



CODE OF CONDUCT

A COMMITMENT TO RESPONSIBILITY



REVISED MAY 2024



A Message From Our Chief Executive Officer

Episcopal Health Services, Inc. ("EHS") is a faith-based institution that operates under the auspices of the Episcopal Diocese of Long Island. We are committed to conducting our business equitably, ethically, and legally. This responsibility applies to each of us and to the performance of our work in support of our patients, their families, and the community.

Our Code of Conduct communicates the foundational beliefs for our ethical business standards. It serves as a guide that navigates our employees, medical staff, management, residents, learners, vendors, volunteers, Board of Trustees, and others as they conduct their daily activities on behalf of EHS.

The Compliance and Privacy Department was established to guide and oversee our Compliance Program in partnership with each of us at EHS. It demonstrates our commitment to achieving our mission, vision, and values through the promotion of ethical business decisions that uplift our reputation.

A culture of innovation, compassion, accountability, respect, and empathy is at the heart of our institution and Compliance Program. It is essential that we take personal responsibility for our actions and do the right thing consistently while conducting our business with integrity. Our Code of Conduct is a vital expression of that philosophy and our commitment to providing the highest quality care to the patients we serve.

Thank you for your commitment to the professional behaviors and expectations addressed in this important document and for your part in helping EHS serve our community with distinction.

Donald T. Morrish

Donald T. Morrish, MD
Chief Executive Officer

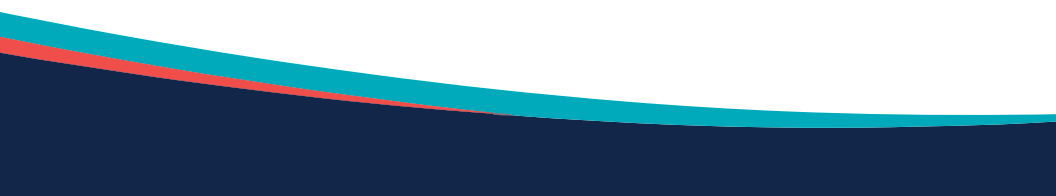
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EHHS

Episcopal Health Services



Introduction and Commitment to Legal & Ethical Conduct

Episcopal Health Services Inc. ("EHS"), which owns or operates, among others, St. John's Episcopal Hospital, St. John's Medical Services P.C., St. John's Emergency Medical Services P.C., the ICARE Foundation and Innovative Health Partners, is committed to compliance with all applicable laws and providing services in a ethical, legal and professional manner.

All EHS staff, employees, volunteers, students, agency staff and trainees ("Personnel") as well as members of the EHS Board of Trustees, businesses, contractors, subcontractors, independent contractors, affiliates, vendors, agents and all other individuals associated with EHS who support EHS or work to provide services (collectively "Covered Persons") are both expected and required to carry out their role in a manner that supports this commitment.

Covered Persons are expected to fully comply with the EHS Code of Conduct and all EHS policies, and are expected to demonstrate their commitment in their dealings with patients, visitors, clients, administrators, regulators, government representatives, businesses, vendors as well as fellow Personnel and all others associated or affiliated with EHS.

Covered Persons who become aware of or suspect that an issue may violate the EHS Code of Conduct or otherwise demonstrate non-compliance are obligated to report their concerns through the appropriate means outlined within this Code of Conduct and/or those that are made readily available at www.ehs.org/about/compliance. Failure to adhere to or comply with EHS policies and the Code of Conduct may lead to escalating actions up to and including termination of employment, contract or other affiliation with EHS. Further, any egregious, reckless or intentional misconduct or other non-compliance that violates the Code of Conduct is grounds for significant action including immediate termination of employment, contract or other affiliation with EHS.



Mission, Vision & Values

MISSION

St. John's Episcopal Hospital, in partnership with our community, provides exceptional healthcare and education programs in an academic setting across the continuum of care. **We deliver high quality, value based services with cultural sensitivity to the faiths and traditions of those we serve.**

VISION

St. John's Episcopal Hospital will build an effective coalition aimed at achieving improved community health status in a financially stable environment, with emphasis on serving the needs of our patients and families, while training the physicians and healthcare providers of tomorrow.

VALUES

Our values are our principles and standards of behavior. They will guide us to achieve our vision. **They are:**

- I - Innovation**
- C - Compassion**
- A - Accountability**
- R - Respect**
- E - Empathy**



Care & Treatment of Individuals

PATIENTS FIRST

EHS embraces a patient first philosophy that combines care, compassion and clinical excellence with an emphasis on patient safety and patient centered care. Patients have both the right and expectation to be treated with courtesy and respect, and to receive the highest quality of appropriate care in a safe environment. EHS makes every effort to ensure patient satisfaction in all aspects of care and is committed to treating patients in a manner that preserves their dignity, autonomy, confidentiality, self-esteem, civil rights and involvement in their own care.



EHS is committed to providing services that meet or exceed nationally and internationally recognized standards and best practices. EHS further prides itself on working to obtain special accreditations including Baby Friendly designation, Planetree certification and Age Friendly designation.

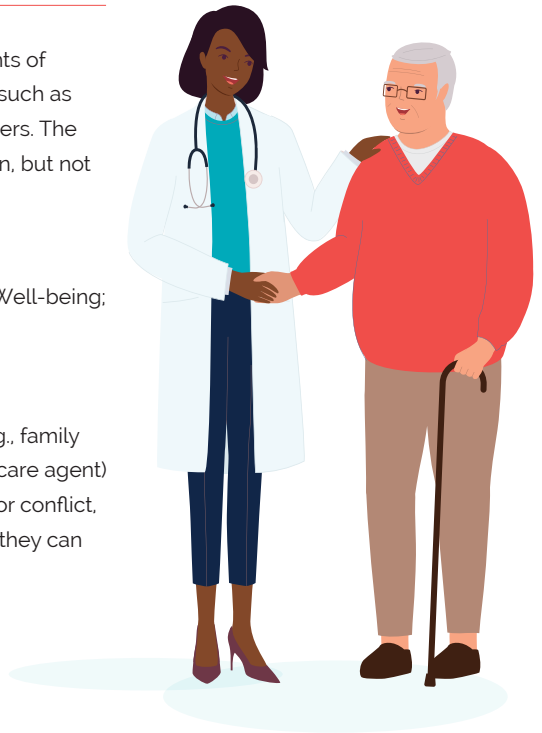
Covered Persons are expected to treat others with respect, courtesy and dignity and to conduct themselves in a professional and cooperative manner. EHS and Covered Persons are expected to follow all applicable Federal and State laws as they pertain to patients' rights, **which include, but are not limited to, the right to:**

- Be free from all forms of abuse or harassment, and to receive treatment without discrimination;
 - Receive considerate and respectful care in a clean and safe environment;
 - Receive complete information about their diagnosis, treatment and prognosis;
 - Receive all the information they need in order to give informed consent for any proposed procedure or treatment, including the possible risks and benefits of the procedure or treatment, or to refuse treatment and be told what effect this may have on their health;
 - Refuse to take part in research and the right to a full explanation of the research;
 - Privacy while in any EHS facility, and confidentiality of all information and records regarding the care they receive;
 - Access their medical record without charge and within a reasonable time frame; and
 - Receive an itemized bill and explanation of all charges as well as, in some cases, an anticipated charge or cost estimate related to services.
-

EHS is committed to protecting the rights of those who cannot defend themselves, such as vulnerable persons, the elderly and others. The treatment of individuals is also based on, but not limited to, the following:

- Person-Centered Approach;
- Physical, Emotional and Personal Well-being;
- Respect, Dignity and Choice; and
- Self-Determination and Advocacy

If a patient or patient representative (e.g., family member, designated caregiver, health care agent) needs assistance resolving a dilemma or conflict, or has any questions about their rights, they can contact EHS.



EMERGENCY TREATMENT

As a participating hospital under Medicare, St. John's Episcopal Hospital, as part of EHS, follows the requirements of the Emergency Medical Treatment and Active Labor Act ("EMTALA") which includes providing emergency medical and stabilizing treatment to all patients regardless of insurance status and/or their ability to pay. Every person who comes to the Emergency Department (and other areas of EHS) and seeks medical treatment or examination for a condition as well as those in active labor, will be provided with a medical screening exam by a qualified medical professional to determine if an emergency medical condition exists. Generally, anyone with an emergency medical condition will be treated and/or stabilized based on medical need and if applicable, transferred to an appropriate facility, consistent with EMTALA requirements, patient consent (in some cases) and the law.



Corporate Workplace, Environment & Business Operations

TEAM APPROACH

EHS works to promote the value of teamwork and to strengthen our effectiveness as a system through diversity, equity, inclusion and belonging, open communication and mutual respect.



GENERAL CONDUCT

Conduct on behalf of Covered Persons such as being rude or abusive to a patient, visitor, colleague, business partner, manager or supervisor or refusing to accept reasonable assignments pertaining to one's role or function is considered unprofessional.

NON-DISCRIMINATION

In accordance with Federal, State or local law, including but not limited to and where applicable, Chapter 56 of the New York City Charter, EHS is committed to prohibiting unlawful discrimination or harassment against any individual (e.g., patient, employee, visitor) or group (e.g., contractor or business) on the basis of, among other things, race, veteran status, color, creed, origin, religion, sex, age, marital status, gender, gender identity or expression, sexual orientation or affectional preference including those who identify as LGBTQ+, predisposing genetic characteristics, disability, socioeconomic status, or source of payment. Non-discrimination policies apply to all practices including, but not limited to hiring, recruiting, compensation, contracting, benefits, disciplinary action, educational assistance, promotion and treatment or access to care.

HARASSMENT FREE WORKPLACE

EHS strictly prohibits harassment, whether it is committed by or against Covered Persons, other individuals or entities and patients or visitors of EHS. This prohibition includes, but is not limited to, unwelcome sexual advances or requests for sexual favors in conjunction with employment, affiliation, contract or contractual decision making.

WORKPLACE HEALTH & SAFETY

EHS complies with all applicable government regulations, policies and guidelines, and will work to develop and enforce company policies that promote the protection of workplace and environmental health and safety. Accordingly, EHS prohibits dangerous or otherwise hazardous activities including, but not limited to, threatening or violent behavior or even the suggestion of such behavior, and/ or the possession of weapons or dangerous instruments on EHS property or while conducting EHS business.

GENERAL USE OF FACILITIES & PROPERTY

EHS property can be physical, electronic, financial or intellectual and includes, among other things, software, computer programs, networks, services, trade names, medical equipment, facilities, office supplies, parking lots, telephone and mail systems (including email and voice mail), furniture, devices, money, checks, documents and goods produced by Covered Persons. EHS property is to be used for EHS purposes and only for appropriate business purposes consistent with EHS policies. Covered persons shall take reasonable steps to safeguard and protect EHS property from loss, damage, misuse or theft, and shall return all assigned EHS property upon EHS's request or upon termination of employment, contract or other affiliation with EHS.

WAGE & HOUR REQUIREMENTS

EHS is committed to fully and fairly paying Personnel, where applicable, for time spent working at or for EHS or while providing services on behalf of EHS. Personnel should report any concerns about wage and hour requirements to Human Resources. EHS will investigate any allegations related to wage and hour law violations and will promptly correct any identified issues.

ENVIRONMENTAL COMPLIANCE

EHS will comply with all environmental laws and regulations as they relate to operations. EHS operates its facilities with all necessary permits, licensures and authorization. In accordance with applicable Federal, State and local laws and policies, Personnel are informed about the nature of the chemical

hazards to which they may be exposed and the appropriate procedures for, among other things, the handling, labeling and storage of such. Additionally, EHS makes every effort to ensure Personnel follow proper procedures with respect to the handling and disposal of hazardous materials and regulated medical waste.

SUBSTANCE FREE WORK ENVIRONMENT

EHS is committed to a substance-free work environment. Personnel reporting to work shall be free from the influence or potential influence of any substance, legal or illegal, which could cause impaired performance or alter their ability to perform their duties. Reporting under the influence of any substance, or using, possessing, distributing, promoting or selling such while on work time or property may result in disciplinary action up to and including termination of employment, contract or other affiliation with EHS. Personnel are subject to substance use testing in accordance with Federal, State and local laws and regulations and collective bargaining agreements.

CORPORATE BUSINESS PRACTICES & CONTRACTS

EHS is committed to fostering a culture of compliant and ethical conduct with corporate operations and fiscal necessities in mind as well. EHS is a charitable organization and as such, it is subject to certain rules and restrictions with regard to its activities in which non-compliance could result in, among other things, personal liability for the Board of Trustees, senior officers, agents and contractual parties, revocation of EHS's taxexempt status and the imposition of corporate integrity agreements with Federal and State regulators. EHS gains credibility by adhering to its commitments, displaying honesty and integrity in business operations and relationships and reaching corporate goals solely through good conduct. EHS is committed to developing, managing and executing contractual arrangements in accordance with all applicable legal and regulatory requirements, industry best practice and in the best interest of EHS and maintains a process by which such are reviewed, executed, monitored and approved by the governing body.

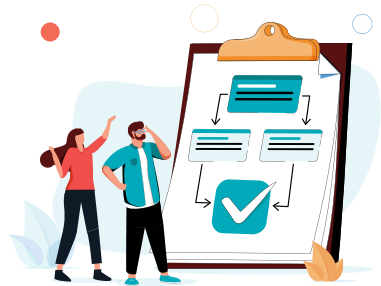
EHS Compliance Program

OVERVIEW OF COMPLIANCE & ETHICS

EHS is committed to fostering a culture of compliant and ethical conduct. Generally speaking, compliance is an organizational culture that fosters the prevention, detection and remediation of conduct that fails to comply with applicable law, ethical standards and/or an entity's policies.

"Compliance" means to:

- Obey all applicable laws and regulations;
- Follow the rules, proper procedures and policies; and
- Report any questions, concerns or suspected violations.



To be eligible to receive medical assistance payments for care, services, items or supplies, or to be eligible to submit claims for care, services, items or supplies, EHS must implement an effective Compliance Program. Establishing an effective Compliance Program includes systems for ensuring compliance with any applicable requirement under any relevant Federal or State law.

ETHICS = DOING THE RIGHT THING!

As part of the Medicare Program, similar to the EHS Compliance Program, Covered Persons must conduct themselves in an ethical and legal manner. This includes, among other things:

- Acting fairly and honestly;
- Adhering to high ethical standards in all you do;
- Complying with all applicable laws, regulations, and the Centers for Medicare and Medicaid Services ("CMS") requirements; and
- Reporting suspected violations.

EHS maintains an effective Compliance Program which focuses on:

- Preventing, detecting and deterring health care fraud, waste and abuse and illegal conduct;

- Promoting an environment that encourages ethical conduct as well as compliance with the law and regulations;
- Developing and maintaining practices to ensure the privacy and security of health and business information; and
- Creating and enforcing policies and procedures that describe the implementation of the compliance program and how potential compliance problems are resolved.

Personnel and Covered Persons have a responsibility to participate in the Compliance Program. The EHS Code of Conduct is an essential building block of the Compliance Program.

Various internal departments at EHS, as well as regulatory entities such as the New York State Office of the Medicaid Inspector General ("OMIG"), U.S. Department of Health and Human Services Office of Inspector General ("OIG"), Office for Civil Rights ("OCR"), Federal Department of Justice ("DOJ"), New York State Attorney General's Office ("AG"), the State Medicaid Fraud Control Unit ("MFCU") and CMS, govern, audit, investigate, advise or otherwise collaborate with the Compliance and Privacy Department.

The Compliance and Privacy Department is also responsible for, among other things, ensuring compliance with the Deficit Reduction Act of 2005 ("DRA"), the Patient Protection and Affordable Care Act ("PPACA"), the Federal False Claims Act and any similar State law that governs false claims and statements; the Federal and State administrative remedies for false claims and statements, and whistleblower protections under both Federal and State law.

BILLING COMPLIANCE

EHS's Compliance Program also aims to promote and ensure that EHS's business, billing, claims and payment operations are conducted in accordance with applicable laws and regulations, particularly as it pertains to facility and professional fee billing. An integral part of this goal is to reinforce the obligation of every physician, non-physician



practitioner, Personnel and Covered Person and any affiliate or contractor corporation, organization or other entity, including any external billing companies, who generates codes, submits, or is in any way involved in generating a bill for medical services to act ethically and legally, and to document and bill for services appropriately and contemporaneously.

FRAUD, WASTE & ABUSE

Health care fraud, waste, and abuse cost the United States health care system billions of dollars annually and negatively impact patient care.

- **Fraud** means an intentional deception or misrepresentation made by a person with the knowledge that it could result in some unauthorized benefit to them or some other person or entity.
- **Waste** includes overusing services or practices that result in unnecessary costs to a Federal health care program.
- **Abuse** means practices that are inconsistent with sound fiscal, business, or medical practices or that fail to meet recognized standards for health care, and result in an unnecessary cost for services.

Examples include:

- Billing for services or supplies not actually provided;
- Changing procedure billing codes to ones that are reimbursed at higher amount;
- Brand-name billing for generic drugs;
- Falsifying any type of records including payroll or time records, cost reports, medical records or research records for the purposes of committing fraud;
- Submitting inappropriate claims for payment;
- Unlawful patient financial inducements (free gifts or services to patients); and
- Writing excessive prescriptions for the same condition.

FALSE CLAIMS

Essentially, the Federal False Claims Act imposes liability on persons and entities who defraud governmental programs. Persons or entities can be found in violation of the Federal False Claims Act for *knowingly*:

- Concealing or avoiding a requirement to pay the government;
- Making or using a false document or statement leading to a false claim;
- Presenting a false claim to the government for payment; and/or
- Conspiring to violate the False Claims Act.



The Federal False Claims Act also provides protection for "whistleblowers" or reporters. "Qui Tam" refers to an action taken by a citizen to help recover wrongful payments on behalf of the government. New York State has its own law which has similar provisions. Other Federal and State laws such as the Civil Monetary Penalties Law, Criminal Health Care Fraud Statutes and NYS Penal Law and Social Services Law are designed to hold individuals both civilly and criminally liable. EHS is committed to preventing, detecting, reporting and remediating any potential or identified false claims.

PROVIDER CREDENTIALING

In an effort to meet its legal obligations and support the quality of care provided, EHS has written policies and procedures for the selection and evaluation of providers, more commonly known as credentialing. These policies conform with the credential requirements outlined by the Federal and State government as well as any contractual obligations with our payer partners. Credentialing is an initial and ongoing process that is delegated by the Board of Trustees and monitored by the Compliance and Privacy Department.

EXCLUSIONS & SANCTIONS

Both Federal and various State governments have the authority to "exclude" any individual or entity from participation in a government funded program such as a Federal health care program (e.g., Medicare and Medicaid). EHS cannot and will not employ, affiliate, contract or otherwise engage in

business with an individual or entity on an exclusion list and maintains a system for both initial and ongoing checks of these exclusion and sanction lists, in accordance with Federal and State law and best practice.

PARTICIPATION IN INVESTIGATIONS

Covered Persons are obligated to participate in any investigation or review performed by the Compliance and Privacy Department or those involving a governmental or regulatory entities.

Covered Persons are expected to be cooperative and must provide truthful and accurate information. Covered Persons who receive a governmental inquiry, audit notice, subpoena or search warrant should immediately notify the Compliance and Privacy Department or Risk Management (where applicable). Any disciplinary action imposed with respect to violations of the Compliance Program is applied fairly and consistently across EHS.

EHS will maintain the confidentiality of a Covered Person's identity during the investigation process to the extent possible under the law and in light of the practicalities of any particular situation, including required disclosure to law enforcement, or regulatory and enforcement entities including those made outside of the anonymous reporting process outlined herein.

NON-RETALIATION OR INTIMIDATION

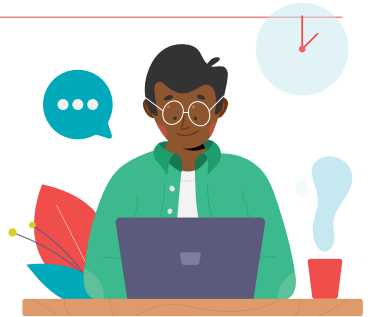
EHS strictly prohibits intimidation, harassment or retaliation, in any form, against any individual or entity, who in good faith participates in the EHS Compliance Program by reporting or participating in the investigation of any known or suspected violations of law, privacy, EHS policies and procedures, potential fraud, waste and abuse or other non-compliance.

Generally, retaliation or intimidation means an adverse action taken against an individual or entity as a direct result of that individual's participation in the EHS Compliance Program. Actions generally include the inappropriate discharge, suspension or demotion of an individual or any threatening, discriminatory or other adverse action taken against an individual or entity in the terms and conditions of such employment, contract or other affiliation with EHS. Any attempt to retaliate against or intimidate an individual or entity will result in action up to and including termination of employment, contract, or affiliation with EHS.

REPORTING COMPLIANCE CONCERNS

Covered Persons have an obligation to report or participate in the investigation of any known or suspected non-compliance. Non-compliance includes, without limitation, the following:

- Known or suspected misconduct or noncompliance;
- Known or suspected violations of privacy or confidentiality;
- Known or suspected violations of any applicable law or regulation;
- Known or suspected violations of EHS's policies and procedures, the EHS Code of Conduct or the EHS Compliance Program;
- Known or suspected fraud, waste or abuse including false claims and potential overpayments;
- Situations covered under Labor Law §§ 740 and 741 including violations that create and/or present a substantial and specific danger to the public health or safety, or which constitutes health care fraud, or situations where Covered Persons reasonably believe constitutes improper quality of patient care; and/or
- Situations covered under Labor Law § 218-b which involve workplace safety, seeking related intervention or refusing to work in environments where Covered Persons reasonably believe that such work exposes them or others to an unreasonable risk of exposure to disease.



Suspected non-compliance can be reported as follows:

- By phone at (718) 869-5711;
- By email at ***compliance@ehs.org***;
- By visiting the Compliance & Privacy Department;
- Via the 24/7 Confidential & Anonymous Compliance Hotline by calling 1-844-973-0162 or visiting ***www.ehs.ethicspoint.com***;
- By mail at Episcopal Health Services, Inc., 327 Beach 19th Street, Far Rockaway, NY 11691. Attn: Compliance & Privacy.

If you suspect Medicare fraud which involves a health plan, you can also contact the health plan sponsor directly or contact the OIG at 1-800-HHS-TIPS.

Protecting Privacy & Confidentiality

PROTECTING PRIVACY & CONFIDENTIALITY

EHS is committed to maintaining the privacy and confidentiality of a patient's health information, often referred to as protected health information ("PHI") and private information ("PI"). The term PHI, refers to individually identifiable information which is created, received, maintained or transmitted by EHS concerning the care of a patient, treatment and payment for such. PI commonly includes a Social Security number and driver's license number, credit card number and biometric information often linked to accounts which is considered private in nature.



The Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as well as other Federal and State privacy and security laws, provides for, but is not limited to, protections for the privacy and security PHI and patient rights regarding such. HIPAA prohibits a covered entity such as EHS (and their business associates), from using or disclosing PHI unless authorized by a patient or otherwise permitted for under HIPAA.

Certain health information is also considered sensitive health information. There are heightened protections under Federal and State law associated with substance use disorders, genetic and genetic testing information, HIV treatment information and mental health information. Additionally, there are various other laws which pertain specifically to the privacy and security of PI which have similar consequences including civil and criminal penalties.

Covered Persons must never use (including access or otherwise acquire) or disclose (including sharing in any form) any PHI, PI or other personal identifying information in a way that violates the law, EHS policies, the EHS Code of Conduct or the privacy or security of individuals or entities. Those with access to PHI, PI or other personal identifying information may only use or disclose such if it is necessary to perform their job or role and must include the minimal amount of information necessary to perform the task at hand.

Covered Persons with access to health information are prohibited from accessing their own health information or that of their colleagues, friends or family, unless it is necessary and related to the care being provided or their function or role.

PERSONNEL PRIVACY & CONFIDENTIALITY

EHS respects a patient's right to their information and with limited exception permissible under the law, does not restrict, limit or otherwise prevent access to one's own information. This is commonly known as "Information Blocking". EHS recognizes that privacy is important to everyone, including Personnel. EHS retains employee records required for business, legal or contractual reasons. Access to records is strictly limited to those who need the information for legitimate business purposes. Covered Persons who have access to such information are required to take every precaution to ensure it is not improperly used or disclosed. Additionally, EHS is committed to protecting any biometric or other electronic identifying information which may be produced, maintained or stored for business purposes and which is provided by Personnel.

CONFIDENTIALITY OF BUSINESS INFORMATION

EHS maintains confidential business information which needs to be protected. EHS generated information and any information provided by EHS business partners, vendors and suppliers may be considered confidential business information. This confidential business information includes pricing information, budget information, contract terms or any other sensitive financial or contractual information. Covered Persons must maintain the privacy and confidentiality of EHS confidential business information in a similar fashion to that of PHI or PI.

INFORMATION SECURITY

Federal and State privacy and security laws also require that EHS ensure the confidentiality, integrity and availability of all electronic PHI and similarly in some cases, other PI. All systems and devices which contain or transmit PHI or other personal information (such as e-mail) must be encrypted, and appropriate measures must be taken at all times to physically secure any computer, laptop or other device when it is taken off site or not in use. Covered Persons who experience the loss or theft of an EHS device or electronic equipment must report it immediately to their supervisor, to the Compliance and Privacy Department and to Information Technology and Services.

PERSONAL USE & ACCEPTABLE USE

EHS systems or devices must only be used in circumstances which do not impact your duties, role or function at EHS. All communications systems, including but not limited to e-mail, intranet, internet access, telephone, pagers, voice mail or other systems or devices that are the property of EHS are to be used for business purposes and needs.

Covered Persons are prohibited from using EHS e-mail, devices and systems to, among other things:

- Interfere with work performance of any Covered Persons or otherwise impede any business function of EHS;
- Create an adverse impact on the EHS e-mail or network;
- Violate applicable Federal, State or local laws, regulations or EHS policies and procedures;
- Initiate or continue communications for personal use in any way that may reasonably create the impression that Covered Persons are communicating on behalf of or as a representative of EHS;
- Discriminate against, threaten, harass, intimidate or abuse others;
- Distribute content that is considered obscene, offensive or not job related;
- Engage in copyright infringement or identity theft;
- Initiate or propagate electronic chain letters or unsolicited electronic junk mail ("spam");
- Create, register for or administrate any social media accounts, e-mail accounts, applications, e-mail list services, subscriptions, etc. unless for legitimate and authorized EHS business purposes;
- Gain or attempt to gain unauthorized access to any confidential information; and
- Create or register accounts, otherwise using EHS's name or representing oneself as associated with EHS by way of e-mail, without prior approval from Information Technology and Services and, where applicable, External Affairs.

EHS monitors usage of all EHS systems or devices for any inappropriate, illegal or excessive use.

INFORMATION BLOCKING

Under the 21st Century Cures Act, EHS cannot engage in practices that are likely to interfere with the access, exchange, or use of electronic health information (EHI), except as required by law or specified in an information blocking exception.

There are eight exceptions:

- | | |
|----------------------------------|--|
| 1. <i>Preventing Harm</i> | 5. <i>Health IT Performance</i> |
| 2. <i>Privacy</i> | 6. <i>Content and Manner</i> |
| 3. <i>Security</i> | 7. <i>Fees</i> |
| 4. <i>Infeasibility</i> | 8. <i>Licensing</i> |

Information blocking practices may be subject to fines and penalties by the federal government.

Conflicts of Interest

EXPECTATIONS, AVOIDANCE & MITIGATION

A conflict of interest is a situation which an individual or entity is involved in that may have multiple interests, one or more of which could possibly affect their decisions, professional judgement, fiduciary responsibilities or decision making.

Covered Persons must refrain from situations that could pose an actual or perceived conflict of interest.

The best way to avoid a conflict of interest is to ask first. Contact the Compliance and Privacy Department if the potential for a conflict exists and/or if you have any questions about what action you should take. Personnel are strongly urged to review EHS's Conflicts of Interest Policy for further and more specific information.

The following information is included in an effort to provide general guidance on avoiding potential conflicts of interest:

- Physician Self-Referral ("Stark Law"):
 - Unless an exception applies, EHS in accordance with Federal law prohibits a physician from making a referral for certain designated health services payable by Medicare or Medicaid to an entity in which the physician (or their immediate family member) has a financial relationship.
 - *Example: A physician may not refer a patient to a radiology facility if the physician has an ownership interest in that facility.*
- Further, physician or provider group compensation must be consistent with Fair Market Value, commercially reasonable and not determined in a manner that takes into account the volume or value of any referrals by the physician or their immediate family, productivity nor is based on other business generated.
- Anti-Kickback Statute:
 - Unless an exception applies, EHS and applicable Federal law prohibits a person from knowingly and willfully soliciting, receiving, offering or paying remuneration (including a kickback, rebate or bribe) for referrals

for certain designated health services that are paid, in whole or in part, by a Federal health care program. Example: Offering or accepting free rent for medical offices for referring patients.

Gifts, Cash, Cash Equivalents and Other Remuneration: With limited exception, Personnel and certain Covered Persons are prohibited from soliciting, giving or accepting anything of value (including gift certificates, meals, gift cards, in-kind contributions, honoraria, tickets to events or



conferences, cash or other cash equivalent or remuneration) to or from any patient, patient family members, those who do business with EHS or those who seek to do business with EHS. Acceptable conduct may include Personnel and Board Members conducting EHS approved outreach for fundraising for an event endorsed or otherwise sponsored EHS, which is business related, or the acceptance of mass marketing business material such as a pen, pad or calendar.

Example: A registrar asking for money in exchange for a health service or faster appointment time is prohibited.

Personnel and certain Covered Persons are prohibited from accepting or soliciting gifts, other incentives or other remuneration that improperly influence, give the appearance of improperly influencing or attempting to influence business or operations.

Example: Accepting free continuing education from a medical supply company seeking to do business with EHS is prohibited.

Personnel who are management or supervisory should avoid accepting any gifts from Personnel who report to them unless the gift is of nominal value and for a specific life event reason (e.g., holiday, wedding or birth of a child). There are special provisions for gift giving for anticipated retirements.

Example: A subordinate employee providing their supervisor with a \$100 gift card for the holidays should not be accepted.

- **Meals and Perishable Items:**
 - Generally, perishable items of non-extravagant value, such as holiday baskets or meals provided by a patient or a patient's family member may be accepted by groups of Personnel and certain Covered Persons or departments provided that the gift is shared with or accessible by all members of the department for their shared enjoyment. Example: A patient can order and pay for sandwiches for lunch for the physical therapy department after their discharge as a thank you. Perishable gifts or meals provided by those who do business with or seek to do business with EHS are generally not permitted unless it is a meal of nominal value, which is widely distributed such as lunch at an on-site or off-site seminar.
 - *Example: An elegant dinner at a steakhouse with a potential vendor is prohibited while a boxed lunch at a training seminar is allowed.*
- **Charitable, Fundraising or Organizational Events:**
 - Personnel and certain Covered Persons may generally accept invitations from a vendor or business who does business or seeks to do business with EHS for charitable, fundraising or organizational events which that may benefit EHS's business relationships, so long as Personnel and certain Covered Persons either remove themselves from any future vendor or business selection process or otherwise ensure that objective vendor or business selection criteria and processes are in place to prevent any potential inappropriate influence over the decision making at a later date.
 - *Example: Personnel attending business community fundraisers or sponsored events at a conference are generally permitted.*
- **Continuing Medical Education ("CME"):**
 - Personnel attending, promoting or approving CME attendance or sponsorship (as well as related conduct such as meals and gifts) must comply with EHS policy, the guidance provided in the Code of Conduct and must be related to one's function or role at EHS.
 - *Example: A department head may coordinate an on-site CME by a business, if the business is only providing instructions on machine use for patient care to staff.*

- **Outside Positions (Political, Voluntary, Paid and Educational):**
 - Personnel and certain Covered Persons who have outside employment or volunteer positions are permitted to do so, as long as they do not conflict with their role or function at EHS.
- *Example: It is not permitted for an EHS registered nurse to work two jobs if their outside job causes them to be continuously late to work at EHS.*
 - Personnel and certain Covered Persons who have outside teaching or education related employment or positions are permitted to have such, so long as they do not conflict with their role or function at EHS and they do not receive additional Remuneration for referral of Personnel.
- *Example: A speech therapist may not receive Remuneration or payment in exchange for teaching students at EHS if they are also the program director at the affiliated program, school, university or institution.*
 - Personnel and certain Covered Persons are prohibited from using their position, role, function on or to potentially influence subordinates to engage in work activities of a personal nature outside of EHS. Personnel and certain Covered Persons are prohibited from engaging in outside employment contracts or business which involve direct subordinates.
- *Example: An EHS Maintenance Supervisor may not use subordinate staff to work at their outside "handy-man" business, especially during assigned work hours.*
- **Solicitation:**
 - Personnel and certain Covered Persons are prohibited from soliciting or engaging in any business relationship with patients of EHS (unless a patient happens to be a shared patient on their own accord without their prior knowledge).
- *Example: A physical therapist cannot solicit patients while working at EHS to come to their private practice because they may be seen faster.*

Personnel and certain Covered Persons are prohibited from soliciting, inducing or enticing individuals employed by EHS to leave EHS to engage in a business relationship with, employment for or any other the purpose that can result in their personal benefit. Additionally, companies that do business or intend to do business with EHS are prohibited from soliciting on site to any Personnel and certain Covered Persons, patients, visitors or other businesses unless covered under applicable EHS policy.

- *Example: An environmental services supervisor may not engage with staff in discussions to start their own personal cleaning company outside of EHS.*

USE OF CONFIDENTIAL INFORMATION:

Personnel and certain Covered Persons, after separation from EHS, are prohibited from disclosing or using for personal advantage any confidential information gained from EHS employment, affiliation, or contract, which is not otherwise made available to the public.

- *Example: A physician, who is resigning, is not permitted to maintain a record of patient information to be used for soliciting patients for their private practice.*

Personnel and certain Covered Persons are prohibited from using or disclosing any confidential information to any vendor or business who currently does or seeks to do business with EHS or the general public, unless there is a business necessity to do such, a confidentiality or similar agreement is in place (where applicable) and/or with the approval of the Compliance and Privacy Department, or, where applicable for media related purposes, External Affairs.

- *Example: A lab technician who is involved in a follow up meeting after an issue occurs may not disclose the results of a State agency review to the public.*

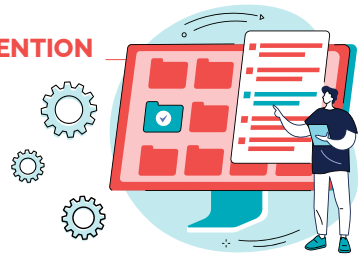
Records Management

ACCURACY OF RECORDS

Covered Persons are responsible for the integrity and accuracy of EHS documents and records. Records include all information in any format which are produced, received or maintained by or from EHS. All records need to be maintained in accordance with applicable laws, accreditation standards, contracts and EHS policy. In addition, Covered Persons must be accurate and timely in completing and/ or providing information for any applicable legal documents or records (e.g., medical records, employment records and financial records).

MAINTENANCE OF RECORDS & RECORDS RETENTION

All EHS records must be maintained in accordance with, but not limited to, any applicable Federal, State or local law, accreditation standards, contracts, and/or CMS requirements as well as EHS's Records Management Program.



Examples of records include paper documents such as letters and memoranda, computer based information such as e-mail, computer files on disk or electronic tape, and any other medium that contains information about EHS, its patients or its business activities. Unless specifically noted or otherwise advised, electronic maintenance of records (e.g., scanning vs. paper storage) is an acceptable form of records retention.

EHS may choose to destroy certain records once they have served their useful business life and retention period. In general, Covered Persons are strictly prohibited from falsifying, tampering with or altering records in any manner or fashion and/or removing or destroying records prior to the applicable retention period being reached. Covered Persons are also strictly prohibited from altering or destroying records of which they become aware of being related to pending litigation or investigation (either internal or external).

RECORDS MANAGEMENT PROGRAM

Contact the Compliance and Privacy Department regarding questions about record retention periods, maintenance, and destruction requirements.



EHIS
Episcopal Health Services