Code of Ethical Conduct Handbook
Community Hospital of the Monterey Peninsula is pleased to give you our *Code of Ethical Conduct Handbook*. The code is a public affirmation by the employees, managers, administrators, and Board of Trustees of Community Hospital that we all will act honestly, fairly, and in keeping with the highest ethical standards.

The laws and regulations that govern the world of healthcare are complicated and ever-changing. This Code of Ethical Conduct is your blueprint for ethical and lawful behavior. The handbook describes your responsibility for upholding the Code of Ethical Conduct, including holding your co-workers responsible for maintaining our high ethical standards.

Community Hospital also requires that members of the medical staff, through their bylaws, act honestly, fairly, and in keeping with the highest ethical standards.

This code serves as a guide and is not intended to address all circumstances or anticipate every situation. Should you encounter a situation not covered by this code, apply its general philosophy of acting honestly, fairly, and with integrity. If you still have questions, review the circumstances with your supervisor or manager, Administration, or the compliance officer, or call the compliance hotline.

Thank you for your part in making Community Hospital of the Monterey Peninsula a healthcare organization we can all be proud of.

Steven J. Packer, MD
President/CEO
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In carrying out the mission and vision of Community Hospital of the Monterey Peninsula, every employee, volunteer, and contractor is expected to strive for the highest standards of individual, professional, and organizational conduct. This includes each of us conducting ourselves in an honest and ethical manner in individual, patient care, and business matters, and trying to be compliant with all laws and regulations that govern Community Hospital and our healthcare industry. All individuals should be guided by the following principles:

- Meeting the identified needs of our patients is always our first responsibility. Strictly adhere to all patient care rights listed in the “Patient Bill of Rights and Responsibilities.” Always seek to avoid providing services that are not medically necessary.
- Treat everyone with respect and consideration. Always behave in a professional manner.
- Communicate fair and accurate information about Community Hospital and its capabilities.
- Always strive to know and follow the laws that govern what we do.

Ethics means doing the right thing. Ethics applies to the manner in which we carry out our responsibilities in the following areas:

**Patient Care**
- Provide high-quality care.
- Uphold confidentiality.
- Protect privacy.

**General Business Practices**
- Be honest.
- Follow the rules.
- Know and obey the law.
- Protect Community Hospital assets and resources.

**Fair and Compliant Billing and Record Keeping Practices**
- Ensure that all billing and other records in which you are involved are accurate, timely, and within the letter of all applicable regulations and laws.
- Report immediately any record or billing issue that is not compliant with applicable laws and regulations.
- Do not share records or other documents without proper authority.
Conflicts

- Resolve issues and problems fairly and effectively.
- Avoid conflicts of interest.
- Do not request or accept substantial gifts or gratuities.

Professionalism

- Be courteous and professional to everyone.
- Always be neat, clean, sober — no harassment, no disruptive behavior.
- Obey the organization’s rules on confidentiality, and limit discussions of internal business to the appropriate subjects with the appropriate people.
How to report a compliance concern

Any employee of Community Hospital, volunteer, or member of the medical staff can report a suspected illegal or improper action, or simply question whether certain conduct is ethical or legal. You are encouraged to report your concerns to your immediate supervisor first, then to follow up with your manager if the issue is not resolved. You may also contact the hospital’s Compliance department or use the hospital’s grievance procedure.

If you are uncomfortable reporting something to management or using the grievance procedure for any reason, you can call the Compliance department, place a compliance hotline call, or contact the compliance officer.

Community Hospital’s hotline is staffed by operators who are available 24-hours-a-day, seven-days-a-week. The operators are trained in handling hotline calls, and you will be treated professionally and courteously. Your call will not be traced, and you can make it anonymously. The hotline operator will work with you to get all the details surrounding your concern. The information that the hotline operator receives from you will be forwarded to the Compliance department for investigation. If you want, you can arrange with the hotline operator for a call back date to check on the status of your call to the hotline.

As an alternative to the hotline, you can report your compliance concerns and ask questions of the Compliance department or compliance officer. You can ask to remain anonymous if you wish. The Compliance department will investigate your concern and respect your desire for anonymity. If you request anonymity when making a report, Community Hospital will work to protect your anonymity. In some instances, however, government demands or practical concerns may make it necessary to disclose your identity to enforcement authorities or others.

Retaliation and discrimination is against the law, and Community Hospital will neither retaliate nor discriminate against you if, while acting in good faith, you report, investigate, or help in uncovering a compliance concern, false claim, or statement. Further, the hospital will not allow any form of retaliation against you or anyone who files a lawsuit in good faith on behalf of the state or federal government.

Questions or concerns? Use your resources:

- Community Hospital management
- Community Hospital Compliance department ..........(831) 622-2645
- Community Hospital compliance officer ...................(831) 622-2774 ext. 2774
- Community Hospital compliance hotline.................(800) 810-0176

Concerns about quality of care that have not been satisfactorily addressed by Community Hospital management may also be taken to:

- Joint Commission’s Office of Quality and Patient Safety
  One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181
  (800) 994-6610 | Fax (630) 792-5636 | complaint@jointcommission.org
Investigations

Community Hospital will investigate all reported violations of this code promptly and will maintain confidentiality to the extent appropriate. The compliance officer will coordinate investigations, at times involving outside counsel to direct the process and provide guidance. The compliance officer will recommend any corrective action or changes that may need to be made. Everyone has an obligation to cooperate and help with such investigations.

When an internal investigation establishes that a reported violation has occurred or is occurring, it is Community Hospital’s policy to initiate corrective action including, as appropriate, notifying management and government agencies, instituting whatever disciplinary action is necessary, and implementing changes to prevent similar violations from occurring in the future.

Willful violations of the code will be grounds for disciplinary action in accordance with Community Hospital policy.
Confidentiality

Each of us has a responsibility to protect all confidential information involving patients, employees, the hospital, and its business, and to respect and uphold all hospital confidentiality policies involving patients and hospital business.

It is never appropriate to view, discuss, or share patient or confidential hospital information with anyone for reasons not related to patient care or hospital operations. Do not disclose patient or confidential hospital information to any unauthorized person inside or outside of Community Hospital, including friends, relatives, business or social acquaintances, customers, or suppliers.

Responsible use of social media
Protected health information, employee health information, and confidential business information (such as Community Hospital business plans) must not be posted of Facebook, Instagram, Twitter, or any other social media site, unless specific advanced written permission is obtained from Administration.

Q: Who has access to my personnel records and wage information?
A: Personnel records and wage information are confidential. Access to personnel files is limited to management and their representatives, the Human Resources department, the Payroll/Benefits department, and appropriate governmental agencies. You may also review your personnel records by making a request in writing to Human Resources.

Q: The Health Information Management department occasionally receives calls from patients wanting copies of their medical records. Can we provide this information?
A: Generally, patients are entitled to receive copies or summaries of their records. There are many exceptions to this rule (e.g., minors and mental health patients). If there is a question, talk to a Health Information Management supervisor.

Q: An employer called requesting information about a former employee’s performance while at Community Hospital. Should I provide this information?
A: No. Information concerning employee performance should not be disclosed in this way. Refer all such calls to Human Resources.

Q: The local district attorney called and asked me for a statement regarding Community Hospital’s treatment of a specific patient. Should I respond?
A: No. We have a responsibility to protect patient confidentiality. Do not provide confidential patient information to a person who identifies himself or herself as a district attorney (or a law enforcement agent or representative of any kind), even if the request sounds official, unless the disclosure is determined to be authorized and appropriate by the administrator on call.

Q: A family member called wanting information about an inpatient. What information can I give the person?
A: The hospital has strict and comprehensive policies that severely limit sharing patient information of any kind with third parties, including relatives. You should check with your supervisor or manager in determining how to respond to a specific request for information.
Conflict of interest

Employees, board members, and contractors may not participate in any activity that actually or potentially conflicts with the interests of the hospital. A conflict of interest occurs if any outside interest or activity either actually influences or appears to influence your ability to be objective or to fulfill your job responsibilities to Community Hospital.

The following examples are just some of the activities and circumstances that could result in a conflict of interest and should be reported to Administration:

- Accepting gifts, payments, or services for those doing business or seeking to do business with Community Hospital
- Holding, either directly or indirectly, any material financial interest in an outside concern that does business with the hospital or provides services competitive with the hospital
- Competing with the hospital, either directly or indirectly, in the purchase or sale of property or property rights or interest
- Providing directive, managerial, or consultation services to any outside concern that does business with or is in competition with the services provided by the hospital
- Participating in any activity for personal profit or gain if it involves use of your time during normal working hours or involves the time of other employees on duty

Gifts and Gratuities
As an employee, you may not accept any favor or gift that might influence (or be perceived to influence) your actions in carrying out your responsibilities to the hospital or its patients. Refer to the “Gifts and Gratuities” policy for additional clarification about hospital policy on accepting gifts, personal favors, gratuities, or meals. If you receive any substantial gift or favor that is related to your activities with the hospital, it must be returned and you must notify your supervisor.

If you have questions about accepting gifts, contact the Compliance department.

Outside Employment
As an employee, you must avoid any employment, activity, investment, or other interest that involves obligations that compete with or are in conflict with the interests of the hospital. You may not take any action that allows a third party to receive improper gain or advantage from the hospital.

You should report any outside employment. Outside employment will not generally cause a conflict of interest, but the following conditions apply:

a. You can make no referrals to the business where you are employed outside the hospital.

b. There should be no conflict with the hours you have agreed to be available for your Community Hospital position.
Use of Hospital Resources for Non-hospital Business

Use of hospital resources (including work time, computers and other equipment, telephones, fax machines, copy machines, mail and delivery services, and supplies) in support of freelance or non-hospital business activities is forbidden. Exceptions to this rule may be granted by Administration if your service to a professional organization or volunteer service to a community-based organization benefits the hospital, supports our Community Benefit Program goals, and/or enhances your ability to perform your job.

Conflicts of Interest Disclosures

Community Hospital employees, volunteers, and contractors are expected to immediately disclose potential or actual conflicts of interest to their direct supervisor or to the Compliance department. Since conflicts of interest are not always obvious, you must make a written report to the Compliance department describing any activities you feel may involve a potential or actual conflict of interest. This disclosure extends to your immediate family as well.

If you have questions regarding conflicts of interest or how to disclose, please contact Compliance at (831) 622-2645.

Q: I have an outside business selling health-related products. Can I use company bulletin boards or Interoffice mail to advertise these products to other Community Hospital employees?
   A: No. Products and services not offered by Community Hospital of the Monterey Peninsula should not be promoted during working hours or on Community Hospital property. Neither should you use Community Hospital’s name or resources (e.g., telephones or your work time) to sell non-Community Hospital-related items. However, you are free to engage in an outside business that does not pose a conflict of interest with Community Hospital on your own time, and off hospital premises.

Q: My supervisor is about to contract with an outside vendor. My wife owns a similar type of business. Would it be a conflict of interest if I recommended my wife’s company?
   A: Generally speaking, Community Hospital avoids contracting for goods or services with family members of employees. For more guidance, refer to the “Conflict of Interest” policy.

Q: In appreciation for our business, suppliers occasionally invite me out to dinner or sports events. Is it acceptable for me to go?
   A: Occasional business-related meals or entertainment of modest value may be accepted. Additional information and clarification may be obtained in the Personnel Policy Manual. Also be aware that more restrictive rules apply to government agencies or government employees. If you are uncertain whether a proposed gift or entertainment (of any kind) is appropriate, contact your supervisor, manager, Administration, or the compliance officer.
Community Hospital takes great care to ensure that all billings are accurate and conform to applicable federal and state law. Services rendered should be accurately and completely coded to ensure both proper billing and integrity of the medical record.

Substantiating medical documentation should be provided for all services rendered. Medical records may not be erased or altered. Medical records may be amended only to correct an error or complete documentation in accordance with established medical records procedures.

Records must never be changed for the purpose of covering up errors or obtaining any payment to which we are not entitled. It is against the law for anyone to knowingly submit or allow a false claim to be submitted for payment, or to accept payment for a false claim. Using false information to either avoid or help someone else avoid a payment obligation to the government is also against the law.

False claims acts passed by the state and federal governments, and additional state and federal laws, exist to deter and uncover fraud, waste, and abuse in health programs such as Medicare and Medi-Cal. The government will act against anyone who makes false claims or statements in connection with claims.

The federal Deficit Reduction Act of 2005 requires hospitals to have a policy that describes the federal government’s Deficit Reduction Act of 2005. Community Hospital’s policy describing the federal Deficit Reduction Act of 2005 can be read on the employee intranet under Policies and Procedures.

Billing data must be retained for the periods mandated by law and by Community Hospital, whichever is longer. Clinical, administrative, and clerical staff involved in the preparation and/or submission of charge or billing data must be appropriately trained. Billing staff will make every effort to maintain accurate written billing policies and procedures when appropriate, including internal controls, and to update them in a timely fashion.

When any payer agreement requires the collection of co-payments and/or deductible amounts, these amounts will be collected to the full extent of the agreement. Decisions to waive any co-payment or deductible must be disclosed and implemented in accordance with hospital policy.

If you suspect that improper billing or documentation is occurring, you should immediately alert your supervisor or manager. If the issue remains of concern, you should contact Compliance (ext. 2645), the compliance officer at (831) 622-2774 ext. 2774, or the compliance hotline at (800) 810-0176.
Q: A nurse calls to request that Patient Business Services correct a diagnosis in response to a patient complaint about claim reimbursement. Should this request be honored?
A: No. Only the provider (doctor) who submitted the original information can make requests for corrections or changes to medical claim information, and such changes or corrections to a diagnosis may be made only if supported by medical record documentation.

Q: A patient calls his or her doctor to ask that the patient’s medical coding (either CPT or ICD10) be changed in order to obtain better insurance reimbursement. Is it appropriate for the physician to request that Patient Business Services change the code?
A: It is appropriate to make coding changes only if the changes are legitimate corrections and the medical record documentation supports the requested changes. Diagnostic and procedure coding changes can be made only by the Health Information Management Department and only after proper documentation is received. Only service departments may validate the accuracy of charges and associated coding in accordance with the actual services provided. All requests for coding changes should be referred to the coding supervisor in the Health Information Management Department.

Q: If I discover during a home visit that the patient is driving to the grocery store once a week and therefore is not homebound, should I report this?
A: Yes, you should report your observation to your supervisor or manager. If this does not resolve your concern, contact the Compliance department or the compliance hotline. Payers such as Medicare and some other insurance companies require patients to be homebound to qualify for reimbursement for certain services. If the patient does not meet the payer’s criteria, there can be no billing for the services provided. Patients such as these can choose to continue home health services with another source of reimbursement.

Q: If an outpatient comes to the lab saying that her doctor wants a CBC done, but there is no order from the doctor, what should we do?
A: Call the doctor to get the order. We cannot provide a service or bill for most tests unless the doctor determines that the service is medically necessary and places a written order for it. (Some lab tests can be self-ordered by patients.)

Q: While visiting a hospice patient at a skilled nursing facility, one of the CNAs said that the facility’s aides were waiting for the hospice home health aide to bathe the hospice patients. How should I handle this?
A: Inform the CNA and the charge nurse that hospice staff members are not allowed to provide duties that normally would be provided by the skilled nursing facility. Report the request to your supervisor or manager immediately. Your supervisor or manager will meet with the skilled nursing facility’s director of nursing and administrator to review the hospice’s and skilled nursing facility’s responsibilities in the contractual agreement.
Ethical business practices

You should conduct business with honesty, fairness, and integrity. You demonstrate these qualities through truthfulness, the absence of deception or fraud, and respect for the laws applicable to our business. Acting with integrity is the responsibility of every member of the Community Hospital organization regardless of facility, location, or job. You must report conditions or practices that you believe may be illegal or that violate this code or Community Hospital policy.

Substance abuse and impairment in the workplace

Community Hospital works diligently to maintain an alcohol-free and drug-free environment. Employees, volunteers, and contractors are expected to perform their responsibilities in a professional manner, free from the effects of alcohol, drugs, or other substances that may hinder job performance or judgment.

If we suspect that you are under the influence of drugs or alcohol, you will be required to submit to appropriate drug or alcohol testing. If you are found to be performing any activity for Community Hospital while impaired or under the influence of alcohol or illegal drugs or refuse testing, you will be subject to disciplinary action up to and including termination.

Q: My supervisor directed me to do something that I believe is against Community Hospital’s policy (and possibly illegal). I don’t want to do something improper, but I’m afraid if I don’t do as I am told, I may lose my job. What should I do?

A: Discuss the request with your supervisor again to be sure you understand the facts and that he or she is aware of your concern. If you cannot comfortably discuss the situation with your supervisor or cannot resolve your concern at this level, then go to the department director or manager or Human Resources. You can also contact the compliance hotline and/or the compliance officer regarding your concern. Do not take part in any improper activity — there are appropriate actions you can take. Community Hospital policy strictly prohibits retaliation against employees who raise such concerns in good faith.

Q: If I suspect that a Community Hospital co-worker is not conducting business with honesty, fairness, and integrity, or is violating the law, who should I contact?

A: Report the incident to your supervisor or manager, in keeping with the hospital’s grievance policy in the Personnel Policy Manual. Community Hospital expects you to help uphold the organization’s ethical business standards by taking action if you believe a violation is occurring. If you are uncomfortable raising this issue with someone in your department, Human Resources is available to you. You may call the compliance hotline at (800) 810-0176 or the Compliance department at (831) 622-2645, anonymously if you want.
Fair treatment of employees

How we treat one another reflects upon how we treat our patients. Community Hospital strives to provide a workplace that is free from harassment, disruptive behavior, and violence. Degrading jokes, slurs, intimidation, or other harassing conduct is not acceptable at Community Hospital. All individuals associated with Community Hospital must treat others with respect, courtesy, and dignity and must conduct themselves in an appropriate, professional, and cooperative manner.

Workplace Violence

Violence in the workplace can have devastating effects on the quality of life of our employees, volunteers, medical staff, patients, and contractors and on the productivity of the organization. Community Hospital recognizes the potential for violence in the workplace and makes every reasonable effort to identify all potential sources of violence and eliminate and/or minimize these risks.

Workplace violence is defined as any act of violence or credible threat of violence that occurs at the worksite. This includes but is not limited to, physically touching another in such a way that is unwelcome and/or with intent to cause distress or injury, approaching or threatening another with a weapon, and/or causing or attempting to cause injury or intimidation to another person.

Community Hospital is responsible for requiring that all Human Resources and health and safety policies and procedures, including those related to violence, are clearly communicated and understood by all individuals subject to this policy. All employees are required to immediately report any acts or threats of violence occurring on hospital premises on the part of fellow employees, visitors, patients, vendors, etc. Non-employees (patient, visitor, vendor, etc.) witnessing or experiencing workplace violence are strongly encouraged to report the incident to any employee.

For more information, please review the Workplace Violence Prevention policy available on the intranet.

Harassment

The responsibility for providing an atmosphere free of discrimination rests with you and every other employee. Unlawful harassment or abuse of any kind is prohibited in our workplace. Harassment based on an individual’s sex, race, religion, national origin, physical or mental disability, sexual orientation, age, or any other characteristic protected by law is prohibited. Such harassment may be unlawful if it is so pervasive that it unreasonably interferes with work performance or creates an intimidating, hostile, or offensive environment.

If you believe that harassment or abuse is occurring, you have the right and obligation to complain immediately. If your supervisor or department manager is the source of the unlawful harassment claim, or is in some way involved, the complaint should be taken directly to the director of Human Resources, the president, or a vice president of the hospital. Hospital policy guides the appropriate investigation of harassment complaints.

No adverse action or retaliation will be taken against an employee who makes a valid complaint. If you are uncomfortable using these resources, or feel that using them will not resolve the matter, you can contact the compliance hotline at (800) 810-0176 or the compliance officer at (831) 622-2774 ext. 2774.
Q: I recently observed a doctor where I work doing something I believe to be improper. I believe I should tell someone about this, but I do not want to be considered a snitch or get in trouble for upsetting a member of our medical staff. How should I proceed?

A: It is important for you to come forward with pertinent information related to any potential improper situation. Your first step should be to discuss the situation with your immediate supervisor, then to follow up by discussing it with your manager if it is not resolved. If you are uncomfortable raising this issue through the normal management channels, or wish to remain anonymous, you can call either the compliance hotline at (800) 810-0176 or the Compliance department (831) 622-2645 to voice your concern.

Q: If I suspect that a Community Hospital co-worker is violating the law, who should I contact?

A: You should report the issue to your supervisor or manager. If you are uncomfortable raising this issue with someone in your department or through normal management channels, or wish to remain anonymous, you can call the compliance hotline at (800) 810-0176 or the Compliance department (831) 622-2645. Human Resources is also available to you. Community Hospital expects you to help uphold the organization’s ethical and legal standards by taking action if you believe a violation is occurring.
Community Hospital must preserve the integrity of its records. In the course of your duties it is important that you prepare and maintain all patient and business records accurately, completely, and as required by law. Keep these records for the amount of time prescribed by law and Community Hospital policies.

Record financial transactions in accordance with generally accepted accounting principles and Community Hospital policies and standards.

It is prohibited by this code and hospital policy (and possibly illegal) for you to cause Community Hospital’s books or records to be inaccurate.

Q: I’m an RN at Community Hospital. A co-worker called me from home after she completed her shift and told me that she forgot to enter an order that had been phoned in at 9 a.m. by a patient’s doctor for a change in medication. The nurse asked me to enter the change at the appropriate time and to use her initials. She said charts are often updated in this way and no harm is done. Is this OK?

A: While the nurse did the right thing by calling you to note the chart error, the error should be promptly reported to the shift supervisor. You should never record an order you did not hear, and never sign a chart using someone else’s initials. Even if no harm occurred in this case, the error needs to be reported so that appropriate corrections can be made.

Q: I am an employee in Financial Services. I reviewed a draft of an official report and noticed that some of the financial data was incorrect. Should I assume someone else will catch this mistake or should I report the error?

A: Immediately bring this information to the attention of your supervisor. If an official report is submitted with incorrect information, there could be serious consequences for the hospital and those in charge of preparing the document.
Government investigations

Government involvement in healthcare is a fact of life today, and the rules and regulations are complicated and ever-changing. As an employee, you need to cooperate with legitimate government investigations. It is Community Hospital’s policy to cooperate with every reasonable request of federal, state, and local authorities for information concerning hospital operations. At the same time, the hospital is entitled to the safeguards provided by law, including the representation of legal counsel for the first contact. If you learn of an investigation, contact Administration or the compliance officer right away.

If anyone approaches you and identifies himself or herself as a government agent or representative, you should first contact your manager immediately. If you are unable to make immediate contact with your manager, call Administration or the compliance officer right away so you can get assistance verifying the credentials of the investigator, determining the legitimacy of the investigation, and following proper procedures for cooperating with the investigation.

If someone contacts you outside of the workplace during non-work hours and tells you that he or she is a government agent or representative, you do not have to answer questions from that person without having legal counsel. It is your right to contact legal counsel and/or the hospital before responding to any questions by an agent or investigator, and to have either Community Hospital's counsel and/or personal counsel present during any interview.

You must never:

- Destroy or alter any hospital document or record in anticipation of a request for the document or record by a government agency or court
- Lie or make false or misleading statements to any government agent or representative
- Try to persuade a hospital employee, or any other person, to provide false or misleading information to a government agent or representative, or fail to cooperate with a government investigation

If you receive a subpoena or other written request for information (e.g., a civil investigative demand regarding Community Hospital), you should immediately contact your manager, Administration, the administrator on call, or the compliance officer.

Q: What should I do if an FBI agent comes to my home and asks to talk to me about the activities of my department?

A: You have the right to talk or not to talk with the investigator. It is your choice. You also have the right to consult with Administration or hospital counsel, the compliance officer, and/or your personal attorney before answering any questions. Consulting with the hospital and/or counsel before answering questions is your right and in no way indicates that you are not cooperating fully.
Antitrust

Antitrust laws are designed to create a level playing field and to promote fair competition. Sharing Community Hospital’s confidential business information with a competitor, such as how prices are set or the terms of payer relationships, could violate these laws.

Agreeing with a competitor to refuse to deal with a supplier or to limit the scope of services offered may also raise antitrust issues. In general, you should avoid discussing sensitive topics with competitors or suppliers unless you are proceeding with the advice of Administration, the compliance officer, and/or legal counsel.

If you have any questions about what is appropriate for you to do under the antitrust laws, you should ask your supervisor or manager. Supervisors or managers should immediately contact Administration or the compliance officer regarding any such inquiries.

Q: I have a friend in the managed-care department of one of our competitors. She has been asked by her company to survey managed-care prices in the region. Can I give her copies of price lists and bids?

A: No. Sharing of pricing information not normally available to the public could be perceived or construed as an effort to fix fees or limit competition.
Community Hospital, as a tax-exempt, nonprofit organization, must use its funds in a financially appropriate way. Community Hospital is required to use its funds in ways that are limited or restricted by federal and state tax laws. As a government contracting organization, Community Hospital must spend its funds only in ways that are within governmental limits. Because of these issues, compliance is essential in deciding how hospital funds are used.

**Bribes**
Community Hospital prohibits any payment that could be viewed as a bribe, kickback, or inducement. A bribe or kickback is any payment or other thing of value offered with the intent to influence a decision on grounds not directly related to its business merits. Kickbacks can take many forms and are not limited to cash payments. If you have any question about a transaction, you should contact your supervisor or the Compliance Officer.

**Payments or referrals**
Payments or other remuneration given to physicians or other parties to influence the flow of referrals to Community Hospital are prohibited. This prohibition includes gifts of more than nominal value, excessive entertainment, or other considerations given to government employees, physicians, or any other party in a position to influence patient referrals.

**Political contributions**
You cannot use Community Hospital funds to contribute to a political party or candidate in connection with a political campaign at any level of government. You may, of course, make personal contributions to the campaigns of candidates of your own choice. Such contributions are not reimbursable by the hospital. Community Hospital can, within limitations defined by law, fund expenses such as lobbying or the cost of brochures for a ballot or referendum issue. Contact Administration for additional information regarding hospital involvement in political matters.
Q: What should I do if a doctor asks for payment or compensation in exchange for referrals to the hospital?
A: Refuse the request. Such a request violates our policy and may be illegal. You should report the situation to your supervisor, the department manager, or the Compliance department.

Q: I know someone who is requesting reimbursement for more miles than he actually drove. What should I do?
A: Your first step should be to report this to your immediate supervisor, then to follow up with your manager if it is not resolved. You can also use the compliance hotline or contact the Compliance department.

Q: I know someone who makes personal long-distance calls at work. The person is also taking supplies home. What should I do?
A: Your first step should be to report this to your immediate supervisor, then to follow up with your manager if it is not resolved. You can also use the compliance hotline or contact the Compliance department.
There is one code of ethical conduct for all employees of Community Hospital. The code of ethics is summarized in the hospital’s Code of Ethical Conduct handbook. The policies in the handbook are mandatory. All employees, members of the Board of Trustees, volunteers, and contractors are expected to be familiar with the contents of the handbook and to understand and comply with them.

Some hospital positions require professional licensure. Licensure requirements may include mandatory adherence to codes of ethical conduct. Additionally, departments may require employees to maintain active memberships in professional organizations. Such organizations may also have their own required code of ethical conduct. In such circumstances, departments shall incorporate by reference into the employee’s applicable Job description/ performance appraisal professional organization membership requirements and associated codes of ethics or ethical conduct.

If you believe that an ethical conflict exists between Community Hospital’s code of ethical conduct and the code of conduct required by licensure or membership in a professional organization, you should seek assistance from your department manager or director in resolving the conflict.

Questions about the policies in this handbook should be directed to the Compliance department or the compliance officer. They can also be researched in the sources cited in the handbook’s appendix.

This is your handbook. Please refer to it whenever you have questions about the compliance policies of the hospital. You may also print a hard copy version of this file for your personal use. Simply select “print” from the file menu.
You can find more information on the ethical guidelines in this handbook by looking in the documents and manuals listed below.

**Source Document**
- Patient Bill of Rights and Responsibilities

**Guiding Documents**
- Vision Statement
- Mission Statement
- Guiding Principles
- Strategic Plan
- Performance Improvement Plan
- Conflict of Interest Policies
- Medical Staff By-Laws, Rules, and Regulations
- Hospital policy and procedure manuals
- Department policy and procedure manuals
- Employee Handbook
- Personnel Policy Manual