

Piedmont Healthcare Code of Conduct

Important Phone Numbers

Compliance Department	404-605-4569
Compliance Hotline	800-466-0462
Piedmont Hospital Human Resources	404-605-3344
Piedmont Fayette Hospital Human Resources	770-719-7014
Piedmont Mountainside Hospital Human Resources	706-301-5369
Piedmont Newnan Hospital Human Resources	770-254-3605
Piedmont Medical Care Corporation Human Resources	770-801-2250

Table of Contents

Code of Conduct	C2
Vision, Mission, Values and Behavioral Standards	C2
Compliance Program	C4
Monitoring and Auditing.....	C5
Training and Education	C5
Mechanisms for Reporting	C6
Personal Obligations to Report	C6
Corrective Action	C6
Inappropriate Conduct	C6
Acknowledgment Process	C7
Standards of Professional and Business Conduct	C7
Quality of Care	C8
Patients and Communities Served	C8
Patient Communication.....	C8
Accepting Tips and Gifts	C8
Solicitation and Distribution	C8
Coding and Billing for Services.....	C9
Cost Reports	C9
The Federal False Claims Act	C9
Emergency Treatment	C10
Surveys	C10
Accreditation.....	C11
Business Information and Information Systems	C11
Accuracy, Retention and Disposal of Documents and Records.....	C11
Information Security and Confidentiality	C11
Access of Electronic Media	C12
Intellectual Property.....	C12
Workplace Conduct and Employment Practices.....	C12
Conflict of Interest	C12
Equal Opportunity Employer	C13
Harassment and Discrimination.....	C13
Workplace Violence	C14
Drug-free Workplace.....	C14
Health and Safety.....	C15
Interactions with Physicians	C15
Relationships with Vendors and Suppliers	C16
Research, Investigations and Clinical Trails	C16
Ineligible Persons.....	C16
Antitrust	C17
Environmental Compliance.....	C17
Business Courtesies (gifts, entertainment, etc.).....	C17
Receiving Business Courtesies	C17
Extending Business Courtesies to Possible Referral Sources.....	C17
Resolution of Problems and Concerns	C17
Non-Retaliation Policy	C18
Compliance Hotline.....	C18
Piedmont Healthcare Employment Acknowledgement	C19

Piedmont Healthcare, Inc.

Code of Conduct

The Piedmont Healthcare, Inc., (PHC) Code of Conduct is in place to demonstrate in the most explicit terms possible our absolute commitment of our organization and all of its affiliates to the highest standards of compliance. The elements of the Code of Conduct include our Vision, Mission, Values, Behavioral Standards as well as our Standards of Professional and Business Conduct and are incorporated into our Compliance Program.

Our Vision, Mission, Values and Behavioral Standards

Piedmont Healthcare VISION

Piedmont Healthcare, a growing community of excellence dedicated to providing you the best patient care and services.

Piedmont Healthcare MISSION

Healthcare marked by compassion and sustainable excellence in a progressive environment, guided by physicians, delivered by exceptional professionals, and inspired by the communities we serve.

Piedmont Healthcare VALUES

- **Compassion** - Caring for every person every day with dignity and respect.
- **Commitment** - Dedicating ourselves to improving the lives of others.
- **Service** - Providing a safe and supportive environment to ask, learn and heal.
- **Excellence** - Leading in quality through expertise, innovation and technology.
- **Balance** - Using resources efficiently and effectively.

Piedmont Healthcare BEHAVIORAL STANDARDS

Compassion

- Incorporates integrity into every action and interaction taken on behalf of Piedmont Healthcare.
- Creates a welcoming, caring and non-judgmental environment through tone and body language.
- Makes eye contact and greets everyone with a smile, as appropriate.
- Responds to the needs and requests of patients, families and co-workers.
- Listens empathetically to others' issues, including co-workers, patients and families.
- Demonstrates a professional and caring attitude at all times.
- Treats all individuals with respect and dignity.
- Refrains from inappropriate conversations such as gossip, talking over patients or having conversations that do not include the patient.
- Compliments and encourages others to reinforce a job well done.

Commitment

- Embraces our values and openly supports organizational decisions through actions and words.
- Takes personal ownership of issues and concerns, stays involved through resolution.
- Arrives on time and begins work promptly with a positive attitude.

- Attends work when scheduled.
- Takes an active role in working as a team across interdepartmental lines.
- Seeks to understand how our work relates to others
- Identifies problems with proposed solutions and strives to improve work processes.
- Accepts and provides constructive feedback.

Service

- Takes initiative to assist patients, visitors and co-workers.
- Introduces self; describes role/reason for interaction and ends by asking a question, such as: "Is there anything else I can do for you?"
- Answers phone promptly, courteously giving name, department, and asking, "how may I help you?"
- Takes personal responsibility for requests and follows through (responds to call lights, billing request, etc., per standard).
- Advocates for patients (i.e., escorts patients when they need directions, is sensitive to patients needs, checks for patient comprehension of care instructions).
- Communicates wait times to customers and explains any delays, according to departmental standards.
- Seeks learning opportunities and shares knowledge with patients, families co-workers and the community both formally and informally.
- Seeks certification in field of expertise.
- Maintains a clean and neat appearance, adheres to department dress code and wears name badge visibly.
- Washes hands before and after patient contact.
- Ensures patient information is kept confidential in accordance with HIPAA guidelines.
- Maintains patient privacy (i.e. knocks before entering, closes curtain or door during procedure).

Excellence

- Serves as a role model for co-workers and holds self and others accountable for actions.
- Seeks to use knowledge, expertise and innovation to continuously improve the work environment and processes.
- Identifies opportunities to improve efficiency, eliminate waste, reduce costs and improve work processes.
- Stays current on latest technology, trends, best practices and industry standards and applies appropriately.
- Incorporates best practice models into everyday work to ensure quality outcomes.
- Initiates and supports change that ensures Piedmont Healthcare's continued success.
- Works collaboratively across service lines and departments to ensure smooth interactions and maximize outcomes.
- Maintains a safe and clean work environment and reports deficiencies appropriately.
- Ensures patient safety by acting in accordance with regulatory standards.
- Assists in keeping the organization in compliance with all regulatory standards (i.e. OSHA, HIPAA, JCAHO, DHR, etc.).

Balance

- Approaches decision-making from a broad, comprehensive perspective.
- Takes initiative to become exposed to different ideas, values and thoughts.
- Ensures all perspectives are valued.
- Understands and incorporates organization, departmental and professional goals and objectives into daily activities.
- Uses resources appropriately, including time management skills.
- Learns and understands the financial operations of the department and the budgetary impact of personal actions/decisions.
- Acts as an advocate for work-life balance.

Expectations

What you can expect from Piedmont Healthcare:

- You can expect to be treated with respect, dignity and understanding.
- You can expect that your relationship with Piedmont Healthcare will be based on treating all people fairly and equitably.
- You can expect that we will hire the most capable people and take all appropriate steps to train them to be effective in their jobs.

What we expect of you as an employee of Piedmont Healthcare:

- You are expected to abide by the established policies and practices of Piedmont Healthcare.
- You are expected to be at work on time and work your full scheduled working hours.
- You are expected to act in a professional manner that places patient care above all else.
- You are expected to learn the specific requirements of your job and work with your fellow employees as an enthusiastic team member.

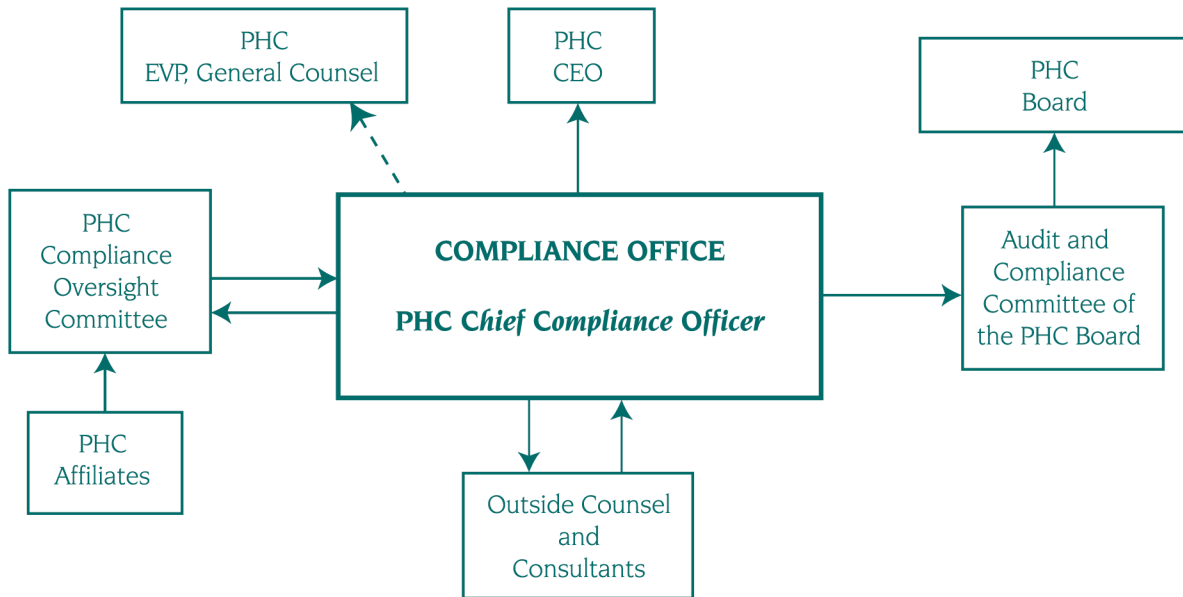
Compliance Program

The chief compliance officer is responsible for the day-to-day direction and implementation of the compliance program. Our program is in place to ensure that compliance with laws and regulations is a system-wide priority. The program includes developing resources (including policies and procedures, training programs, audit plans, and communication tools) and providing support (including operating the Compliance Hotline, conducting program assessment, and providing advice) to PHC and its affiliates.

The chief compliance officer is also the designated privacy officer, whose statutorily mandated responsibilities include ensuring that our patient medical and financial information is protected and that our privacy policies and operations are compliant with federal and state law. The privacy officer also investigates potential privacy violations and conducts audits to ensure that we are compliant with applicable regulatory requirements.

The compliance department interacts with the [Piedmont Healthcare Compliance Oversight Committee](#), which is composed of representatives from all PHC affiliates. This oversight committee ensures that the compliance program elements will be thoroughly communicated across the organization through the compliance officer to all of the various affiliates. This committee meets on a regular basis to discuss ongoing audits and projects and to ensure

that all compliance initiatives are executed properly. The committee will assist the compliance officer in determining the issues and concerns that need to be reported to the PHC Board Audit and Compliance Committee, the PHC Executive Team, and ultimately to the Boards of Directors. Both the PHC CEO and the Audit and Compliance Committee receive regular reports, including information on all hotline calls. Below is a basic diagram of the PHC compliance program internal organization and reporting requirements:



Monitoring and Auditing

The compliance department, working closely with the internal audit department, coordinates necessary internal reviews or audits on an annual basis or as needed based on a specific concern. An annual compliance audit work plan is developed based on the OIG Annual Work Plan and specific areas of concerns as they arise internally or within the healthcare industry. Compliance audits will be focused on ensuring that all applicable laws and regulations are being followed; underpayments or overpayments from various sources may be discovered in the course of the compliance audit and will be handled appropriately, including reimbursement when applicable.

Training and Education

PHC and affiliates provide initial orientation and continuing compliance education for all new and existing employees, and all employees must complete annual compliance training. The compliance department utilizes system-wide, computerized training programs in addition to one-on-one training allowing us to provide and monitor annual compliance training for all employees in the workforce. Our system allows us to tailor compliance education to specific departmental needs and to monitor training participation and effectiveness. As an example, we have specialized coding and billing education courses that are required of specific departments and individuals.

Mechanisms for Reporting

The PHC compliance department oversees a compliance hotline program as guided by the Office of the Inspector General. The compliance hotline toll free number **(1-800-466-0462)** is operated by an outside vendor to ensure the required confidentiality and anonymity of the caller. Hotline call summaries are then received by the PHC compliance office, which is responsible for investigating and following up on any potential issues. Hotline call information is shared with the PHC CEO and the PHC Board Audit and compliance committee on a regular basis as appropriate. In investigating all hotline calls, the compliance department involves the appropriate departmental staff based on the perceived violation. Additionally, our workforce is consistently encouraged, through new employee orientation and annual training, to bring any issues and concerns to their supervisors or the compliance department. Our goal is to encourage our employees to discuss concerns or perceived violations of the Code of Conduct within our compliance program.

Another important resource in being able to address issues arising out of the Code of Conduct is human resources, which works closely with compliance on many issues across the PHC system. PHC human resources managers are very knowledgeable about many of the compliance risk areas described in the Standards of Business and Professional Conduct that pertain to employment in the workplace, and they are responsible for overseeing compliance with various employment laws. If a concern relates to specific details of an individual's work situation, rather than the larger issues of the organizational compliance, human resources is the most appropriate source to contact.

Personal Obligation to Report

Each PHC employee has an individual responsibility for reporting any activity by an employee, physician, sub-contractor or a vendor that appears to violate applicable laws, rules, regulations or our Code of Conduct. All matters should either be reported to the manager, director or to the compliance office directly. This can be done via e-mail, in person by contact the compliance office or anonymously through the compliance hotline at **1-800-466-0462**.

Corrective Action

Where an internal investigation substantiates a reported violation, PHC will initiate corrective action, including, as appropriate, making prompt restitution for any overpayment amounts, notifying the appropriate government agency, instituting whatever disciplinary action is necessary, and implementing systemic changes to prevent a similar violation from occurring in the future. All violators of the Code of Conduct, or other policies of PHC and affiliates, will be subject to disciplinary action.

Inappropriate Conduct

Actions which violate the Piedmont Healthcare Corrective Discipline Policy (see Policy 1070 – PHC Corrective Disciplinary Guidelines) can result in discipline or termination and include, but are not limited to, the following:

- Unsatisfactory performance
- Violations of the Behavioral Standards
- Accessing or using PHI without having a legitimate need to do so
- Falsifying records

- Fighting, gambling or carrying weapons on any Piedmont Healthcare property
- Possession of intoxicating beverages or illegal drugs on hospital property
- Drinking of alcoholic beverages or use of illegal drugs during the work day, or reporting to work under the influence of intoxicating beverages or illegal drugs
- Insubordination
- Theft or dishonesty
- Failure to report emergencies or dishonest activities
- Divulging confidential information
- Sleeping on the job
- Discourtesy to staff or patients
- Coercion of fellow employees
- Disregard of fire and safety regulations
- Excessive or repeated absences or tardiness
- Accepting a tip or a personal gift from patients, visitors or current/prospective vendors
- Inappropriate use of Internet
- Damaging or destroying Piedmont Healthcare property

Acknowledgment Process

PHC requires all employees to sign an acknowledgment confirming that they received the Code of Conduct, understand it represents mandatory policies of PHC, and agree to abide by their terms. All new employees are required to sign this acknowledgement as a condition of employment. Each PHC employee is also required to participate in the annual compliance training, and documentation of training will be retained.

STANDARDS OF PROFESSIONAL AND BUSINESS CONDUCT

PHC affiliates provide various healthcare services, and these services are provided pursuant to appropriate federal, state and local laws and regulations, and the conditions of participation for federal health programs. Such laws, regulations and conditions of participation may include, but are not limited to, subjects such as certificates of need, licenses, permits, accreditation, access to treatment, consent to treatment, medical record keeping, access to medical records and confidentiality, patients rights, clinical research, end-of-life care decision-making, medical staff membership, staff membership and clinical privileges, and Medicare and Medicaid program requirements. PHC and affiliates are subject to numerous other laws in addition to these health laws, regulations, and the conditions of participation. We have developed policies and procedures to address many regulatory requirements. However, it is impractical to develop policies and procedures that encompass the full body of applicable law and regulation. Obviously, those laws and regulations not covered in organizational policies must be followed. There is a range of expertise within PHC, including responsible executives, the compliance office, and others who should be consulted for advice concerning Human Resources, regulatory, compliance, and the conditions of participation requirements. Please consult the Intranet *Village* at any Piedmont affiliate to review our system-wide PHC policies and procedures. (Most of the compliance policies are located in the 5000 section.)

Anyone aware of violations or suspected violations of laws, regulations, the conditions of participation, or utilization of PHC policies and procedures must report them immediately to a supervisor or member of management, human resources department, the compliance office or the compliance hotline.

Quality Of Care

PHC is committed to providing high quality care and delivering services that are responsible, appropriate, safe and cost-effective. We treat our patients at our hospitals and all of our locations with respect and dignity, and we provide care that is both necessary and appropriate. We are very proud of our 100-year tradition of caring, and we strive to deliver healthcare compassionately and with integrity. Please be aware that we all have a duty to report any actual or perceived quality of care or other issues to management, our compliance office, human resources or the compliance hotline at **1-800-466-0462**.

Patients and Communities Served

- Patients will be provided with high quality services without discrimination due to their gender, age, disability, race, color, religion, national origin or ability to pay.
- Patients will receive considerate and respectful care with recognition of their dignity and right to privacy.
- Only personnel with proper credentials, experience, license and expertise shall be employed in meeting the needs of our patient population.

Patient Communication

- Patients have the right to know the identity and qualifications of all PHC personnel who provide services for them.
- Patients have the right to receive information regarding PHC's policies and procedures.
- All questions from patients will be answered promptly and courteously, or referred to the proper source.
- Patients have the right to participate in decision-making regarding their health, to include refusing treatment to the extent permitted by law, and to be informed of the consequences of such action.
- Patients have the right to voice their complaints about care and services provided.

Accepting Tips and Gifts

Piedmont Healthcare prohibits the solicitation of tips, gifts or personal gratuities from patients and visitors. The acceptance of small tokens of appreciation, such as candy or flowers, is permitted when given to a unit, department or practice only. Any solicitation and/or acceptance of gifts or hospitality by vendors or potential vendors must follow the conflicts of interest policy. If an employee has doubt as to the appropriateness of a gift, he or she should seek guidance from compliance or human resources.

Solicitation and Distribution

To avoid disruption of operations and disturbance of patients, families and visitors, the following rules apply to solicitation and distribution of any type on any property owned, operated or otherwise a part of Piedmont Healthcare (PHC).

Employees as well as non-employees are **prohibited** from soliciting any patients or family members and are **prohibited** from distributing any materials to any patients, guests or family members. *Employees* may not *solicit* during working time for any purpose. Employees may not *solicit* another employee unless *both* the employee soliciting and the employee(s) being solicited are both on non-working time (breaks, meal time, before or after work) and may *only solicit* in those areas permitted by the policy.

The use of any electronic communication medium, computer, Internet, network, e-mail, cellular or other service or system provided by or otherwise the property of PHC for either *solicitation* or *distribution* is prohibited.

This policy does not apply to outreach efforts of the Piedmont Hospital Foundation, nor to events of which PHC is a sponsor or corporate participant (such as the annual United Way/ Sharing Club Campaign), nor to any benefit made available by a vendor or other third party obtained by PHC for the benefit of PHC employees. Absent unusual circumstances, PHC will limit access to its campuses to a maximum of three major charitable events per campus per year of which PHC is neither a sponsor nor participant.

Coding and Billing for Services

PHC is committed to honesty, accuracy and integrity in all its billing, coding and documentation activities. **We have a duty to report any actual or perceived false claim, misrepresentation, inaccuracy or problem in billing, coding or documentation to management, our compliance office, human resources, or the hotline at 1-800-466-0462.**

- We will only submit for payment or reimbursement claims for services actually rendered that are documented in patients' medical records, using billing codes that accurately describe the services provided.
- Submission of any claim for payment or reimbursement that is false, fraudulent, inaccurate or fictitious is prohibited.
- All claims submitted for payment must be for services that are properly coded and supported by applicable medical necessity requirements.
- We shall take immediate steps to alert appropriate hospital or health system authorities if inaccuracies are discovered in claims that have been submitted for reimbursement.

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 appropriate methodologies to claim reimbursement for the cost of services provided to program beneficiaries.

The Federal False Claims Act

The Federal False Claims Act (FCA) was first enacted during the Civil War to fight fraud in supplying goods to the Union Army. The law has undergone a number of changes since then and now applies to any federally funded contract or program, except tax fraud. The FCA was expanded to include Medicare and Medicaid programs in 1986.

Summary of Provisions: The FCA prohibits knowingly making a false claim against the government. False claims can take the form of overcharging for a product or service, delivering less than the promised amount or type of service, delivering less than the promised amount or type of goods or services, underpaying money owed to the government and charging for one thing while providing another.

Penalties: The FCA imposes civil penalties and is not a criminal statute. Therefore, no proof of specific intent as required for violation of a criminal statute is necessary. Persons (including organizations such as hospitals) may be fined a civil penalty of not less than \$5,000 nor more than \$10,000, plus three (3) times the amount of damages sustained by the government for each false claim. The amount of damages in health care terms is the amount paid for each false claim that is filed.

Qui Tam (Whistleblower) Provisions

Any person may bring an action under this law (called a qui tam relator or whistleblower suit) in federal court. The case is initiated by causing a copy of the complaint and all available relevant evidence to be served on the federal government. The case will remain sealed for at least 60 days and will not be served on the defendant so the government can investigate the complaint. The government may obtain additional time to investigate for good cause. The government on its own initiative may also initiate a case under the FCA. After the 60 day period, or any extensions, has expired, the government may pursue the matter in its own name, or decline to proceed. If the government declines to proceed, the person bringing the action has the right to conduct the action on their own in federal court. If the government proceeds with the case, the qui tam relator bringing the action will receive between 15 and 25 percent of any proceeds, depending upon the contributions of the individual to the success of the case. If the government declines to pursue the case, and the qui tam relator successfully prosecutes the claim, the relator will be entitled to between 25 and 30 percent of the proceeds of the case, plus reasonable expenses and attorneys fees and costs. Any case must be brought within six years of the filing of the false claim.

Non-Retaliation: Anyone initiating a qui tam case may not be discriminated or retaliated against in any manner by their employer by virtue of bringing the claim. The employee is authorized under the FCA to initiate court proceedings to make themselves whole for any job related losses resulting from any such discrimination or retaliation.

Emergency Treatment

We follow all applicable laws and regulations, including the Emergency Medical Treatment and Active Labor Act (EMTALA), in providing an emergency medical screening examination and necessary stabilization to all patients, regardless of ability to pay. Provided we have the capacity and capability, anyone with an emergency medical condition is treated. In an emergency situation or if the patient is in labor, we will not delay the medical screening and necessary stabilizing treatment in order to seek financial and demographic information. We do not admit, discharge or transfer patients with emergency medical conditions simply based on their ability or inability to pay or any other discriminatory 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 the PHC facility (e.g., we do not have the capacity or capability) and appropriate care is knowingly available at another facility. Patients are only transferred in strict compliance with state and federal EMTALA regulatory and statutory requirements.

Surveys

From time to time, government agencies and other entities conduct surveys in our facilities, and we respond with openness and accurate information. In preparation for or in doing a survey or inspection, PHC employees must never conceal, destroy or alter any documents,

lie, or make misleading statements to the agency representative. Employees also must never attempt to 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, PHC employees deal with all accrediting bodies in a direct, open and honest manner. No action should ever be taken 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 of various bodies is extremely significant and broader than the scope of this Code of Conduct. The purpose of our Code of Conduct is to provide general guidance on subjects of wide interest within the organization. Accrediting bodies may address issues of both wide and somewhat more focused interest.

BUSINESS INFORMATION AND INFORMATION SYSTEMS

Accuracy, Retention, and Disposal of Documents and Records

Each PHC employee is responsible for the integrity and accuracy of our organization's documents and records, not only to comply with regulatory and legal requirements but also to ensure records are available to support our business practices and actions. No one may alter or falsify information on any record or document. Records must never be destroyed in an effort to deny government authorities that which may be relevant to a government investigation. Medical and business documents and records are retained in accordance with the law and our record retention policies

Information Security and Confidentiality

Confidential information about our organization's strategies and operations is a valuable asset. Although PHC employees may use confidential information to perform their jobs, it must not be shared with others unless the individuals and/or entities have a legitimate need to know the information in order to perform their specific job duties or carry out a contractual business relationship. In addition, these individuals and/or entities must have agreed to maintain the confidentiality of the information. Confidential information includes personnel data maintained by the organization; patient lists and clinical information; patient financial information; passwords; pricing and cost data; information pertaining to acquisitions, divestitures; affiliations and mergers; financial data; details regarding federal, state, and local tax examinations of the organization or its joint venture partners; research data; strategic plans; marketing strategies and techniques; supplier and subcontractor information; and proprietary computer software. In order to maintain the confidentiality and integrity of patient and confidential information, such information should be sent to outside parties only in accordance with information security policies and standards, which require, among other things, that the information be encrypted. We exercise due care and due diligence in maintaining the confidentiality, availability and integrity of information assets the organization owns or of which it is the custodian. Because so much of our clinical and business information is generated and contained within our computer systems, it is essential that each PHC employee protect our computer systems and the information

contained in them by not sharing passwords and by reviewing and adhering to our information security policies and guidance.

Access to Electronic Media

All communications systems, including but not limited to electronic mail, Intranet, Internet access, networks, computer equipment, telephones, and voice mail, are the property of the organization and are to be used primarily for business purposes in accordance with electronic communications policies and standards. All users of PHC computer and telephonic systems should presume no expectation of privacy in anything they access, create, store, send, or receive on the computer and telephonic systems, and PHC reserves the right to monitor and/or access all communications usage and content at any time.

Employees may not use internal communication channels to the Internet at work to access, post, store, transmit, download or distribute any threatening materials; knowingly, recklessly or maliciously false materials; obscene materials; offensive materials; or anything violating any laws. Employees who abuse our communication systems or use them excessively for non-business purposes may lose these privileges and be subject to disciplinary action.

Inappropriate use of the Internet is not tolerated. Use of the Internet is strictly limited for business purposes, and any violation thereof may be subject to disciplinary action. Piedmont Healthcare prohibits use of e-mail or the Internet to access any inappropriate, unprofessional, offensive, lewd or disruptive messages or websites.

Intellectual Property

All intellectual property conceived or created during the period of employment with PHC shall be the sole and exclusive property of PHC. As a condition of employment and/or continued employment, each employee assigns to PHC all rights in any such intellectual property.

Employees are required to promptly and fully disclose to PHC all such intellectual property and to protect such intellectual property from any unauthorized disclosure, use, transfer or sale.

Employees may also be required to execute an assignment of all rights, title, or interest in and to intellectual property. Any questions should be directed to human resources.

WORKPLACE CONDUCT AND EMPLOYMENT PRACTICES

Conflict of Interest

A conflict of interest may occur if an employee's outside activities, outside employment, personal financial interests, or other personal interests influence or appear to influence his or her ability to make objective decisions in the course of the employee's job responsibilities. A conflict of interest may also exist if the demand of any outside activities hinder or distract an employee from the performance of his or her job or cause the individual to use PHC resources for other than PHC purposes. If employees have any question about whether an outside activity or personal interest might constitute a conflict of interest, they must obtain the approval pursuant to PHC policy before pursuing

the activity or obtaining or retaining the interest. Clinical decisions will be made without regard to compensation or financial risk to PHC leaders, managers, clinical staff, or licensed, independent practitioners.

Equal Opportunity Employer

Piedmont Healthcare is an equal opportunity employer in both spirit and practice and does not discriminate against any employee or applicant for employment because of age, gender, race, color, religion, national origin, disability, sexual orientation, military service or any other status protected by applicable federal, state, and/or local laws, ordinances and regulations. Moreover, Piedmont Healthcare does not and will not tolerate any form of harassment or retaliation against any employee for protesting alleged discrimination, or for cooperating in the investigation of such complaint. Any Piedmont Healthcare employee who is found to have engaged in discrimination, retaliation and/or harassment will be subject to disciplinary action, up to and including termination of employment.

Piedmont Healthcare is committed to a work environment in which all individuals are treated with respect and dignity. Each individual has the right to work in a professional atmosphere that promotes equal employment opportunities and prohibits discriminatory practices, including harassment and retaliation. Therefore, Piedmont Healthcare expects that all relationships among persons in the workplace will be business-like and free of bias and prejudice.

This policy of equal employment opportunity applies to all policies and procedures relating to recruitment and hiring, compensation, benefits, termination and all other terms and conditions of employment.

Violations of our equal employment policy will not be permitted and should be reported to the employee's supervisor or a representative from human resources. If you have questions or concerns, please contact your manager or human resources.

Harassment and Discrimination

PHC is committed to providing a work environment that is free of unlawful discrimination and harassment. Decisions, behavior or comments based on an individual's sex, race, color, national origin, disability, religion, age, sexual orientation or any other status protected by federal, state, or local law will not be tolerated, whether such acts are by an employee, patient, family member, medical staff or vendor.

Sexual harassment is one form of conduct prohibited by this policy. Unwelcomed sexual advances or verbal or physical conduct of a sexual nature which is made a condition of continued employment, forms the basis for any employment decision, or otherwise interferes with an employee's work performance, or that creates an intimidating or offensive working situation will not be tolerated.

Any employee who has experienced, or has any knowledge of, an incident of discrimination or harassment based on any protected status should report the incident to his or her direct supervisor, the compliance officer or human resources.

Complaints will be investigated promptly, and as confidentially as circumstances allow. All employees are expected to cooperate fully in any investigation. No employee will be subject to retaliation for making a complaint in good faith or for participating in an investigation. Any employee retaliating against another employee for reporting a policy violation or for participating in an investigation will be subject to disciplinary action.

Prompt remedial action will be taken in the event a violation of this policy is found to have occurred. If the circumstances involve an adverse employment action taken by a supervisor (such as termination, demotion, disciplinary action or not awarding a raise or promotion), that action will not be considered final until an investigation has been conducted and a determination as to the complaint has been made.

Anyone engaging in conduct prohibited by this policy will be subject to disciplinary action, up to and including termination of employment.

Workplace Violence

PHC believes that all employees should be able to enjoy a workplace free from violence, harassment and threats. PHC will not knowingly tolerate such incidents and will take appropriate responsive action, including disciplinary action. Any incident involving violence in the workplace will be reported to the appropriate law enforcement authorities.

Workplace violence includes not only physical attacks, but also threats of violence, stalking, or other verbal or physical conduct of a violent or intimidating nature, which has the purpose, or effect of creating a dangerous, unsafe, intimidating or violent working environment. All employees are prohibited from engaging in any act that might constitute workplace violence. Any employee who engages in such activity is subject to discipline, up to and including termination of employment.

Employees who believe they are victims of workplace violence, or who observe violence in the workplace, shall immediately report such incidents to their supervisor, compliance officer, human resources, or another member of management. Reports of violence involving a member of management should not be reported to that person, but rather to one of the other persons identified above.

Weapons of any kind are prohibited on PHC premises and in PHC vehicles.

Drug-free Workplace

PHC is committed to providing a safe work environment and to fostering the well-being and health of its employees and patients. This commitment is jeopardized when any PHC employee illegally uses drugs on or off the job, comes to work under their influence, possesses, distributes or sells drugs in the workplace, uses alcohol in the workplace, or allows the use of alcohol to affect them while at work.

The possession, use, transfer, distribution, dispensing, manufacture or sale of illegal drugs, legal drugs without a valid prescription, drug-related paraphernalia, or alcohol on hospital property, whether on or off duty, is prohibited. To the extent any such activity impairs an employee's ability to perform his or her job or adversely affects the reputation or integrity

of PHC, these activities are prohibited during working and nonworking hours, whether on or off PHC property. Violation of this policy will result in disciplinary action up to and including termination of employment.

To enforce this policy, PHC reserves the right to implement drug testing, searches, locker inspections, entrance inspections, and inspections of personal property brought on the premises. Any employee entering any PHC premises, for any purpose, is deemed to consent to such searches for the purpose of insuring compliance with PHC's Substance Abuse Policy and Security Policies.

PHC conducts pre-placement drug testing as a part of the employee selection process. Employees are also subject to "for cause" testing for prohibited substances. All information involving medical examinations, counseling, rehabilitation or treatment will be treated as confidential medical information.

Some of our employees routinely have access to prescription drugs, controlled substances, and other medical supplies. Many of these substances are governed by specific regulatory organizations and must be administered by physicians' orders only. Prescription and controlled medications and supplies must be handled properly and only by authorized individuals to minimize risks to us and to patients. If one becomes aware of inadequate security of drugs or controlled substances or the diversion of drugs from the organization, the incident must be reported immediately to a supervisor or the compliance office.

Health and Safety

PHC affiliates will comply with all government regulations and rules, policies and required facility practices that promote the protection of workplace health and safety. It is important that all employees immediately advise their supervisor of any workplace injury or any situation presenting a danger of injury so timely corrective action may be taken to resolve the issue.

Interactions with Physicians

Federal and state laws and regulations govern the relationship between hospitals and physicians who may refer patients to the facilities. The applicable federal laws include among others the Anti-Kickback Law and the Stark Law. All employees who interact with physicians, particularly regarding making payments to physicians for services rendered, leasing space, recruiting physicians to the community, and arranging for physicians to serve in leadership positions in facilities, shall be aware of the requirements of the laws, regulations, and policies that address relationships between facilities and physicians. If relationships with physicians are properly structured, but not diligently administered, failure to administer the arrangements as agreed may result in violations of the law. Any business arrangements 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.

Keeping in mind that it is essential to be familiar with the laws, regulations, and policies that govern our interactions with physicians, the following principles govern our interactions with physicians:

- We do not pay for referrals. We accept patient referrals and admissions based solely on the patient's medical needs and our ability to render the needed services. We do not pay or offer to pay anyone for referral of patients.
- We do not accept payments for referrals we make. No employee or any other person acting on behalf of the organization is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of patients. Similarly, when making patient referrals to another health provider, we do not take into account the volume or value of referrals that the provider has made (or may make) to us.
- Contract payments or other benefits provided to clinicians and referral sources must be for the services and at the fair market value rates called for in the contract and must be specifically approved in advance. Every payment must be supported by proper documentation that the services contracted for were provided.

Relationships with Vendors and Suppliers

We must manage our subcontractor and supplier relationships in a fair and reasonable manner, free from conflicts of interest and consistent with all applicable laws and good business practices. Our selection of subcontractors, suppliers, and vendors will be made on the basis of objective criteria including quality, technical excellence, price, delivery, and adherence to schedules, service, and maintenance of adequate sources of supply. Our purchasing decisions will be made on the suppliers' ability to meet our need, and not on personal relationships and friendships.

Research, Investigations and Clinical Trials

We follow high ethical standards and comply with federal and state laws and regulations in any research, investigations and clinical trials conducted by our physicians and professional staff. We do not tolerate intentional research misconduct. Research misconduct includes making up or changing results or copying results from other studies without performing the clinical investigation or research. Our hospitals protect the patients and respect their rights during research, investigations, and clinical trials.

All patients asked to participate in a clinical investigation or research project are given an explanation of alternative services that might prove beneficial to them. They are also fully informed of potential discomforts and are given a full explanation of the risks, expected benefits and alternatives. Patients are fully informed of the procedures to be followed, especially those that are experimental. Refusal of a patient to participate in a research study will not compromise his or her access to services. Informed consent to participate in clinical investigations or research is documented and retained pursuant to PHC policies, and the PH Institutional Review Board (IRB) must be involved in reviewing all research projects.

Ineligible Persons

We do not contract with, employ or bill for services rendered by an individual or entity that is excluded or ineligible to participate in health programs; suspended or debarred from government contracts; or has been convicted of a criminal offense related to the provision of health items or services and has not been reinstated in a health program after a period of exclusion, suspension, debarment or ineligibility, provided that we are aware of such

offense. We screen all new employees, and we regularly screen all employees, staff physicians, and vendors.

Antitrust

We shall avoid illegal agreements or practices “in restraint of trade” such as price-fixing, boycotting suppliers or customers, market allocation, pricing intended to run a competitor out of business, disparaging, misrepresenting or harassing a competitor, stealing trade secrets, bribery and kickbacks.

Environmental Compliance

We shall promote sound environmental and safety practices that will prevent damage to the environment and enhance community resources. We shall be responsible for the proper handling of medical or hazardous waste as well as radioactive materials.

BUSINESS COURTESIES (GIFTS, ENTERTAINMENT, ETC.)

Receiving Business Courtesies

Entertainment - We recognize there will be times when a current or potential vendor or business associates may extend an invitation to attend an entertainment or social event in order to further develop a business relationship. A PHC employee may accept such invitations from a vendor provided that the cost associated with such an event is reasonable, which generally means the cost will not exceed \$100 per person per year. The limitations of this section do not apply to business meetings at which food (including meals) may be provided. Prior to accepting invitations to training and educational opportunities that include travel and overnight accommodations at reduced or no cost to an employee or PHC, please consult your supervisor or the compliance office.

Gifts - PHC employees may accept an actual gift item with a total value of \$50 or less in any one year from any individual vendor. Perishable or consumable gifts given to a department or group are not subject to any specific limitation but must be reasonable and infrequent. PHC employees may never accept cash or financial instruments (e.g., checks, stocks). Finally, under no circumstances may a PHC employee solicit a personal gift.

Extending Business Courtesies to Possible Referral Sources

Any entertainment or gifts from PHC and affiliates involving physicians or other persons who are in a position to refer patients to our PHC facilities must be undertaken in accordance with our policies, which have been developed consistent with federal laws, regulations, and rules regarding these practices. PHC employees must consult our PHC policies prior to extending any business courtesy to a potential referral source.

Resolution of Problems and Concerns

Positive relations and morale can best be achieved and maintained in a working environment where ongoing and open communication exists among supervisors and personnel. This includes candid discussions of our problems and concerns. We are encouraged to express our concerns and opinions on any issue regarding potential violation of laws, regulations, ethics, policies or procedures or the Code of Conduct. Initially, all employees should contact their own supervisor or human resources representative; if the concerns remain unresolved, employees should raise the issues

with individuals at the next supervisory level, up to and including the highest level of management and the compliance office.

Non-Retaliation Policy

PHC has a strict non-retribution and non-retaliation policy. This means no action of retaliation or reprisal will be taken against anyone for calling the hotline to make a report, complaint or inquiry. However, calls to the hotline do not protect callers from appropriate disciplinary or legal action regarding their own performance or conduct.

The compliance office will evaluate and respond to allegations of wrongdoing, concerns and/or inquiries made to the hotline in an impartial manner. The compliance office will respect and protect the rights of all personnel, including anyone who is the subject of a hotline complaint. To this end, all allegations will be thoroughly investigated and verified before any action is taken.

Compliance Hotline

PHC recognizes that there will be times when concerns cannot be properly addressed through the normal chain of command. Under such circumstances, personnel are encouraged to report their concerns to the compliance office. PHC has initiated a hotline for this purpose. By dialing **1-800-466-0462**, you will reach the Piedmont Healthcare compliance hotline. The hotline should be used to convey questions and report any issue or concern including known instances of fraud or violations of law. We all have the duty to report any suspected problems or issues, even if they do not directly involve us. Knowledge of a violation, which is not reported, may result in serious consequences in the same manner as taking part in the perceived violation.

Calls to the hotline will not be recorded electronically. All callers to the hotline may remain anonymous. If callers choose to identify themselves, their confidentiality will be protected to the extent permitted by law.

PIEDMONT HEALTHCARE EMPLOYMENT ACKNOWLEDGEMENT

I have received my copy of the Piedmont Healthcare (includes Piedmont Hospital, Piedmont Fayette Hospital, Piedmont Mountainside Hospital, Piedmont Newnan Hospital and Piedmont Medical Care Corporation) Code of Conduct. I understand that it constitutes a summary of PHC policies and the Compliance Plan, and that I am responsible for compliance with them, as well as all other PHC policies and procedures. I also understand that neither this handbook nor any other communications by employer representatives, written or oral, is intended in any way to create an employment contract binding on either party.

PIEDMONT HEALTHCARE CONFIDENTIALITY AGREEMENT

I understand in the course of my employment or association with Piedmont Healthcare (PHC) and its affiliates, I am required to maintain the confidentiality of employer, employee, physician and patient information. This information includes, but is not limited to, patient-related information, confidential and proprietary business information including trade secrets and competitive and strategic data, and all related matters. I understand it is my responsibility to follow PHC policies and procedures as they relate to the assurance of patient rights and the confidentiality of all information, both patient and other business information, in any medium (written, electronic, or oral). As a condition of my employment or other affiliation with PHC, I understand I must sign and comply with this Confidentiality Agreement. By signing this Agreement, I understand and agree to the obligations stated herein.

Computer Systems

I understand in the course of my employment and/or association with PHC, I may be permitted to utilize online computer systems in order to fulfill my workforce responsibilities. If this is required, I understand personal access code(s), user ID(s), access key(s), and password(s) identify me to the online computer system(s). Accordingly, I will maintain their confidentiality and not reveal them to others. If at any time I feel their integrity has been compromised, I will change their value immediately if I have the authority to do so. If I do not have that authority, I will immediately contact either the Information Services Customer Care Center at **404-605-3000** or the security administrator of the compromised system and request a new code or password. I further understand any information I access from the online computer is strictly confidential and is to be used only in the performance of my duties and responsibilities as an employee or workforce member of PHC. I understand I may not access any PHC system for personal reasons.

I understand that any and all transmissions or data utilizing or stored on any PHC system is subject to review and inspection by PHC at any time and that no employee may claim any right of personal privacy in the use of any PHC system or of data or communications utilizing said system. I hereby waive any and all such rights and consent to any such review or inspection, at any time, with or without cause, and with or without notice. I will not access or view any information other than what is required to do my job. If I have any question about whether access to certain information is required for me to do my job, I will immediately ask for clarification from a manager, director, security officer or the privacy officer prior to access.

Initial Here: _____

Employee/Affiliate Conduct and Confidentiality

I understand as an employee, physician, other member of the workforce, and/or volunteer of PHC, I am responsible for assuring confidentiality of any employer, employee, physician or patient information. I understand that release of employer, employee, physician, or patient information of any kind, including any proprietary business or financial information, is dictated by policy; and if I should be unsure as to the policy guidelines, I will obtain approval from a manager, director, privacy officer or executive officer prior to the release of any such information.

Patient Information

I am aware I am not authorized to discuss any information concerning a patient's personal data or medical condition unless specifically identified as a part of my duties, and then discussion may only occur with other professionals specifically involved in that patient's treatment, or payment or healthcare operations. I am also responsible for insuring conversations regarding patient information are held in appropriate locations with the appropriate individuals. I understand the need to be equally cautious when the information to which I have access is that of an employee or person with whom I am acquainted.

I will not make inquiries about information for which I do not have authorization to access or make an inquiry to any individual or party who does have proper authorization to access such information.

I will not make any unauthorized transmissions, copies, disclosures, inquiries, modifications, or deletions of patient information or confidential information. Such unauthorized transmissions include, but are not limited to, removing and/or transferring patient information or confidential information from any PHC computer system to unauthorized locations (for instance, home).

I also understand that any protected health information used in preparation for and/or utilized in case presentations, professional lectures, publications or other productions must be de-identified as described in PHC policy 5004 "Protected Health Information/Deidentification of Protected Health Information" prior to removal from PHC premises. I further understand any access to PHI for research purposes will have been approved through an Institutional Review Board.

Patient Information and Media Relations

Certain offices are designated as communication centers for information. Only the marketing and public relations for Piedmont Healthcare, the nursing office, information desk receptionists and the patient information line are authorized to give information concerning a patient's condition as approved by the patient. Please refer all such inquiries to one of the above.

Inquiries from newspapers, radio, television and other media; permission for photographs; and requests for Piedmont Healthcare information should be referred immediately to marketing and public relations **(404-605-3372)**. Should you see a photographer or reporter on the premises unescorted by a Piedmont Healthcare representative, please alert marketing and public relations.

Initial Here: _____

At Piedmont Fayette Hospital, Piedmont Mountainside Hospital and Piedmont Newnan Hospital, only Administration is designated as the communications center for all hospital and patient-related information. At Piedmont Medical Care Corporation, the CEO is the only individual authorized to release corporate and patient-related information.

I agree my obligations under this agreement regarding patient information will continue after the termination of my employment/assignment affiliation with PHC. I understand that any confidential information or patient information that I access or view at PHC does not belong to me. I understand a violation of this agreement may result in corrective action and/or termination of employment and/or association with PHC. I understand that if any breach of confidentiality of information results in a claim or suit for damages against PHC, or any of its affiliates, PHC may seek indemnification for damages that are related to my actions. I also may be subject to personal civil and criminal legal penalties. I understand that any workforce member suspected of failure to maintain this confidentiality will be carefully reviewed and will, if substantiated, be subject to corrective action and/or termination in accordance with established policies and procedures.

PHC Property

Upon termination of my employment/assignment/affiliation with PHC, I will immediately return all property (e.g. keys, documents, ID badges, etc.) to PHC.

I acknowledge that I have received, read and understand the Piedmont Healthcare Code of Conduct, policy 5016 "Confidentiality of Information" and Confidentiality Agreement. By signing this page, I agree to comply with all terms of the above as a condition of continuing employment or affiliation with Piedmont Healthcare.

Printed Name _____

Signature _____

Date _____

Department _____

PHC Facility/Practice _____

If non-Piedmont employee, identify your Piedmont affiliation and your Company/School/Practice name:



PIEDMONT HOSPITAL • PIEDMONT FAYETTE HOSPITAL • PIEDMONT MOUNTAINSIDE HOSPITAL
PIEDMONT NEWNAN HOSPITAL • PIEDMONT PHYSICIANS GROUP • PIEDMONT CLINIC
PIEDMONT HOSPITAL FOUNDATION

www.piedmont.org