**CODE OF CONDUCT AND ETHICS**

**FOR GAHHS VOLUNTEERS**

2019



**Message from the CEO Rob Schmitt**

Gibson Area Hospital and Health Services along with its clinics is truly a unique and remarkable health care organization. For more than 65 years, the people of GAHHS have cared for patients, provided innovative therapies and trained generations of health care professionals – all with a singular focus on improving the quality of care for the communities we serve. Throughout our history, we have served our patients and our community and, in the process, earned a reputation of being in touch of the needs of the people we serve. Our success is apparent in the unsolicited praise we receive from patients and their families, as well as in objective surveys that confirm our leadership in quality and patient satisfaction.

Every person at GAHHS plays a role, directly or indirectly, in the patient experience and our reputation is based on how we conduct ourselves on a daily basis. Our expertise brings hope to patients who trust us to deliver the most advanced care and attracts people with the highest integrity to seek employment or an affiliation with us.

**In each of our various roles, we are part of a team with the common mission of serving the health care needs of our patients and our community. The privilege of supporting this mission carries with it significant responsibilities.**

To help you with the legal and ethical questions you may encounter in your daily work, we have prepared the Code of Conduct and Ethics (Code). The Code provides a framework for making the right decisions and taking appropriate action in your daily work. As an organization, we must lead with integrity because we care about the well-being of our patients, fulfilling our mission and preserving our reputation. Each of us – including all Board members, employees, volunteers, physicians and others who provide care to our patients – will be asked to sign a certification stating that we understand the Code and our individual commitment to compliance. If you have questions regarding this Code or encounter any situation that you believe violates this Code, you should immediately report the issue to your supervisor, contact the Executive Director of Compliance & Legal Affairs, call our Compliance Hotline (1-888-475-8376) or access the web-based reporting option.

Each of us has the responsibility to report any concerns we may have, and you can rest assured that there will be no retaliation or retribution for asking questions or raising concerns in good faith about potential improper conduct. Trust is something we earn and maintain every day. Through each of our actions we can demonstrate to our patients and communities that GAHHS embraces a set of core values...excellence, diversity, integrity, compassion and teamwork. Thank you for your ongoing commitment to our patients, our communities and GAHHS’ continued reputation for excellence and integrity in carrying out our Mission.

**Vision Statement**

Our vision is to be the model of excellence in community based health-care.

**Mission Statement**

The Mission of the Association shall be to provide personalized, professional healthcare services to the residents of the communities we serve.

**Purpose of Our Code of Ethics and Conduct**

As an organization, Gibson Area Hospital and Health Services is committed to honest and ethical behavior, and to conducting our business with integrity. The practice of behaving honestly, ethically, and with integrity is an individual responsibility. We make decisions everyday about how we will choose to conduct ourselves. Each of us is accountable for our conduct and actions. The Code of Conduct and Ethics is our cornerstone. It communicates what our ethical business standards are and should be. The Code of Ethics and Conduct serves as a guide for management, staff, providers, vendors, volunteers and anyone else who interacts with the hospital and clinics. It is an essential part of the Corporate Compliance Program. It is essential and a vital part of how we achieve our vision and mission. We are all responsible for carrying out that mission, and are all guardians of the reputation of the organization. We are committed to delivering the highest quality patient care in compliance with our Code of Ethics and Conduct.

Our Code of Ethics and Conduct helps guide all Gibson Area Hospital and Health Services (GAHHS) employees and associates (contract personnel and physicians). It also helps us carry out our daily activities within proper legal and ethical standards. This applies to our relationships with patients and their families, visitors, physicians, third-party payers, subcontractors, independent contractors, vendors, consultants and one another.

The Code is meant to be comprehensive and easily understood. In some instances, the Code deals completely with the subject covered. However, many subjects are so complicated that more guidance is needed. To provide this guidance, there is a complete set of Administrative Policies and Procedures in each department. Also, each department has a set of Departmental Policies and Procedures to help employees.

**Code of Ethics and Conduct for Senior Management**

All members of Senior Management are bound by all provisions of this Code of Ethics. The CEO and CFO also have responsibility for full, fair and accurate financial disclosures.

**Leadership Responsibilities**

While all GAHHS employees are obligated to follow our Code, we expect our leaders to set the example and to be in every respect a model.

We expect all supervisors and managers to create an environment where all employees and other associates feel free to bring up concerns and share ideas. We also expect that they will make sure that those on their team have plenty of information to comply with laws, regulations, and policies, as well as resources to resolve ethical issues. They must help to create a culture that promotes the highest standards of ethics and compliance. We must never give up legal, ethical and compliant behavior in the pursuit of business goals.

**Our Patients**

**Patient Care and Rights:** Our mission is “to provide personalized, professional healthcare services to the residents of the communities we serve.” We treat all patients with respect and dignity and provide care that is both necessary and appropriate. We make no distinction in the availability of services; the admission, transfer or discharge of patients; or in the care we provide based on age, sex, disability, race, color, religion, or national origin.

Each patient is given a written statement of patient rights, hotline phone numbers, and a Notice of Privacy Practices. These statements include the rights of a patient to make decisions about their medical care and their rights related to health information maintained by the facility. They also conform to all applicable state and federal laws including the Health Insurance Portability and Accountability Act (HIPAA).

We want to involve patients in all aspects of their care, including giving consent for treatment and making healthcare decisions. This may include managing pain effectively, foregoing or withdrawing treatment, and end of life care. As applicable, each patient or his/her representative is given information such as a clear explanation of care. This includes diagnosis, treatment plan, right to refuse or accept care, care decision dilemmas, advance directive options, estimates of treatment costs, organ donation, and an explanation of the risks, benefits, and alternatives associated with available treatment options. Patients have the right to request transfers to other facilities. In such cases, we give the patient an explanation of the risks, benefits, and alternatives of the transfer.

We give patients information about their right to make advance directives. We honor patient advance directives or resuscitative measures within the limits of the law and our organization’s mission, values and capabilities.

To promote and protect patient’s rights, we give each patient and his/her representative confidentiality, privacy, security and protective services, and opportunity for resolution of complaints.

Patients are treated in a way that preserves their dignity, self-esteem, civil rights, and involvement in their own care. GAHHS has processes to support patient rights in a way which involves others. These processes are based on policies and procedures. They make up the framework addressing both patient care and organizational ethics issues. This includes informing each patient or, when appropriate, the patient’s representative of the patient’s rights before furnishing or discontinuing care. Patients and, when appropriate, their families are informed about the outcomes of care, including unexpected outcomes. Also, patients are involved as clinically appropriate in finding answers to dilemmas about care decisions. We also have processes for prompt resolution of patient grievances. This includes informing patients of whom to contact regarding grievances and informing patients about the grievance resolution. GAHHS maintains an ongoing, proactive patient safety effort. This is to identify risk to patient safety and to prevent, report, and reduce healthcare errors. Employees and other associates receive training about patient rights in order to clearly understand their role in supporting them.

**Patient Information:** We collect information about the patient’s medical condition, history, medication, and family illnesses so we can provide quality care. We realize the sensitive nature of this information and are committed to keeping it confidential. We do not use, disclose or discuss patient specific information with others unless it is necessary to serve the patient or is required by law.

GAHHS employees will never use or disclose confidential information that violates the privacy rights of our patients, including employees who are patients. We have access and privacy policies and procedures, which follow HIPAA requirements. They state that no employee or other associate has a right to any patient information other than that necessary to perform his or her job. This includes patient information about employees and other associates.

Patients can expect their privacy to be protected except for certain emergency situations. Also, we will release patient-specific information only to persons authorized by law or by the patient’s written authorization as explained in the Notice of Privacy Practices.

**Legal and Regulatory Compliance**

GAHHS provides various healthcare services in compliance with appropriate federal, state, and local laws and regulations, and the conditions of participation for federal healthcare programs. These laws, regulations, and conditions of participation may include subjects such as certificates of need, licenses, permits, accreditation, access to treatment, consent to treatment, medical record-keeping, access to medical records, confidentiality, patients’ rights, end-of-life care decision making, medical staff membership and clinical privileges, and Medicare and Medicaid program requirements.

We have developed policies and procedures to address many legal and regulatory requirements. However, healthcare is highly regulated and it is impossible to develop policies and procedures to cover all applicable laws and regulations. Obviously, all laws must be followed, not just those covered by policies and procedures. Employees should ask senior management or department managers about areas not covered by policies and procedures.

Anyone who knows about violations or suspected violations of law, regulations, conditions of participation, or internal policies and procedures must report them immediately to a supervisor, the Executive Director of Compliance & Legal Affairs, or the Compliance hotline (1-888-475-8376).

**Coding and Billing for Services:** We have developed policies, procedures and systems to make sure that all billings are correct. These policies and procedures are based on appropriate federal and state laws and regulations. We will not tolerate any employee or associate knowingly submitting claims for payment or approval which are false, fictitious, or fraudulent.

In support of accurate billing, medical records must provide reliable documentation of the services rendered. It is important that all individuals who contribute to medical records provide accurate information and do not destroy any information considered to be part of the medical record.

Reliable documentation also depends on the attention of physicians who treat patients in our facility. We expect those physicians to provide us with complete and accurate information on a timely basis. Documentation is a key element in coding and billing, as well as in the quality of care we can provide based on the documentation. We do not want to compromise the care we give or compromise the ability to code and bill accurately due to poor or inadequate documentation.

**Cost Reports:** We are required by federal and state laws and regulations to submit certain reports of our operating costs and statistics. We comply with federal and state laws, regulations, and guidelines relating to all cost reports. These laws, regulations, and guidelines define what costs are allowable and outline the proper methods to claim reimbursement for the cost of services provided to program beneficiaries.

Several policies deal with cost report compliance and stress our commitment to identify and exclude non-allowable costs, follow documentation standards, properly review cost reports, and properly file cost reports with appropriate disclosures.

**Emergency Treatment:** We follow the Emergency Medical Treatment and Active Labor Act (EMTALA) in providing emergency services. This means that we provide an emergency medical screening examination and stabilize all patients, whether or not they can pay. Within our capacity and our capability, we treat anyone with an emergency medical condition. In an emergency situation or if the patient is in labor, we will not put off the medical screening and stabilizing treatment to find out patient financial and other information.

We do not admit, discharge, or transfer patients with emergency medical conditions simply based on their ability to pay or any other discriminating factor.

Patients with emergency medical conditions are only transferred to another facility at the patient’s request or if the patient’s medical needs cannot be met at GAHHS and we know that appropriate care is available at another facility. Patients are only transferred in strict compliance with state and federal EMTALA regulatory requirements.

**Surveys:** From time to time, government agencies and other entities conduct surveys in our facilities. We are open and provide accurate information. In preparation for or during a survey or inspection, GAHHS employees and associates must never hide, destroy or change any documents; lie; or make misleading statements to the agency representative. We never cause another employee to fail to provide accurate information or obstruct, mislead, or delay the communication of information or records relating to a possible violation of law.

**Accreditation:** In preparation for, during and after surveys, GAHHS employees and other associates deal with all accrediting bodies in a direct, open and honest manner. We never take action in relationships with accrediting bodies that would mislead the accreditor or its survey teams, either directly or indirectly.

The scope of matters related to accreditation is very significant and broader than the Code of Conduct and Ethics. The purpose of the Code is to provide general guidance on subjects of wide interest within our organization. Accrediting bodies may address issues of both wide and more focused interest.

**Grants:** GAHHS complies with all applicable federal and state regulations when grants are received. We are required by these regulations to meet such duties and obligations as accurate reporting and appropriate expenditure of the grant funds.

**Business Information and Information Systems**

**Accuracy, Retention, and Disposal of Documents and Records:** Each GAHHS employee and associate is responsible for the integrity and accuracy of our organization’s documents and records. This is not only to comply with regulatory and legal requirements, but also to make sure that records are available to support our business practices and actions. No one may change or falsify information on any record or document. We must never destroy records in an effort to deny governmental authorities that which may be relevant to a government investigation.

We keep medical and business documents and records in accordance with the law and our record retention policy. Medical and business documents include paper documents such as letters and memos, computer information such as e-mail or files on disk or tape, and any other medium that contains information about the organization or its business activities. It is important to retain and destroy records only according to our policy. Also, no one may remove or destroy records before the specified date without first obtaining permission from the CEO. Garbage cans and receptacles containing the logo C.O.P.S. and/or a lock are the appropriate places to dispose information containing PHI.

**Information Security and Confidentiality:** Confidential information about our organization’s plans and operations is a valuable asset and is considered proprietary. Although GAHHS employees and associates may use confidential information to do their jobs, they will not share it with others unless they have a legitimate need to know the information to perform their job duties or carry out a contractual business relationship. Also, these other individuals and organizations must agree to keep the confidentiality of the information. Confidential information includes such things as employee information; patient census and clinical information; patient financial information; passwords; pricing and cost data; financial data; strategic plans; marketing strategies; and supplier and subcontractor information.

In order to keep the confidentiality and integrity of patient and other information it should be sent through the internet only in accordance with information security policies and procedures and should not leave the facility in an unprotected manor.

Federal and State laws govern the privacy of our patients and their health information. This includes information that is spoken, written, or in electronic systems. HIPAA law is a Federal law that governs the privacy of a patient’s medical information that GAHHS takes very seriously. Laws include consequences for failing to protect patient privacy including potential fines, imprisonment, loss of professional license and a patient’s right to sue both the organization and you personally. Our IT department can monitor patient records to determine who is accessing the record and whether it is consistent with job functions.

Complying with our privacy policies include the following:

* We access use and disclose only the minimum amount of information needed to perform our jobs;
* We do not discuss patient information with others who do not have job-related need to know.
* We do not share user ID’s or passwords to our electronic systems and we log off when we step away from our computers. What is done on your computer is your responsibility.
* Asses your surroundings and always ask the patient to speak about their care when others are present.
* We do not mention patient information whatsoever on social networking or blog sites
* We verify fax numbers before sending PHI and check accuracy of patient information on labels, records, charts.
* We dispose of patient information in the confidential waste containers and contact IT for proper disposal of electronic PHI.
* We encrypt email that contains patient PHI
* We report all privacy concerns to the HIPAA Privacy Officer or the Executive Director of Compliance & Legal Affairs.

We exercise due care in maintaining the confidentiality, availability, and integrity of organization’s information. Much of our clinical and business information is generated and maintained on our computer systems. This makes it necessary for each employee and associate to protect the computer systems and the information contained in them by not sharing passwords and by knowing and following our information security policies and procedures.

If an individual’s employment or other business relationship with GAHHS ends, they must still keep confidential the information learned or used during the employment or other business relationship. This does not prevent the individual from disclosing information about his or her own compensation and benefits.

If you are provided with an email account to facilitate business and healthcare communications within and outside GAHHS organization, all your emails are the property of GAHHS. Management has the right to review your emails and terminate your account. You are responsible for appropriate use of your email account. Some helpful tips with complying with confidential business information policies:

* Make sure you have the right to copy or distribute copy written material.
* Consult the Executive Director of Compliance & Legal Affairs before you use organization logos on printed material
* Consult the Executive Director of Compliance & Legal Affairs before sharing policy and procedure with individuals outside the organization
* Make sure you have IT authorization before downloading any software onto your workstation.
* When sending email that contains patient PHI or confidential materials, make sure the email is encrypted with security devices that protect the data.

**Electronic Media:** All communications systems are the property of GAHHS and are to be used mainly for business in agreement with our policies. This includes such systems as e-mail, internet access, telephones and voice mail. Employees and associates may not use internal communication channels or access to the internet at work to post, store, transmit, download or distribute any threatening materials; knowingly or maliciously false materials; obscene materials; or anything encouraging a civil or criminal offense, or otherwise violating any laws. Those who abuse our communications systems or use them excessively for non-business purposes may lose these privileges and be subject to disciplinary action.

**Financial Reporting and Records:** We have established and maintain a high standard of accuracy and completeness in documenting, maintaining, and reporting financial information. This is important in meeting our obligations to patients, employees, suppliers, and others.

All financial reporting must show actual transactions and conform to generally-accepted accounting principles. All assets and liabilities must be properly recorded in the books and records of the organization. A system of internal controls is maintained to provide reasonable assurance that all transactions are recorded properly.

**Workplace Conduct and Employment Practices**

**Conflict of Interest:** A conflict of interest may occur if a member of the healthcare team, Board of trustee member, or employee’s outside activities, personal financial interests, or other personal interests influence or appear to influence his or her ability to make objective decisions in performing their job duties. A conflict of interest may also exist if the demands of any outside activities distract an employee from properly performing his or her job or causes the individual to use GAHHS resources for other than our organization’s purposes. If an employee has any question about whether an outside activity or personal interest might be a conflict of interest, they will report it to the Executive Director of Compliance & Legal Affairs.

**Controlled Substances:** Some employees and associates have access to prescription drugs, controlled substances, and other medical supplies. Many of these substances are controlled and monitored by specific regulatory agencies and must be given by physician order only. Prescription and controlled medications and supplies must be handled properly and only by authorized individuals to minimize risk to us and to patients. If anyone becomes aware of inadequate security of drugs or controlled substances or the taking of drugs from the organization, they must be report it immediately.

**Copyrights:** GAHHS personnel may only use copyrighted materials as stated in the GAHHS policy.

**Diversity and Equal Employment Opportunity:** We are committed to providing an equal opportunity work environment where everyone is treated with fairness, dignity, and respect. We comply with all laws, regulations, and policies related to non-discrimination in all of our personnel actions. These actions include hiring, terminations, evaluations, recruiting, compensation, corrective action, discipline, and promotions.

No one shall discriminate against any individual with regard to race, color, sex, religion, age, national origin, ancestry, disability, or sexual orientation with respect to any offer, or term or condition, of employment. We make reasonable accommodations to the known physical and mental limitations of qualified individuals with disabilities.

**Harassment and Workplace Violence:** Each employee and associate has a right to work in an environment free of harassment and disruptive behavior. We do not tolerate harassment by anyone based on the diverse characteristics of those who work with us. Degrading or humiliating jokes, slurs, intimidation, or other harassing conduct is not acceptable in the workplace. There are specific policies forbidding retaliation for reporting compliance concerns.

Sexual harassment is forbidden. This includes unwanted or sexual touching, sexually oriented jokes or comments, and requests for sexual favors.

Harassment also includes incidents of workplace violence. Workplace violence includes robbery, stalking, violence directed at the employer, terrorism, and hate crimes. Employees and associates who observe or experience any form of harassment or violence should report the incident to their supervisor, the Director of Human Resources or the Safety Officer.

**Health and Safety:** GAHHS complies with all government regulations and rules, organizational policies, and practices that promote the protection of workplace health and safety. Our policies and procedures have been developed to protect employees from workplace hazards. Employees must become familiar with and understand how these policies apply to their job responsibilities and ask for advice from their supervisor or the Safety Officer whenever they have a question or concern. Each employee will immediately report any serious workplace injury or any situation presenting a danger of injury so corrective action may be taken to resolve the issue.

**Tax-Exempt Bonds and Insider Trading:** In the course of employment, personnel may become aware of non-public information about GAHHS material to an investor’s decision to buy or sell the organization’s tax-exempt bonds. This information may not be discussed with anyone outside of the organization. Within the organization, such information may not be discussed except with those who require the information to perform their jobs.

Securities law and GAHHS policy prohibit individuals from trading or influencing others to trade our tax-exempt bonds on the basis of non-public material information. This allows the general public to properly obtain complete and timely information on which to base investment decisions.

**Interactions with Physicians:** Federal and state laws and regulations govern the relationship between hospitals and physicians who may refer patients to the facility. The applicable federal laws include the Anti-Kickback Law and the Stark Law. It is important that employees who interact with physicians are aware of the requirements of the laws, regulations and policies that address relationships between facilities and physicians. This is particularly important regarding making payments to physicians for services rendered, leasing space, and recruiting physicians to the community.

If relationships with physicians are properly structured, but not properly managed, there may be violations of the law. Any business arrangement with a physician must be structured to ensure compliance with legal requirements, our policies and procedures and with any operational guidance that has been issued. Arrangements must be in writing and approved by legal counsel.

We do not pay for referrals. We accept patient referrals and admissions based solely on the patient’s medical needs and our ability to provide the necessary services. We do not pay or offer to pay anyone for referral of patients.

We do not accept payments for referrals we make. No person acting on behalf of GAHHS is permitted to request or receive anything of value, directly or indirectly, in exchange for the referral of patients. Similarly, when making patient referrals to another healthcare provider, we do not take into account the volume or value of referrals that the provider has made or may make to us.

**License and Certification Renewals:** Employees and associates who require professional licenses, certifications or other credentials are responsible for maintaining the current status of their credentials. They must also comply at all times with federal and state requirements of their professions. GAHHS requires evidence of the individual having a current license or credential status. We do not allow any employee or associate to work without a valid current license or credential.

**Personal Use of GAHHS Resources:** Each employee is responsible to properly use our organization’s assets. This includes time, materials, supplies, equipment, and information. Assets are to be maintained for business-related purposes. As a general rule, prior approval by your supervisor is required for the personal use of any asset. Senior management must approve in advance any community or charitable use of organization resources. Any use of organization resources for personal financial gain not related to the organization’s business is not allowed.

**Relationships with Contractors and Vendors:** Contractor and vendor relationships are managed in a fair and reasonable manner. They are free from conflicts of interest and consistent with applicable laws and good business practices. We promote competitive purchasing to the extent possible. Our selection of contractors, suppliers, and other vendors is made on the basis of such things as quality, technical excellence, price, delivery, adherence to schedules, service, and adequacy of supply. Our purchasing decisions are made on the supplier’s ability to meet our needs, and not on personal relationships and friendships. We use the highest ethical standards in business practices in selection, negotiation, and administration of all purchasing activities.

**Excluded Individuals:** We do not contract with, employ, or bill for services provided by an individual or entity that is excluded or ineligible to participate in Federal healthcare programs. We routinely, per GAHHS policy, search the Department of Health and Human Services’ OIG and GSA lists of such excluded and ineligible persons.

**Substance Abuse:** For the safety of patients, employees, and the public, we are committed to an alcohol and drug-free work environment. All employees and other associates must report for work free of the influence of alcohol and illegal drugs. Reporting to work under the influence of alcohol or any illegal drug or using, possessing, or selling illegal drugs while on GAHHS work time or property will result in disciplinary action up to and including termination. We may use drug testing as a means of enforcing this policy.

**Code of Conduct Integrity Program**

All members of the health care provider team (physicians, hospital staff, vendors, contract personnel ) and all direct and indirect recipients of health care (patients, their families, visitors, ) shall be treated in a respectful, dignified manner at all times. Language, nonverbal behavior and gestures, attitudes, etc. shall reflect this respect and dignity of the individual and affirm his/her value of the process of effective, efficient health care.

The parties shall endeavor to comply with the allPrograms of Gibson Area Hospital & Health Services such as Compliance, HIPAA, and Privacy, as well as all applicable State and Federal laws, rules and regulations, and standards of professional ethics. Physicians and Staff agree to maintain complete confidentiality of patient care information at all times, in a manner consistent with generally accepted principles of medical confidentiality.

The parties further recognize that physicians and hospital staff have the right to have certain personal and performance problems and concerns about competence dealt with in a confidential manner in a private setting. Physicians and staff agree to maintain this confidentiality and to seek proper, professional, objective arenas in which to deal with these issues.

Physicians and Staff agree that the delivery of health care involves a complex, dynamic set of roles and responsibilities and that clarity and agreement on these roles and responsibilities is necessary. All parties agree to work together to achieve and maintain clarity and agreement on these roles and to support each other in the carrying out of these responsibilities. This includes but is not limited to patient PHI, patient care continuum, including documentation on patient condition, and the communication during hand offs between departments.

**Social Media**

**Social Media**: Physicians, hospital staff, vendors, and contracted personnel agree to use social media in an appropriate manner that does not violate patients PHI or HIPAA privacy laws. Social Media includes and is not limited to blogs, podcasts, discussion forums, online collaboration sites, video sharing, RSS feeds, and social networks like Facebook and Twitter. Online, personal and business personas are likely to intersect. GAHHS respects the rights of free speech, but it is a violation to disclose or discuss GAHHS confidential information or to violate HIPAA privacy laws. Unprofessional behavior or language reflects poorly on GAHHS. It is important to be respectful and professional to fellow employees, physicians, staff, business partners, and patients. When taking a public opinion on an issue on social media, be cautious not to violate patient privacy, not to tarnish the image of the hospital, or express views that can be deemed harmful. A failure to do so may result in a violation to the Code of Conduct and Ethics.

**Marketing Practices and Fund-Raising**

**Antitrust:** Antitrust laws are designed to create a level playing field in the marketplace and to promote fair competition. These laws could be violated by discussing GAHHS business with a competitor. This could include such things as how our prices are set, the terms of supplier relationships, dividing markets among competitors, or agreeing with a competitor to refuse to do business with a supplier.

At meetings, employees and associates must be aware of potential situations where it may not be appropriate to participate in discussions regarding prohibited subjects with competitors. Those subjects include pricing, our services, labor costs, and marketing plans.

**Marketing:** We may use marketing activities to educate the public, provide information to the community, and increase awareness of our services. We will present only truthful and correct information at all times in our marketing activities.

**Fund-Raising:** GAHHS complies with all state laws and regulations with respect to fund-raising activities. This includes record-keeping and reporting requirements. No employee or associate may make any false, deceptive, or misleading statements in connection with fund-raising activities. In addition, no protected health information may be used for the purpose of raising funds.

**Environmental Compliance**

It is our policy to comply with all environmental laws and regulations as they relate to our operations. We operate with the necessary permits, approvals, and controls. We also use proper procedures to provide a good environment of care and to prevent pollution.

In helping GAHHS comply with these laws and regulations, all employees and other associates must understand how job duties may impact the environment. We must also follow all requirements for the proper handling of hazardous materials. We immediately alert supervisors of any situation involving the discharge of a hazardous substance, improper disposal of hazardous and medical waste, or any situation which may be potentially harmful to persons and/or the environment.

**Entertainment and Gifts**

GAHHS employees may not receive any gift under circumstances that could be interpreted as an attempt to influence the organizations or the employee’s decisions or actions. Employees may accept gifts of limited value from vendors. They may also have business meals in conjunction with business dealings. However, offers of any larger gift or offer of extensive entertainment must be reported to the Executive Director of Compliance & Legal Affairs.

Employees may not accept gifts from patients. However, patients and their families may offer consumable gifts, such as candy, to a department for consumption by all employees.

GAHHS employees may provide no more than $300 of supplies and services each year to potential referral sources.

**Government Relations and Political Activities**

GAHHS complies with all federal, state and local laws governing participation in government relations and political activities. We also do not make any contributions, direct or indirect, to any political campaigns, political parties, or other organizations which intend to use the funds primarily for political campaigns. GAHHS does not lend the use of its vehicles, equipment, or facilities to candidates for federal or state office.

GAHHS observes all laws and regulations that allow it to exist as a non-profit, federal tax-exempt entity. These include such things as operating for charitable purposes, providing community benefits, and forbidding private advantage.

**The Legal and Ethical Compliance Program**

**Program Structure:**  The Legal and Ethical Compliance Program is meant to clearly show our organization’s commitment to the highest standards of ethics and compliance. The elements of the program include setting standards (the Code of Conduct and Ethics and Policies and Procedures), communicating the standards through training, providing a means for reporting potential violations, monitoring and auditing, and maintaining an organizational structure that supports the continuing development of the program.

These elements are supported at all levels of the organization. Providing direction and guidance are the Internal Audit Committee for and the Legal and Ethical Committee

The Executive Director of Compliance & Legal Affairs is responsible for the day-to-day direction and implementation of the Program. This includes developing resources, such as policies and procedures, training programs, and communication tools. The Executive Director of Compliance & Legal Affairs also performs internal audits, investigates and resolves reports of non-compliance, and performs other duties involved in carrying out the Program. The Program includes committees designed to discuss compliance and audit issues, as well as legal and ethical dilemmas.

**Setting Standards:** With respect to our Legal and Ethical Compliance Program, we set standards through this Code of Conduct and Ethics, Administrative Policies and Procedures, and departmental Policies and Procedures. It is the responsibility of each individual to be aware of those policies and procedures that pertain to his or her work and to comply with them.

**Training and Communication:** Training and education is necessary to make sure that all employees and associates are aware of the standards that apply to them.

Code of Conduct and Ethics training is conducted at New Employee Orientation and annually for all employees. Training in areas of compliance risk (e.g. billing, coding, cost reports) is required of certain individuals.

**Resources for Guidance and Reporting Concerns:** To obtain guidance on ethics or compliance issues, employees have several options. Employees are encouraged to report human resources related issues to the Director of Human Resources. Other ethics or compliance issues should be discussed with your supervisor when the employee is comfortable with it and it is appropriate under the circumstances. If that is not comfortable or appropriate, the employee may report his or her concern to the Executive Director of Compliance & Legal Affairs either in person or by calling 784-4578. To report anonymously, staff may call the Compliance Hotline at 1-888-475-8376.

We will make every effort to maintain the confidentiality of the identity of anyone who reports concerns or possible misconduct. There is no retaliation or discipline for anyone who reports a concern in good faith. Any employee or associate who deliberately makes a false accusation with the purpose of harming or retaliating against another individual is subject to discipline.

**Personal Obligation to Report:** We are committed to legal and ethical conduct that complies with all relevant laws and regulations. We also want to correct wrongdoing wherever it may happen at GAHHS. Each employee and associate has an individual responsibility to report any activity by any employee, physician, contractor, or vendor that appears to violate laws, rules, regulations, accreditation standards, standards of medical practice, Federal healthcare conditions of participation, or this Code of Conduct and Ethics. If the issue is a serious compliance risk to the organization or involves a serious issue of medical necessity, clinical outcomes or patient safety, the individual reporting must make sure that the matter is given proper attention. If the issue is not addressed by the supervisor, it is to be reported to the Executive Director of Compliance & Legal Affairs either directly or through the Compliance Hotline.

**Internal Investigation of Reports:** We investigate all reported concerns promptly and confidentially to the extent possible. The Executive Director of Compliance & Legal Affairs investigates and recommends any corrective action or changes that need to be made. All employees and associates are expected to cooperate with investigation efforts.

**Corrective Action:** When an internal investigation shows that a reported violation has occurred, we will take corrective action. This includes, as appropriate, paying back overpayments, notifying the proper government agencies, taking whatever disciplinary action that is necessary, and making changes to prevent similar violations in the future.

**Discipline:** All violators of the Code of Ethics will be subject to disciplinary action. The discipline will depend on the nature, severity, and frequency of the violation and may result in any or all of the following disciplinary actions: Oral warnings, written warnings, written reprimands, suspension, and termination.

**Measuring Program Effectiveness:** GAHHS Legal and Ethical Compliance Committee will evaluate how effective the Legal and Ethical Compliance Program is through such efforts as monitoring and auditing of activities.The Board of Trustees are provided with regular Compliance Program updates and reports and have the ability and right to determine effectiveness. It is a Board of Trustee’s fiduciary duty to exercise this principle as necessary.

**Our Duty to Report and Cooperate with Investigations: You can report compliance concerns in one of the following ways:**

* Contact the Executive Director of Compliance & Legal Affairs directly at 217-784-4578
* Email your concern to the Executive Director of Compliance & Legal Affairs at jessica\_delost@gibsonhospital.org
* Contact Legal Counsel at 217-784-4578
* Use the Compliance Hotline anonymously 24 hours a day at 888-475-8376
* HIPAA Privacy concerns to HIPAA Privacy Officer Hotline 217-784-2456

If you need to report a concern, be sure to include information that the Executive Director of Compliance & Legal Affairs will need to follow up, such as a location where your concern occurred or is occurring. The date of the incident, names, job roles of individuals involved, and a description of your concern. You can give your name is you are comfortable with that. Anyone making a report is assured that it will be treated with as much confidentiality as possible. The findings of a compliance investigation are confidential to protect all parties involved in the investigation process. As a result, details are only shared on a need to know basis.