

Morris Hospital & Healthcare Centers

CODE OF CONDUCT



MORRIS
HOSPITAL
& HEALTHCARE CENTERS

Message from our President & CEO:

Dear Team Members:

Every day, thousands of area residents rely on Morris Hospital and Healthcare Centers for quality, compassionate healthcare, including our neighbors, friends, and even our own family members. We accept this enormous responsibility with great pride and a commitment to delivering clinical excellence and outstanding patient experiences.

Yet it takes even more to earn the confidence of our patients and respect of our community, and that is the ethical conduct of our actions. To assure that Morris Hospital and Healthcare Centers always stands for honesty and integrity at the highest level, we have a written Code of Conduct -- a clear set of ethical principles and standards that guides all employees, providers, volunteers, and stakeholders in their interactions with each other, with patients and their families, and with our community.

The Morris Hospital and Healthcare Centers Code of Conduct provides us with the resources and information we need to operate our organization responsibly, to make ethical decisions, and to maintain trust. It's how we ensure that responsible behavior is aligned with our values and our culture of honesty, integrity, accountability and professionalism in all aspects of our work as we strive to provide the highest quality patient care, protect patient privacy, and work honestly and fairly with our business partners and government regulators.

No matter your role in our organization, each one of us is accountable to uphold the mission and values of Morris Hospital and Healthcare Centers and to act in accordance with the highest standards of conduct.

As you review the Code of Conduct, keep in mind that this is your guide to making the right choices while always placing the needs of our patients first.

Let's make sure our actions and decisions always reflect the spirit of code of conduct and align with our mission. Thank you to your continued dedication to Morris Hospital and Healthcare Centers and for your commitment to improving the health of our community.

Sincerely,

Thomas J Dohm

President and CEO

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Introduction:

Code of Conduct

At Morris Hospital and Healthcare Centers (MHHC), we are driven by our mission, vision, values and culture commitments to uphold our ethical-and legal- responsibility to act in ways that protect the best interests of our area residents, including following health care laws, rules and regulations. Adhering to our Code of Conduct is critical to our commitment to operational excellence and exceptional patient care.

Mission: To improve the health of area residents.

Vision: Transforming Healthcare to Support Healthier Living.

Values: The values to which MHHC subscribe are as follows:

- Compassion
- Accountability
- Respect
- Excellence

This Code of Conduct (“Code”) establishes standards of integrity for all board members, medical staff members, employees, contractors, vendors, consultants, students, volunteers and others who do business with us (collectively referred to throughout as “Workforce”). The Code is meant to be used in conjunction with and complement MHHC policies, procedures and guidelines. Its purpose is to provide our Workforce with clear expectations and the resources needed to build an ethical culture of compliance and integrity at MHHC.

Compliance Centered Hierarchy of Objectives



Compliance Plan

MHHC has adopted a comprehensive Compliance Plan overseen by the Board of Directors. The main objectives of the Plan are to prevent, detect and correct any violations of this Code, organizational policies, or applicable law and regulations. The Compliance Plan designates a Compliance Committee and a Compliance Officer to implement the Plan. It is the responsibility of the whole Workforce to make sure our choices are in the best interest of our patients. The decisions we make can positively or negatively impact people's lives in direct and indirect ways. By choosing actions that are in the best interests of our patients, we remain true to our mission and values.

Responsibilities

Workforce members are responsible for:

- Building and maintaining the trust of others by acting with integrity.
- Reviewing and following the Code, and paying attention to those areas that apply to your daily work.
- Asking questions and seeking guidance when you're uncertain about what to do.
- Speaking up and reporting concerns about actions or behaviors you encounter at MHHC that may be inconsistent with the Code.
- Participating in mandatory annual training to further our understanding of our responsibilities.

Leadership responsibilities

Workforce members must follow the terms of the Code, leaders are expected to set the example and be role models of integrity. They are expected to foster a culture that promotes the highest standards of ethics and compliance while maintaining an environment in which all Workforce members feel free to raise concerns and propose ideas for improvement. Finally, we expect our leaders to ensure they, as well as those Workforce members they are responsible for, have the necessary information to do the right thing.

Leaders set a good example by:

- Showing what it means to act with integrity.
- Earning and fostering the trust of the Workforce, patients and community.
- Operating in an honest and candid manner.
- Soliciting ideas and feedback of Workforce.
- Creating an open and psychologically safe environment that encourages Workforce engagement. Creating an open and psychologically safe environment that encourages Workforce members to express ideas and concerns without embarrassment or fear.
- Ensuring the Workforce members in their area understand the Code and related policies.
- Holding Workforce members accountable for acting in compliance with the Code.
- Being knowledgeable about available resources.
- Supporting Workforce members who, in good faith, ask questions or raise concerns.
- Reporting suspected instances of non-compliance.



Reporting concerns

Step up! Speak up!

MHHC expects a commitment from its Workforce to do the right thing. This includes reporting any activity or conduct that we believe in good faith violates this Code or related policies, applicable laws, or regulations. If you become aware of an activity or behavior that you believe may be a problem, step up and speak up. It is always the right thing to do, even if you're not entirely sure if misconduct or a violation has occurred.

What to Report:

- Anti-Kickback
 - Offering items of value to groups who may refer patients to the hospital
 - Gift basket to private physician office
 - Giving or receiving free items or discounts
 - Vendor offering sports tickets in return for purchasing product
- Claims/Billing Process
 - Duplicate billing
 - Billing for services not medically necessary
 - Inaccurate coding or billing
- Conflict of Interest
 - Any situation where job performance or decision making is influenced by anything other than patient needs or hospital interests
- Copyright
 - Copying of print or electronic books, journals, or other publications
- Documentation
 - Incomplete documentation
 - Missing consents or notes
 - Inaccurate documentation
- Human Resources
 - Discrimination
 - Harassment
 - Inappropriate workplace behavior
 - Labor law violations
- Identity Theft
 - Patient registering under false name
- Inducement
 - Offering items of value to influence a Medicare/Medicaid beneficiary to choose the hospital
 - Routine waivers of co-pays and deductibles
- Medical Staff/Stark
 - Provider financial/compensation arrangements
 - Non-monetary compensation
 - Dinners or gifts for physicians provided by the hospital
- Privacy/Security
 - HIPAA violations/breaches-even incidental-any wrongful access/disclosure
 - Fax sent to incorrect number
 - Paperwork given to wrong patient
 - Test results sent to incorrect physician
 - Social media posts regarding patients or patient care
 - Documents that are scanned into wrong patient medical record

Reporting concerns continued

At MHHC, psychological safety is a shared belief that it is safe to speak up, propose new ideas, and learn from mistakes which fosters our culture by creating a sense of belonging for all.

How to speak up

Discuss your concern with your leader. If you're uncomfortable doing so or unsatisfied with your leader's response, other options include:

- Continue to raise the issue through the leadership reporting hierarchy.
- Discuss your concern with the Compliance Officer (815-705-7120).
- Report your concern using the Compliance Hotline. If desired, you may remain anonymous. The hotline is answered 24 hours a day, 7 days a week, by an unbiased third party. (844-621-0574)

Non-retaliation

MHHC prohibits retaliation for reporting, in good faith, a suspected compliance violation. Good faith means you actually believe the information you are reporting is true.

Forms of retaliation could include being terminated, demoted, suspended, reprimanded, harassed or discriminated against because you reported a concern. If you believe retaliation has occurred, contact the Compliance Officer (815-705-7120) or Compliance Hotline (844-621-0574).

Adhering to the Code of Conduct demonstrates MHHC Workforce's commitments:

Adhering to the Code of Conduct demonstrates MHHC Workforce's commitments:

- To our patients and communities
- Compliance with laws and regulations
- Ethical business relationships
- To our employees
- To protecting our assets



Our commitment to our patients & communities:

Patient Rights

Each patient has certain rights, including the right to be treated with dignity and respect at all times. Patients also have the right to participate in, and make decisions about, their health care, including the right to refuse medical treatment to the extent permitted by law.

- We provide treatment without discrimination and without regard to gender identity, race, color, religion, national origin, ancestry, sex, political belief or affiliation, marital status, age, sexual orientation, physical or mental disability or association with a person with a disability, order of protection status, military status, or pregnancy.
- We inform patients and their families and others, when permission is given, about care, treatment and service options, as well as therapeutic alternatives and the risks associated with the care they are receiving.
- We involve patients and families in decisions regarding care to the extent practicable, including discharge planning, advance directives and end-of-life decisions.
- We inform patients of the availability of financial assistance.
- We provide language interpretation services free of charge to assist all patients in understanding and participating in their care.
- We comply with laws that govern how we care for patients including the Emergency Medical Treatment and Labor Act (EMTALA).



Privacy of patient information

Patient information has privacy protections under state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), and we all have a duty to protect the confidentiality and security of that patient information. Our Notices of Privacy Practices describe how we use, access and disclose the Protected Health Information (PHI) of our patients. To safeguard PHI, we must adhere to the following requirements:

- Only access and use PHI that you need for the task at hand in the course of your official job duties: never share PHI with anyone that is not authorized to see or use it. Never post PHI or stories about patients on social media.
- Always get a patient's permission before sharing PHI or speaking about it in the presence of others, including the patient's family or friends.
- Never leave PHI out in the open where unauthorized people can see it, whether on paper, a computer screen, a whiteboard, or any other media.
- Be aware of your surroundings when discussing PHI with another authorized party so as to limit the chances of others overhearing. Avoid having such conversations in public areas such as elevators or the cafeteria.
- PHI should never be saved to unauthorized, personal electronic devices. Never remove PHI from your facility without prior approval.
- Immediately report the loss, misplacement, or theft of PHI to the Privacy Officer (815-705-7702)

Safe environment for care

MHHC is a high reliability organization and recognized a Just Culture will improve patient safety and the delivery of quality care. Our Just Culture encourages all who work in our organization to report patient safety issues, incidents and near misses so they can be addressed timely through changes to systems and processes without fear or blame.

We recognize human error is inevitable, and we learn from our mistakes. To promote a safe and reliable work environment, all workforce members should:

- Complete required safety training.
- Comply with all laws, regulations, accreditation standards, Occupational Safety and Health Administration (OSHA) requirements.
- Know how health and safety policies apply to our specific job responsibilities.
- Inform a leader if we find our team using shortcuts to complete a work process.
- Inform a leader if we find it difficult to comply with a policy or standard of work.
- Notify a leader about safety hazards, broken pieces of equipment, any workplace injury or any situation presenting a danger of injury so timely corrective action may be taken.
- Report any safety issues, incidents and near misses through Remote Data Entry (RDE).

Leaders have the responsibility to:

- Address our concerns and process issues that impact our work.
- Create an atmosphere of psychological safety in which all are encouraged to address essential safety, compliance and job performance-related issues in a fair and just manner.
- Take situational factors into consideration when determining disciplinary or corrective action.

Professional licensure & credentials

MHHC requires that its workforce maintain licensure, certification and registration as required by law to provide services applicable to their roles in the organization. Workforce members must:

- Maintain appropriate licenses and credentials required to perform their job.
- Not provide care to patients when their credentials are lapsed or revoked.
- Understand the scope of practice that their licensure or credentials permit them to perform and stay within those boundaries.
- Provide a copy of their current license, certification or other required credentials to the Human Resources department upon hire and when requested thereafter.

Ineligible persons

Upon hire and monthly thereafter, MHHC screens all Workforce members against federal and state databases to ensure all are qualified to participate in providing services to a federal health care program. MHHC does not hire, contract with, or bill for services rendered by an individual or entity that:

- Has been convicted of a criminal offense related to their position or that disqualifies the individual from employment.
- Is excluded from participating in federally funded health care programs.
- Is a suspected terrorist, as determined by the federal government.



Our commitment to comply with laws & regulations

We are committed to providing health care services in a manner that complies with applicable laws and regulations and satisfies the highest standards of business and professional ethics. We also are committed to being honest and communication truthfully in all business interactions.

We are committed to billing for care and services that are properly authorized and documented as medically necessary. We take reasonable precautions to produce billing and coding that is accurate, timely, relevant and in compliance with our policies as well as federal and state laws and regulations. Certain government regulations and many insurance payer contracts require patients to pay co-insurance, copayments and deductibles. We comply with these requirements. Those working in areas impacting billing or coding are expected to understand and comply with all billing and coding policies, procedures and documentation requirements established by MHHC and third-party payers.

Fraud, waste & abuse

We comply with the Federal False Claims Act and state laws that prohibit us from knowingly submitting, presenting or causing another person or entity to submit or present false or fraudulent claims for payment of government funds.

“Knowingly” means:

- Actually knowing a claim is false.
- Deliberately ignoring whether a claim is true or false.
- Recklessly disregarding whether a claim is true or false.

False claims include:

- Submitting a claim for services that were never rendered or were worthless.
- Misrepresenting a diagnosis to justify services or increase reimbursement.
- Filing a claim for services that were not medically necessary.
- Billing for a single service multiple times (double billing).
- Making a false statement (e.g., forging a physician signature or using a physician’s computer signature) to obtain payment for a service rendered.
- Misrepresenting data or other information on federal grant applications or progress reports.
- Unbundling charges to enhance reimbursement.
- Filing a claim for a service that was the result of a payment for a patient referral.

To ensure the accuracy of our claims we:

- Document diagnosis, treatment and all other components of the patient’s record in a timely and accurate manner.
- Bill only for medically necessary services that were actually provided.
- Follow current coding procedures and standards
- Generate accurate and truthful bills.
- Correct any billing errors or refund money received in error (e.g., overpayments) in a timely manner.
- Submit accurate cost reports as defined by applicable laws and regulations.
- Submit accurate research grant proposals and progress reports.

Accurate record keeping & document retention

Our records are prepared accurately, reliably, honestly and in accordance with established finance, accounting and medical record-keeping requirements.

Accurate record keeping helps MHHC protect our patients, manage our business, and comply with legal and regulatory requirements. Records include financial statements, billing claims, expense reports, invoices, payroll records, benefit claims, and medical charts and records. It is against MHHC policy to falsify or alter records. If you suspect or know that a record has been tampered with or is intentionally incorrect, tell your supervisor or the Compliance Officer immediately.

There are various state and federal laws that require we retain all records for specific periods of time. Never destroy a record without first verifying the appropriate time period has expired. Records and documents are not to be destroyed or altered in anticipation of, or in response to, a request for those documents by any government agency or court.

Interactions with government agencies & officials

MHHC is committed to cooperating with government representatives, officials or law enforcement officers and agents. MHHC will respond to requests for information from government agencies and officials under the direction of Risk Management. We will be truthful in our statements, and we will comply with our legal obligations.

Government officials and law enforcement may make announced and unannounced visits to a MHHC facility. It is very important that you let your supervisor, and Risk Management know immediately if you are contacted by a government official or law enforcement in connection with an investigation or request for documents, or receive a subpoena, demand or other official request related to your role or MHHC.

It is our policy that we:

- Treat government officials and law enforcement with courtesy and respect.
- Find a private area or room for the government officials and law enforcement when at a MHHC facility, and contact the Risk Management Department for direction.
- Do not volunteer any information, answer any questions or hand over any documents or requested items without first contacting the Risk Management Department.
- If you are approached outside of a MHHC facility about something related to MHHC, immediately notify the Risk Management Department. As individuals, we have the legal right not to speak to an investigator.

Anti-trust

We are committed to complying with anti-trust laws. These laws protect individuals and organizations from unfair trade practices, promote competition and preserve the free enterprise system. To comply, we do not:

- Enter into agreements with competitors to fix wages, prices, rig bids or divide markets.
- Enter into “no-poach” or “non-solicit” agreements with other health systems that are not reasonably necessary to any separate, legitimate business collaboration.
- Conduct boycotts.
- Make price discrimination agreements.
- Steal trade secrets.
- Offer bribes or use deceit, intimidation, or other similar practices.

Except when approved by executive leadership- and to protect our competitive, financial, ethical and reputational interests, in accordance with parameters provided by the Risk Management Department- we do not communicate with a competitor, directly or indirectly, about prices charged or costs of goods, supplies, equipment or services, including physician services. All contracts negotiated with a competitor, contractor or supplier must be competitive and at fair market value. Contracts must be based primarily on price, quality and service.

Questions regarding anti-trust matters should be directed to the Risk Management Department.

Our commitment to ethical business relationships

The Stark Law (or the Physician Self-Referral Law) prohibits physicians from referring patients to receive designated health services payable by Medicare or Medicaid from entities with which the physician or an immediate family member has a financial relationship, unless an exception applies

The Anti-Kickback Statute prohibits payment of anything of value to induce or reward referrals or the generation of business involving any items or service payable by Medicare, Medicaid or other federal health care programs.

Physician relationships

MHHC is committed to ensuring all its interactions with physicians are ethical and comply with the Stark Law and the Anti-Kickback Statute. We adhere to the following principles in our interactions with physicians:

- We will not pay for referrals. We will accept patient referrals and admissions based on the patient's medical needs and our ability to render the needed services. We will not offer to pay or reward anyone for the referral of patients.
- We will refrain from offering any gifts or business courtesies to any physician or healthcare provider to induce or encourage the referral of business to MHHC. Reasonable meals and gifts of nominal value may be offered under certain circumstances but must satisfy Stark requirements and be tracked.
- We will not accept payments for referrals we make. No Workforce member acting on behalf of MHHC is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of patients. When making patient referrals to another health care provider, we will not take into account the volume or value of referrals the provider has made, or may make in the future, to our organization.
- We will appropriately document our financial relationships with physicians in accordance with the law and standard business practice. MHHC will not make payments to physicians unless an appropriately documented employment arrangement or contractual agreement is in place.

Vendor relationships & interactions

Relationships with external parties are an important aspect of daily business operations. It is our policy to select suppliers based on impartial factors such as price, quality, diversity, performance, customer service, patient safety and reputation. All Workforce members have a responsibility to make decisions and maintain vendor relationships that affect MHHC based on our health care mission and in the best interests of our patients, not personal gain. We also are committed to complying with the Anti-Kickback Statute in all interactions and to eliminating situations where inappropriate vendor influence would result in increased costs, unfair competition, or treatment decisions that are not based solely on patient care interests. Our selection of consultants, contractors, suppliers and vendors will be made on the basis of objective criteria, including but not limited to quality, technical experience, price, delivery, service and maintenance of adequate supply sources.

- We do not offer or accept kickbacks in exchange for doing business.
- Any solicitation on behalf of MHHC must be done by or in conjunction with the MHHC Foundation.
- Employees may attend a vendor sponsored free educational event that relates to their job but must pay for any associated travel, lodging and entertainment, unless otherwise approved by the Compliance Officer.
- Regardless of where they are located, we expect our vendors and contractors to have the same sense of integrity and compliance we do. They are expected to comply with our standards and policies, federal requirements and the law.
- Employees may not accept free meals from vendors unless it's a business-related meal or provided during an educational event that provides continuing education credit to attendees. Vendors are otherwise prohibited from bringing free food into MHHC facilities.

Conflict of interest refers to a situation in which financial or other personal interests may compromise, or have the appearance of compromising, an individual's ability to make objective decisions in the course of performing one's job responsibilities. Outside or secondary employment could qualify as a potential conflict of interest, depending on the circumstances.



MHHC employees, board members and medical staff members are prohibited from:

- Gaining personal enrichment through access to confidential information from MHHC including but not limited to buying or selling stock or other securities based on information obtained as a result of employment with MHHC.
- Misusing their position in a way that results in personal gain.
- If employed by MHHC, engaging in an activity that competes with or compromises the interests of MHHC.

Disclosure of conflicts of interest

MHHC employees, board members and medical staff members (!) must exercise good judgment and engage in ethical behavior to protect themselves and the organization from inappropriate actions resulting from conflicts of interest, and (2) may not use their positions to obtain benefits directly or indirectly for themselves, immediate family members or any other person with whom they have a personal relationship.

Sometimes, conflicts may arise despite best efforts to avoid them. If that happens at any point during the year, promptly and fully disclose it to your supervisor or the Compliance Officer so they can help you figure out what to do. Remember, having a conflict is not necessarily a problem; not reporting it is. You should not wait for the annual disclosure to report a relationship or ask a question about a relationship.

Patient relationships

Gifts & free items for patients

The Beneficiary Inducement Statute prohibits offering gifts, free or discounted services and anything else of value to patients or potential patients to influence an individual to seek services at your facility or entity.

- We will not offer any item of value or service, even if nominal, to patients if the intent is to steer them to use MHHC services.
- We may offer select, free preventive services. Contact the Compliance Officer to determine what is permissible.
- Donations to MHHC Foundation is permissible, as these benefit our mission to serve.
- Discounts provided as part of the formal patient financial assistance program are permissible.

There may be circumstances when a MHHC Workforce member would like to provide a gift to a patient as part of a service recovery effort or in recognition of a patient's volunteer efforts. This is permitted, as long as:

- The value of the gift does not exceed \$15 per item.
- The aggregate value of all gifts given to a patient does not exceed \$75 per calendar year.
- The gift is not cash or a cash equivalent (such as a gift card or certificate) except as specifically approved by the Compliance Officer in advance.
- The gift is an approved stipend to offset basic costs incurred by a research participant.

Gifts from patients

We are committed to providing high quality care and service to all our patients and we do not expect tips, gratuities or personal gifts from patients. Whenever feasible, patients wishing to show their appreciation should be directed to donate to the MHHC Foundation. At times, however, it can be difficult to refuse a well-intended gift from a patient. A gift may be accepted when:

- It is reasonable token of appreciation (valued at \$50 or less) not intended to influence behavior.
- It is not cash or cash equivalent like a gift card or certificate.
- The circumstances are such that refusal of the gift could be counterproductive to the patient-caregiver relationship.

Our commitment to our employees

MHHC is committed to providing equal employment opportunities to qualified individuals in accordance with federal and state laws, and maintaining a work environment that respects the rights, dignity and cultural differences of employees and others with whom we interact. We expect employees to maintain professionalism and treat each other with mutual respect, courtesy and fairness. We build transparency and trust through frequent and direct communications with employees. We encourage collaboration and teamwork by sharing best practices and supporting each other. We encourage employees to exhibit courage and adopt innovative practices. Discrimination, retaliation, harassment, incivility, bullying, threat, violence or abuse of any form (e.g., physical, mental or verbal) and at any level are inappropriate and will not be tolerated.

Equal employment opportunity

MHHC does not discriminate with regard to race, color, religion, sex, sexual orientation, gender-related identity, genetic information, pregnancy, marital status, age, national origin, ethnicity, disability, military service or any other characteristic prohibited by law.

General & sexual harassment

MHHC has a zero-tolerance policy for all forms of sexual abuse, sexual harassment, and in appropriate sexual behavior. MHHC prohibits harassment of its employees by another employee or leader, and prohibits any conduct that creates an intimidating hostile or offensive work environment.

Examples of prohibited verbal, physical, auditory and visual conduct include, but are not limited to:

Derogatory comments; Sexual advances; Threats or intimidating remarks; Racial or ethnic jokes or slurs; Uninvited touching; Cyber harassment.

If an employee feels they are the target of these prohibited behaviors, and feels comfortable doing so, the employee should inform the offending person the behavior is unwelcome and offensive. The employee also should promptly report any such incident to their leader or to the Human Resources Department.

Workplace Violence

Workplace violence is any act of threat of physical violence, intimidation, or other disruptive behavior that impacts work related activities. It may be intentional or unintentional. It may affect and involve employees, patients, physicians, contractors, vendors, and visitors. Employees who see or experience workplace violence should immediately report the event.

Employee confidentiality

MHHC values the privacy of its employees' information. Access to employee records is permitted for legitimate business purposes, such as payroll, benefits administration and other employment-related activities. Information is not disclosed to third parties except as specifically permitted by our policies, with employee consent, or as required by law. Employee information obtained during or as a result of one's work duties must not be shared with anyone not authorized by MHHC to receive such private information.

Email messages are considered company records, and MHHC reserves the right to monitor its email system for proper business conduct and possible inappropriate behavior. Employees have no expectation of privacy relative to the use of MHHC email system. Similarly, access to the internet is a privilege; thus, MHHC reserves the right to monitor internet activities on its business devices.



Workplace safety

MHHC is committed to providing a safe and secure environment for Workforce members and visitors.

Workforce members have the responsibility to maintain a safe workplace by:

- Refraining from violent behavior, neither tolerating nor making threats, and immediately reporting all violence or threats of violence.
- Not possessing weapons or ammunition while on the premises of MHHC facility except secured in a locked personal vehicle.
- Not willfully destroying MHHC property or the property of others.
- Refraining from the use of alcohol or any illicit or prescription drugs that may impair the ability to perform one's job duties.
- Promptly reporting any incident, practice, or condition that may pose a safety threat or any violation of our safety policies.



Tax-exemption status

As a tax-exempt organization, MHHC operates for the benefit of the communities we serve. Surplus funds are typically reinvested to further our charitable and social welfare endeavors. In exchange for these charitable activities, MHHC is exempted from paying many federal, state and local taxes. To retain the tax exemptions, we must satisfy rigorous standards established by the government. As an organization, we do not:

- Pay more than fair market value for goods, services or in compensation arrangements.
- Re-sell supplies purchased using MHHC tax-exempt status.
- Use MHHC assets for the private benefit of an individual, such as meeting space, preparation of mailings, etc.

Political Activities

Our employees have many passions and interests, and we support your right as private citizens to participate in the political process and serve as advocates for religious and charitable organizations, provided that your participation is kept separate from MHHC responsibilities.

- Our charitable work for outside organizations and political activities may not interfere with our work schedule or responsibilities.
- We do not use MHHC name, logo or resources, such as computers, phones or printers, to support our own charitable or political activities.
- We do not distribute political literature at work.
- We do not contribute or direct the contribution of MHHC funds to any political candidate, political party or political campaign.
- We do not campaign directly or indirectly, for or against the election of any candidate for public office during any MHHC function or at MHHC facilities.
- If we, as individuals, decide to volunteer for a political or charitable cause, we do not make any statements or take any action in the name of MHHC.

You should not express your political or religious views in the workplace in a way that conflicts with your ability to do your job. Your personal beliefs and activities should be conducted on your own time and in a way that makes clear you do not represent MHHC views in those activities or statements.

Our commitment to protecting our systems & assets

We take the security of our systems and the confidentiality of information seriously, and it is important that our assets, property and technology be safeguarded from threats, including cyberattacks. MHC assets that are assigned or made available to employees may be used only for authorized business purposes and not for personal gain or enrichment. You must safeguard all assets, follow applicable policies, and comply with copyright and software licensing laws.

You must return all assets, equipment, credentials, records, confidential information and technology upon request or at the end of your tenure with MHC. If you still have any of these after you leave, we have the right to ask you to return them in person or to ship them to us.

Examples of assets include, but are not limited to:

- Equipment
- Supplies and inventory
- Funds
- Confidential and proprietary information
- Our reputation

To ensure MHC assets are protected, we will:

- Maintain accurate business records, free of any false or misleading information.
- Not use MHC funds or assets for personal use, unapproved business expenses or for any improper or illegal use.
- Handle business transactions transparently, price them at fair market value and structure them to comply with applicable federal and state laws.



Interaction with the media

Only the MHC Marketing department is authorized to speak to the media on behalf of MHC. “Media” includes reporters, editors, photographers, producers or any other representatives of newspapers, magazines, trade publications, radio, televisions, internet periodicals, websites and blogs.

Marketing department will:

- Respond to inquiries and requests from the media.
- Contact the media about a story or news item regarding MHC.
- Conduct interviews with members of the media where the subject matter relates to MHC.
- Not reveal to a member of the media an individual’s PHI, which includes whether or not a person has sought or is seeking care at MHC facility (unless authorized to do so).

Refer all requests and inquiries from the media to the Marketing department.

Confidential & proprietary information

All MHC Workforce members are responsible for safeguarding our confidential data and information. This includes information that is not generally available to the public or information that would be useful to a competitor.

Confidential and proprietary information includes, but is not limited to:

- Clinical, quality and patient information.
- Financial data, including reports and projections.
- Personnel files, wage and salary data and Human Resources files (except your own wage data).
- Billing and pricing figures, cost data and projected earnings and losses.
- Strategic business plans and marketing strategies.
- Intellectual property (for example, patents, trademarks, copyrights, as well as work created using MHHC resources while a MHHC employee),
- Legal advice and opinions and information regarding legal actions involving MHHC.
- Technology and system credential such as logins and passwords.
- Vendor information.

Workforce members should not discuss confidential information outside the scope of their duties at MHHC. Information should be discussed with others on a need-to-know basis, even in social or business relationships. We are prohibited from posting MHHC confidential or proprietary information on any social media platform or website. This includes posting on **any** social network, discussion blog, forum or news group as well as traditional forms of mass media.

Are you still unsure of what action(s) to take? Talk to a Morris Hospital & Healthcare Centers' leader (your supervisor or another member of the management team) or contact the Compliance Officer.

Code of Conduct Acknowledgment

All Morris Hospital & Healthcare Center workforce members are required to acknowledge understanding of this Code by signing the annual Attestation.