest in a business that provides services to the facility or Company that the employee supervises directly or indirectly. Any association or relationship with a vendor, contractor or supplier by an employee, or an employee's immediate family, must be disclosed to their supervisor. Corporate employees will provide this information to the Chief Compliance and Ethics Officer.

## **Gifts and Entertainment**

Employees are expected to remain above reproach in their business dealings and are encouraged to err on the side of prudence and to avoid even the appearance of impropriety. We will never use gifts or other incentives to improperly influence relationships or business outcomes. Entertainment may not be offered for influencing or inducing the referral of business, whether or not that business is billed to the government, or which otherwise violates any law or regulation. Additionally, no employee, nor any member of the employee's family, may accept any personal gift or favor (including complimentary business or personal trips, entertainment or meals) from any of THM's competitors, contractors, customers or suppliers, or anyone with whom that employee does business on behalf of the company.

Gifts and entertainment must never be offered to influence the referral of a patient or business. Therefore, since physicians are individuals who refer patients to our facilities, any gifts given, or entertainment provided to a physician must fall under the restrictions of the Federal Anti-Kickback Status and are not to exceed those limitations.

### **Gifts**

Employees shall not accept any gift, hospitality, or entertainment in any amount from or on behalf of a patient; and shall not accept from any other person or entity any cash or cash equivalents, any gift of more than the nominal value \$50 per gift or an aggregate of \$50 per year from any particular person or entity, or any hospitality or entertainment that because of its source or value might influence the employee's independent judgment in transactions involving the company.

Gifts may be given by a superior to a subordinate; however, subordinates are not to give gifts to superior or higher-ranking employees. No gifts may be offered for influencing or inducing the referral of business, whether that business is billed to the government. Acceptance or giving cash gifts of any amount, including cash equivalents, with those whom we do business is strictly prohibited.

### **Entertainment**

Entertainment is generally a social event (e.g., a meal, attendance at a sporting or cultural event, participation in a sporting activity, etc.) where business matters are discussed but is not the main

purpose of the event. All business entertainment events must include some business discussion and a host from the Company must be present. The cost associated with such event must not be excessive or extravagant in frequency or amount in any calendar year. Any entertainment requires prior approval from your supervisor.

Neither the company or its employees will not lend money or extend credit to any officer, director or employee for their personal benefit or for the benefit of relatives or friends, nor will the company arrange credit or guarantee obligations for any such persons. Advancement of legitimate business and travel expenses or the use of a company credit card for legitimate business expenses with prior approval in accordance with the company's expense policy is permissible.

Any questions related to these guidelines should be resolved by contacting the General Counsel or Chief Compliance and Ethics Officer.

## **PROTECTING COMPANY ASSETS AND PROPERTY**

You should use Company property and other assets for business purposes only. Company property is only for authorized business purposes and should not be used for personal reasons. This includes all Company property, whether owned or leased. Assets of others must be equally protected.

### **Communication Systems**

All communication systems, including but not limited to e-mail, Intranet, Internet, telephones, and voicemail, are company property and are to be used primarily for business purposes in accordance with established policies. Limited reasonable personal use of the communications systems is permitted; however, users should not assume these communications are private nor presume the expectation of privacy in anything they create, store, send, or receive on the computer and telephonic systems. We reserve the right to monitor communications usage and content consistent with policies and procedures. The systems may not be used to post, store, transmit, download, or distribute any threatening materials; knowingly, recklessly, or maliciously create or send false materials; obscene materials; or anything constituting or encouraging a criminal offense or that would otherwise violate any laws.

### **Surplus Property**

All surplus and obsolete property must be disposed of according to company policies and procedures. Company property should not be converted to personal use without appropriate authorization.

### **Computer Software**

Do not make unauthorized copies of computer software programs or use personal software on any company owned computer equipment. The creating or loading of unauthorized copies of programs

into the company managed system could cause technical problems (i.e., viruses) if not properly coordinated with Information Systems personnel. In addition, the unauthorized copying or introduction of unauthorized software could be a violation of federal copyright laws.

### **Copyrighted Materials**

We prohibit the unauthorized use of copyrighted, trademarked or licensed materials and safeguards the intellectual property of THM and the American Health Communities' facilities they manage and those with whom we do business.

## **GOVERNMENT INVESTIGATIONS AND SUBPOENAS**

We will cooperate with any appropriately authorized government investigation or audit; however, we will assert all protections afforded it by law in any such investigation or audit. If an employee is contacted by any person who identifies him or herself as a government investigator, the employee should notify his or her supervisor, who should then immediately notify the General Counsel and the Chief Compliance and Ethics Officer. Employees must never, under any circumstances: destroy or alter any document or record in anticipation of a request for the document or record by a government official, agency or court, lie or make false or misleading statements to any government investigator, or attempt to persuade another employee, or any other person, to provide false or misleading information to a government investigator or to fail to cooperate with a government investigation.

In some cases, government investigators, or persons presenting themselves as government investigators, may contact employees outside of the workplace, during non-working hours, or at home. Do not feel pressured to talk with the person under such circumstances without first being sure of their identity by requiring to see some form of official identification and, if you wish, contacting someone for legal advice. It's the legal right of employees to contact an attorney before responding to questions by an investigator. An employee is requested to notify his or her supervisory, who should then notify the General Counsel and the Chief Compliance and Ethics Officer if contacted by an investigator.

Any employee who receives a subpoena or other written request for information should contact the corporate legal department or the Chief Compliance and Ethics Officer immediately for assistance and guidance before responding to the request.

## **COMPLIANCE TRAINING & EDUCATION**

### **General Training**

All employees will be afforded appropriate training and education regarding the essential elements of our Compliance and Ethics Program. Each employee will also be provided a copy of the Code of

Conduct containing guidance and a general overview of the program requirements. All employees will be required to acknowledge receipt of the Code of Conduct. The Code of Conduct will be made readily available to employees.

### **New Employee**

New employees will go through training to be orientated with the requirements of their job responsibilities at their facility. Included in this orientation will be training on our Code of Conduct and Compliance and Ethics Program policies. This orientation will be provided by the appropriate personnel at the facility within the first 30 days of employment. At a minimum, the employee will receive a copy of the Code of Conduct and complete general compliance training. Employees will be required to acknowledge receipt of the Code of Conduct.

## **REPORTING CONCERNS**

Individuals have a responsibility to report any known or suspected violations of. Failure to report violations of law shall constitute a serious violation of policy and subject an employee to disciplinary action up to and including termination of employment. Retaliation against employees who report concerns is strictly prohibited and subject to disciplinary action up to and including termination.

## **CONFIDENTIAL DISCLOSURE PROGRAM**

We have established a disclosure program (“Compliance Hotline”) that is answered by a third- party vendor to enable employees to report problems or concerns involving ethical or compliance issues. This toll-free number, **(800) 570-0219**, allows employees to report a concern anonymously and without fear of retribution. Callers are not required to identify themselves, and all calls will be treated confidentially. The Compliance Hotline can be accessed 24 hours a day, 7 days a week, and 365 days a year. All calls will receive attention and will be investigated in an appropriate manner.

Employees are encouraged to report concerns they believe are not consistent with the Code of Conduct, the Compliance and Ethics Program, and/or federal, state, and local laws and regulations. Anyone who retaliates or attempts to retaliate against an individual who has made a report in good faith and with legitimate concern to the Hotline will be subject to disciplinary action, up to and including termination of employment.

## **CORPORATE RESOURCES**

Questions or concerns about potential compliance or privacy violations may be addressed to any of the following:

- Your supervisor or department head
- Any supervisor or department head
- Your Facility Compliance Officer
- The Regional Compliance Directors
- The Chief Compliance and Ethics Officer
- The Confidential Disclosure Program Hotline at 1-800-570-0219.

If a colleague feels a question or concern is not resolved appropriately, the colleague should report the matter immediately to the Confidential Disclosure Program hotline or to the Chief Compliance and Ethics Officer.

## **NON-RETALIATION & NON-RETRIBUTION FOR REPORTING COMPLIANCE ISSUES**

Company policy prohibits any employee from retaliating against or engaging in harassment of another employee who has reported suspected wrongdoing. Every supervisor and manager have the responsibility to create a work environment in which ethical and legal concerns can be raised and openly discussed without fear of retaliation or retribution. This includes avoiding any action that might constitute retaliation, retribution or harassment against an employee who has reported a concern.

Every supervisor and manager have the responsibility to create an environment in which concerns can be openly discussed.

If you suspect that any employee is engaging in acts of retaliation, retribution or harassment against another employee for reporting suspected wrongdoing, immediately notify the Chief Compliance and Ethics Officer or call the Compliance Hotline.

Harassment, retaliation or seeking retribution against a reporting employee may lead to disciplinary action, up to and including termination of employment on the first offense. It is the responsibility of every employee to report concerns about actual or potential wrongdoing and are not permitted to overlook such actions. If an employee has knowledge of actual wrongdoing and does not report the activity, it will be considered a serious offense which can lead to disciplinary action, up to and including termination of employment. Employees are also required to cooperate with the investigative efforts.