



# Code of Conduct and Business Ethics



Samaritan  
Health Services

**“As Samaritans, we are all expected to do our jobs with PRIDE — passion, respect, integrity, dedication and excellence. Acting with integrity means that we hold ourselves to the highest standard of ethical and professional behavior.”**





### **Dear fellow employee:**

Please take a few minutes to review the important information contained in this Code of Conduct and Business Ethics.

The publication outlines how we as employees of Samaritan Health Services commit to conducting ourselves as we go about our daily responsibilities. As Samaritans, we are all expected to do our jobs with PRIDE — passion, respect, integrity, dedication and excellence. Acting with integrity means that we hold ourselves to the highest standard of ethical and professional behavior.

If you encounter a situation and you are unsure of how to proceed, or if you observe employees acting in a way that is counter to our Code of Conduct, please reach out to your Department Manager or Corporate Compliance Officer. Samaritan has also established a Compliance Hotline that can be used to report suspected compliance violations. All correspondence via this hotline will remain confidential within the limits of the law. The phone number for the Compliance Hotline is located in the Code of Conduct. It is our goal to discover, investigate and mitigate any compliance issues as soon as possible.

It is important that every employee understands his or her responsibility to personally adhere to the behavior outlined in our Code of Conduct, as well as to actively promote these behaviors as part of our responsibility as representatives of Samaritan. By doing so, we are maintaining our commitment to excellence and to Building Healthier Communities Together.

*Sincerely,*

A handwritten signature in black ink that reads "Doug". The signature is written in a cursive, flowing style.

**Doug Boysen, JD, MHA**  
**President/Chief Executive Officer**

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# MISSION

Building Healthier Communities Together

# VISION

Serving our communities with PRIDE

# VALUES

Passion

Respect

Integrity

Dedication

Excellence

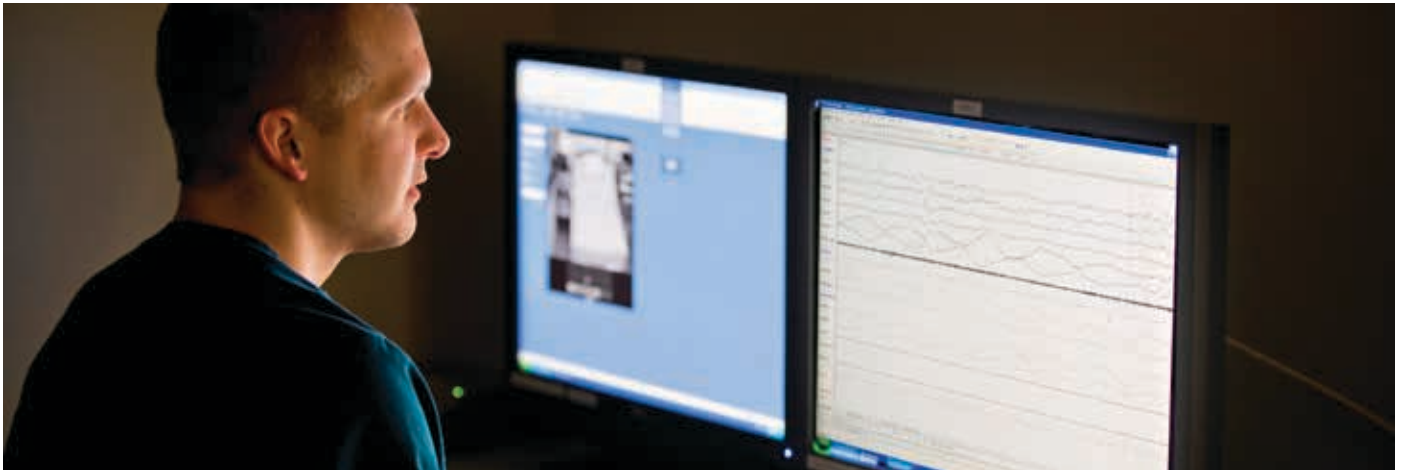
# STRATEGIC PRIORITIES

- Quality & Service Excellence
- Employee Engagement
- Community Partnership
- Sustainability



**Samaritan  
Health  
Services**

# Code of Conduct and Business Ethics



Samaritan Health Services is committed to maintaining the highest professional and ethical standards in the conduct of its business. We all must follow this Code and the supporting SHS policies. This Code informs us about what we must do (compliance) and what we should do (ethics). As an organization that is guided by ethics, we must all follow the organization's mission, vision and core values.

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**As an organization we define ourselves by our values. The Code of Conduct and Business Ethics helps guide our decisions that support our values.**

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We must each do our part to achieve and sustain these standards. All individuals maintain integrity in business conduct and avoid any activities that could cause harm and/or damage the reputation of SHS, its officers, directors or other employees.

The standards described in this Code are covered in more detail in our corporate policies, available on the SHS intranet. This Code is subject to change and may be updated periodically to respond to changing conditions and to reflect changes in the law. We comply with the requirements of federal health care programs (as defined by federal law).

As a member of the SHS team, you must follow and

support the mandatory standards set forth in this Code. Therefore, please keep this Code for future reference.

Employees who ignore or disregard the principles of this Code will be subject to appropriate disciplinary actions. In addition, if an individual or SHS fails to comply with such requirements and policies, civil or criminal penalties or possible exclusion from the federal health care programs may result. If you have any questions or uncertainty regarding these standards, it is your responsibility and obligation to seek guidance from a member of management, the Corporate Compliance Officer, a Human Resources representative or the Compliance Department.

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**This Code is a critical component of our Compliance Program. These standards apply to all of us. This means you will:**

- Read the Code and understand how it applies to you
  - Refer to the Code and SHS policies to guide your daily work activities
  - Ask questions or report issues
  - Complete annual training
  - Confirm your commitment to the Code
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## Leadership responsibilities

While all SHS employees follow this Code, our management team sets the example and acts as a role model in every respect. Our managers help their team members understand what is expected of them under the Code and other applicable laws, regulations and policies. Managers create an environment that promotes the highest standard of ethics and compliance. We always adhere to ethical and compliant behavior in the pursuit of business objectives. Managers maintain an open-door policy and encourage employees to raise concerns, while ensuring that no one who reports a suspected violation of law or SHS policy in good faith is subject to retaliation. Managers must take prompt, appropriate action when a potential violation of law or SHS policy arises. A member of management should seek assistance from the Corporate Compliance Officer in addressing questions or concerns. Transparency is an important aspect of the SHS culture. We communicate with each other and the public in an open and honest manner. Our decisions must stand up to scrutiny and be understood by others. We support our values by promoting a culture of transparency.

## Commitment to quality care

### Patient care and rights

Our primary mission is to provide quality health care services to all of our patients in a safe, healing environment. We treat all patients with respect and dignity, and provide care that is both necessary and appropriate. In the admission, transfer or discharge of patients, and in the care we provide, we do not discriminate based on disability, race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity, family responsibilities, veteran status, infectious disease, matriculation, political affiliation, source of income, or place of residence or business in admission. While we strive to render care in an efficient manner, clinical care decisions are not based on patient financial means or business economics.

SHS has a comprehensive program to promote the quality of patient care and measure its effectiveness. SHS monitors quality in numerous ways, including review of patient outcomes, implementing national initiatives related to patient safety and quality, and through patient satisfaction surveys. SHS also compares the quality of its services against national standards and benchmarks in an effort to identify ways to continually improve the quality of care we provide and to establish standards of care that reflect best practices. SHS maintains an active and continuous patient safety program to identify and mitigate risks to our patients, and to promote the prevention, reporting and reduction of health care errors. All SHS employees must make patient safety paramount and ask for help or report issues to ensure that we fulfill our commitment to the highest quality standards.

At SHS, we provide a treatment environment where patients and their families understand their individual illnesses and make informed decisions concerning their medical care. Each patient or patient representative receives a clear explanation of care, including diagnosis, treatment plan, and an



explanation of the risks and benefits associated with each available treatment option or with no treatment. Patients receive care from appropriately licensed and credentialed professionals. In addition, patients have the right to request transfers to other facilities. In such cases, we give the patient an explanation of the benefits, risks and alternatives to the transfer.

We inform patients of their right to make advance directives regarding treatment decisions, financial considerations and the designation of a surrogate decision maker for health care. We honor patient advance directives or wishes regarding resuscitation within the limits of the law and the organization's capabilities. Patients and their representatives will be given appropriate confidentiality, privacy, opportunity for resolution of complaints, and pastoral or spiritual care. Any restrictions on a patient's visitors, mail, telephone or other communications must be evaluated for therapeutic effectiveness or necessity to protect the patient, other patients or SHS staff, and must be fully

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**No matter what our individual role is at SHS, we all play a part in ensuring that quality patient care is at the core of everything we do and every decision we make. The commitment to quality of care and patient safety is everyone's responsibility.**

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explained to the patient or the patient's representative. We also strive to provide health education, health promotion and wellness programs as part of our efforts to improve the quality of life of our patients and communities.

We recognize and respect the diverse backgrounds and cultures of our patients and make every effort to equip our caregivers with the knowledge and resources to respect each patient's cultural heritage and needs.

## Emergency treatment

SHS complies with the Emergency Medical Treatment and Labor Act (EMTALA) in providing a medical screening examination and, if necessary, stabilizing treatment to all patients who come to the hospital for

emergency treatment, regardless of an individual's ability to pay. In an emergency situation or if the patient is in labor, we will not delay the medical screening and necessary stabilizing treatment to seek financial and demographic information. We do not admit or discharge patients with emergency medical conditions based on their ability to pay or any other discriminatory factor.

Patients with emergency medical conditions will be transferred to another facility only if the transfer is in compliance with SHS EMTALA policies and state and federal requirements. SHS personnel and physicians who work in an SHS Emergency Department must be knowledgeable about the EMTALA rules and applicable SHS policies.

## Discharge planning

Employees involved in discharge planning, in particular, must help each patient make decisions based solely on the patient's choice in accordance with the patient's needs and the quality of services available. An integral part of the discharge planning process is educating patients and their families about the choices and options available to them.

## Confidentiality of patient information

HIPAA and HITECH create national standards for maintaining the privacy and security of patients' protected health information (PHI). Consistent with HIPAA, we only use, disclose or discuss patient specific information with others when it is necessary for treatment, payment or health care operations purposes, or when such disclosure is authorized by the patient or is required or authorized by law.

We protect the confidentiality of PHI, whether that information exists in oral, written or electronic form. SHS maintains and safeguards both paper and electronic medical and financial records to ensure that PHI is not shared with anyone except the patient; the patient's designated personal representative, surrogate or executor; or other third parties who present a valid written authorization signed by the patient; or as required or authorized by law.

SHS employees, workforce members, affiliated physicians and third-party business associates access patient information only as necessary to perform their SHS duties. Unless authorized by law or by the patient, only individuals, who require patient information to provide care, perform quality control activities, bill or collect payments for services, or perform other administrative services are permitted access to PHI.

## Security of patient and business information

Because so much of SHS's clinical and business information is created and stored in our numerous electronic systems, it is essential that each SHS employee review and follow our information security policies and standards and our information management principles. As required by HIPAA and HITECH, SHS has implemented significant safeguards to maintain the confidentiality, integrity and availability of patient information.

SHS's information security standards are designed to protect electronic systems, and the patient and business information contained in them. These standards apply to all SHS electronic systems containing patient and business information

including workstations, devices and terminals; networks and servers and their supporting infrastructure; software and applications (such as email); and databases and storage devices. SHS also has information security standards for employee's personal devices that contain SHS information for a legitimate business purpose, such as a personal cell phone containing an employee's SHS email.

Any SHS employee who knows or suspects confidential information to have been compromised must report the potential security breach to the SHS Privacy Officer or Information Security Officer.

Employees shall never use tools or techniques to break or exploit SHS information security measures or those used by other companies or individuals.

**We take steps to prevent identity theft by protecting social security numbers and other personal patient and employee data. We maintain and update our numerous security measures to prevent unauthorized access to SHS data systems.**

SHS information management principles provide the foundation upon which every employee manages information in their job. The principles provide guidance and instill an understanding of the value of information.

**Our patients trust us with their confidential medical and financial information. All SHS personnel have a role to play in following SHS's privacy and information security policies and maintaining the confidentiality of PHI. This means:**

- Only accessing information needed to do your job (Minimum Necessary rule)
- Getting permission from your supervisor before removing patient information from SHS and keeping it secure until it is returned or appropriately destroyed
- Keeping passwords confidential and not sharing them with others
- Reporting any lost or stolen patient information immediately to the SHS Privacy Officer by calling 541-768-6218
- Securing and encrypting mobile devices, such as laptops, flash drives, external hard drives and personal devices (cell phones and tablets) that contain PHI or confidential SHS information
- Not posting passwords on a computer monitor or your name badge
- Reporting any potential security breach of SHS electronic systems to the SHS Information Security Officer by calling 541-768-4507

The information management principles are:

- Data is an asset. Information is managed as an asset of value to the organization.
- Data storage is ensured and managed.
- Data is reliable, recoverable and retained for a defined period.

## Research and education

SHS's institutional mission includes the continued discovery and pursuit of innovative medical excellence. SHS is committed to conducting research responsibly and to proactively investing in educational programs that prepare researchers, students and staff for future challenges. Research undertaken by our physicians and professional staff is conducted within legal and ethical standards. We are committed to research integrity in disseminating appropriate, valid scientific results in accordance with applicable regulations and guidelines.

All patients who are asked to participate in a research project are given a full explanation of alternative treatment services that might prove beneficial to them. Such patients are also fully informed of potential discomforts and are given a full explanation of the risks and expected benefits. The patients are fully informed of the procedures to be followed, especially those that are experimental in nature. A patient's refusal to participate in a research study will not compromise his or her access to services.

All human subject research proposals must be approved by the Institutional Review Board (IRB) that has oversight responsibility for the research project. Any employee or physician engaging in human subject research must do so in conjunction with IRB approval and consistent with SHS policies and procedures governing human subject research.

Our first priority in the responsible conduct of research is to protect the patients and human subjects, and to respect their rights and welfare during research and clinical trials.

Physicians participating in research activities involving human subjects fully inform patients of their rights and responsibilities related to participating in

the research or clinical trial. All personnel applying for or performing research of any type are responsible for maintaining the highest ethical standards in any written or oral communications regarding their research projects as well as following appropriate research regulations and guidelines. As in all record keeping, we submit only true, accurate and complete costs related to research grants.

We conduct our training programs, including residency and fellowship programs, in accordance with applicable requirements for supervision, billing and evaluation of the trainees. The attending physician or supervisor has both an ethical and legal responsibility for the overall care of the individual patient and for the supervision of the trainees involved in patient care and clinical research activities. The supervisory staff, including attending physicians, must ensure that the level of responsibility given to a trainee is appropriate based on each trainee's skills and ability, and that the documentation of such supervision is consistent with all applicable requirements.

Research misconduct is not tolerated. This includes activities such as:

- Making up or changing results;
- Copying results from other studies without performing or citing the applicable research;
- Failing to identify and deal appropriately with conflicts of interest;
- Failing to strictly follow study protocol;
- Failing to actively protect the rights of research subjects; or
- Proceeding without IRB approval.

## Relationships with physicians



Business arrangements with physicians must be pursuant to signed, written contracts and appropriately structured to comply with legal requirements. All transactions with physicians require review and approval by the appropriate SHS leader for the contracting SHS entity and approval as to form by the Legal Department and, in some arrangements, the Compliance Department in accordance with the SHS physician transaction policies.

SHS does not pay for referrals. We accept patient referrals and admissions based solely on the patient's clinical needs and our ability to render the needed services. We do not pay or offer to pay anyone — employees, physicians or other persons — for the referral of patients. SHS does not accept payment for referrals that the organization makes. No employee or any other person acting on behalf of SHS is permitted to ask for or receive anything of value, directly or indirectly, in exchange for the referral of patients. When making patient referrals to other health care providers, we do not take into account the volume or value of referrals or other business that the provider has made to us. Referrals to physicians, health professionals or other health care facilities are made based solely on what is best for the person seeking treatment.

All SHS personnel who interact with physicians, particularly those in a position to approve financial arrangements with physicians or process payments to physicians, must be aware of the legal requirements and SHS policies that address relationships between SHS entities and physicians.

SHS, including SHS-employed physicians, shall not provide “professional courtesy” discounts to members of the medical staff or their families. SHS does not allow hospital charges owed by an affiliated physician to be waived, in whole or in part.

**We prohibit offering, accepting or giving bribes, kickbacks or anything of value as a reward or thank you for patient referrals. This includes services, gifts, entertainment or anything that has value to the recipient. SHS employees must consult SHS policies prior to extending any business courtesy or token of appreciation to a potential referral source.**



# Business and financial records

## Accurate billing and coding of services

SHS takes great care to assure that all billings to the government, third-party payers and patients are accurate and conform to all applicable federal and state laws and regulations. We prohibit any employee or agent of SHS from knowingly presenting or causing to be presented claims for payment or approval that are false, fictitious or fraudulent. Strict federal and state laws and regulations govern third-party billing of our insured patients. SHS is committed to full compliance with federal health care program requirements, including preparing and submitting accurate claims consistent with such requirements. We monitor and verify that claims are submitted accurately and appropriately. For hospital or physician billing or coding questions, consult the contact names and phone numbers included in this Code.

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**We have coding and billing policies to ensure our bills are accurate and comply with all applicable laws. This means:**

- **We only bill for services actually provided. We provide medically necessary services that are ordered by a physician or other appropriately licensed individual;**
- **The medical record contains proper, timely, appropriate and legible documentation of all physician and other professional services prior to billing; and**
- **We correct billing errors prior to submitting a bill or if already submitted we correct the underlying problem and make appropriate refunds.**

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## Accuracy of records and reports

Each SHS employee is responsible for the integrity and accuracy of our organization's documents and records to ensure that records are available

to support our business practices and actions. No one may falsify information on any record or document or make alterations to such information except in accordance with SHS policy.

Medical records must be as accurate and complete as possible. Personnel may correct errors in medical records only according to the appropriate procedures. Any changes or entries made out of time sequence should be clearly dated and initialed. All SHS supporting documentation (e.g., medical records) related to our coding and billing of patient care services to third-party payers must be accurate, timely, reliable and properly maintained in accordance with SHS's document retention policy.

## Financial reporting and records

We maintain a high standard of accuracy and completeness in the documentation and reporting of all financial records. These records serve as a basis for managing our business and are important in meeting our obligations to patients, employees, suppliers and others. These records are also necessary for compliance with tax and financial reporting requirements.

All financial information must fairly represent actual business transactions and conform to generally accepted accounting principles or other applicable rules and regulations. SHS maintains a system of internal controls to provide reasonable assurances that all transactions are executed in accordance with management's authorization and are recorded in a proper manner so as to maintain accountability for the organization's assets. Anyone with knowledge of inaccurate or false financial records must promptly report them to his or her supervisor, the Chief Financial Officer, the Corporate Compliance Officer or the Compliance Hotline (866-297-0489). As a Medicare and Medicaid provider, we must submit certain reports of our operating costs and statistics. We comply with federal and state laws, regulations and guidelines relating to all cost reports. All issues related to the preparation, submission and settlement of cost reports must be addressed by or coordinated with our Finance Department.

## Retention and disposal of documents and records

**SHS employees are responsible for knowing and following the record retention requirements for the documents they create or maintain on SHS's behalf. No one may remove or destroy records prior to the specified date without first obtaining permission as outlined in the SHS records retention policy.**

Medical and business documents and records should be retained or destroyed in accordance with the law and our corporate record retention policy. Medical and business documents include paper documents such as letters and memos, computer-based information such as email or computer files on the SHS network or stored in a portable format (disk, tape, DVD, USB drive, etc.) including any other medium that contains information about the organization or its business activities. Records of any type must never be destroyed, altered or concealed in an effort to deny governmental authorities or appropriate persons information that may be relevant to an investigation, inquiry or litigation.

## Billing inquiries

SHS responds timely and truthfully to all billing inquiries. We answer requests with complete, factual and accurate information. We cooperate with and are courteous to all government inspectors, their agents (e.g., Medicare administrative contractors) and other third parties, and we will provide them with the information to which they are entitled during an inspection or inquiry. SHS maintains documentation in support of patient care services billed to government and third-party payers in accordance with our document retention policy.

# Workplace conduct and employment practices

## Diversity and equal employment opportunity

SHS recognizes people as our greatest asset. The organization's ability to deliver quality patient care is directly related to the skills and abilities of our employees, medical staff and volunteers. A diverse workforce enables us to meet the needs of our diverse patient population.

SHS will not tolerate acts of discrimination. This applies to recruitment, placement, promotions, transfers, retention, compensation, benefits, training, reduction in workforce, attendance, discipline, discharge, human resources programs and activities, policies and conditions of employment, and the granting or renewal of clinical privileges.

SHS leaders are responsible for assuring that this practice is followed at all times and that all employees know about and understand this policy.

**We provide an inclusive work environment where everyone is treated with fairness, dignity and respect. We embrace the diversity of our patients, co-workers, physicians and vendors. SHS is an equal opportunity employer and does not allow harassment or discrimination against any individual with regard to race, ethnicity, religion, gender, age, national origin, sexual orientation, disability, veteran status, gender identity or any other characteristic protected by law.**

## Harassment and workplace violence

Each of us has the right to work in an environment free of harassment, intimidation and workplace violence. Accordingly, we prohibit any behavior that creates an intimidating, hostile or offensive work environment.

If you observe or experience any form of harassment or violence, you should report the incident immediately.

If you have a concern that a patient or visitor may act violently, you must report these concerns to your supervisor or to Security.

## Health and safety

All SHS facilities comply with all government regulations and rules, SHS policies and required practices that promote the protection of workplace health and safety. Our policies protect employees from potential workplace hazards. To ensure workplace safety:

- Know how SHS health and safety policies apply to your specific job responsibilities;
- Seek advice from your supervisor, Employee Health or your facility's Safety Officer (if applicable) whenever you have a question or concern; and
- Notify your supervisor about a safety hazard, broken piece of equipment, any workplace injury or any situation presenting a danger of injury so that timely corrective action may be taken.

## Drug, alcohol- and tobacco-free environment

The health and safety of our employees and patients is our primary concern. We are committed to an alcohol, drug and tobacco-free work environment. SHS hospitals, facilities and properties, including all parking lots, sidewalks and green space areas, are tobacco-free.

SHS recognizes that individuals may be directed by a physician to take prescription drugs that could impair judgment or other skills required to do one's job. If you believe a medication, either prescribed or over-the-counter, may impair your judgment or job performance, you must notify your supervisor or Employee Health. If you observe an individual who appears to be impaired, immediately consult your supervisor.

The Human Resources Department can arrange for confidential counseling and treatment for drug and alcohol dependence problems through the Employee Assistance Program. No employee with an alcohol




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**SHS maintains a positive work environment that supports our values and policies. The SHS policy, "Employee Standards of Behavior," is designed to further the mission, vision and values, and promotes positive behavior by all employees. We will not tolerate disrespectful, intimidating, threatening or harassing behavior. This includes:**

- Degrading or humiliating jokes, disparaging language and slurs
  - Harassment based on the diverse characteristics or cultural backgrounds of those who work with us
  - Unwelcome sexual advances
  - Requests for sexual favors in conjunction with employment matters
  - Verbal or physical conduct of a sexual nature that interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment
  - Workplace violence, including physical assault, threat of violence, stalking, robbery and other crimes, violence directed at the employer, terrorism and hate crimes
  - Possession of firearms, other weapons, explosive devices or other dangerous materials on SHS premises, except as authorized
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and/or drug abuse problem will have his or her job jeopardized by a request for counseling or treatment if the individual requests help prior to an event or incident subjecting the employee to disciplinary action.

## Controlled substances

Some employees routinely have access to prescription drugs, controlled substances and other medical supplies. We access and handle these substances only as authorized and administer them only by physician order. If you become aware of inadequate security of drugs, theft of drugs from the organization or diversion of drugs from their intended purpose, you must report this to your supervisor immediately.

## Licensure and certification

Credentials communicate to our patients that we are qualified to do our jobs. Employees and independent contractors requiring professional licenses, certifications or other credentials to perform their job duties are personally responsible to maintain the status of their credentials and may be asked to provide a copy of his or her current license, certification or other required credentials to the Human Resources Department and the Medical Staff or Credentialing office. SHS requires independent contractors to maintain all required credentials. Caregivers with lapsed or revoked credentials will not be allowed to provide care to patients.

## Responsible use of assets

We all have a responsibility to use our resources responsibly and only for SHS business purposes. These assets include, but are not limited to, employee time, materials, supplies, equipment, information, reports and records, computer software and data, trademarks and service marks, other intellectual property and SHS-provided services.

Any community or charitable use of organizational resources must be approved in advance by your supervisor. We do not allow any use of organizational resources for the personal financial gain of any individual or entity.

**As a general rule, we permit the occasional, reasonable personal use of items, such as telephones, where the cost to SHS is insignificant.**

## Non-employment or retention of sanctioned individuals

SHS 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 health care.
- Has been convicted of a criminal offense that disqualifies an individual from employment.
- Is excluded from participating in federally funded health care programs.

SHS will conduct the necessary background checks and take appropriate action if an individual or entity is named on an exclusion or debarment list in accordance with SHS policy.

## Cooperation in government investigations

SHS cooperates fully with government inquiries. If any employee receives an inquiry, subpoena or other legal document regarding SHS business, whether at home or in the workplace, from any governmental agency, the employee must notify his or her supervisor

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### **We have a safe and drug-free workplace.**

- **All employees must report to work free from the influence of any illegal or controlled drug, including alcohol or marijuana. Impairment from drugs and alcohol while at work or on-call is prohibited.**
  - **SHS will test employees who appear to be impaired or where drug or alcohol use is suspected**
  - **Termination may result if you report to work under the influence of any illegal or controlled drug, including alcohol or marijuana; have an illegal drug in your system; use, possess or sell illegal drugs while on SHS work time or property.**
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and a member of the Legal Department immediately. We are always clear and truthful in responding to those who make inquiries. We never conceal, destroy or alter any documents, lie or make misleading statements to a government representative.

Employees are not obligated to speak to or answer any non-routine questions from a government representative without first consulting the Legal Department.

## Environmental compliance

SHS promotes sound environmental practices that prevent damage to the environment, enhance human and community resources and reduce or avoid exposure to environmental liabilities. We comply with applicable environmental laws and operate our facilities with the necessary permits, approvals and controls. We properly handle and dispose of medical, hazardous and bio-hazardous waste.

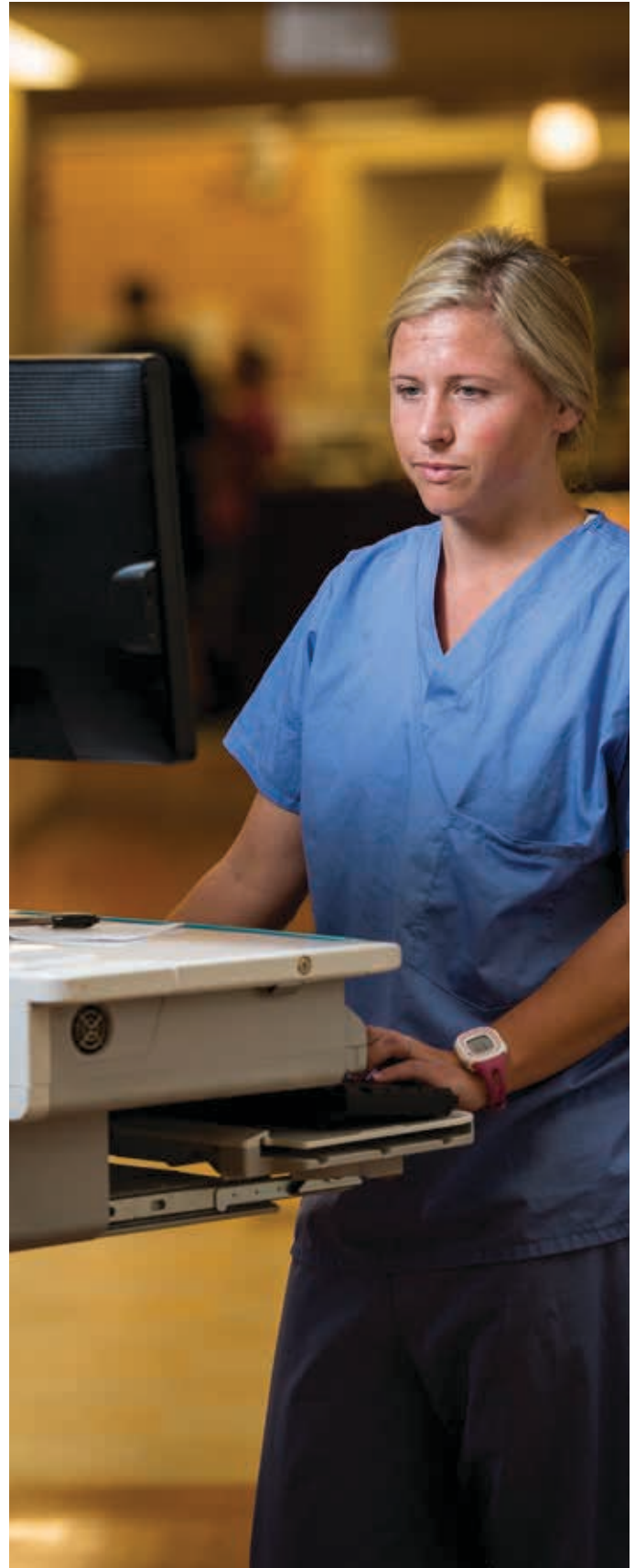
In helping SHS comply with these laws and regulations, you need to know how your job duties impact the environment and follow all requirements for the proper handling of hazardous, bio-hazardous and nuclear materials. Immediately tell your supervisor about any situation regarding contamination by a hazardous substance, improper disposal of medical waste or any situation that may be potentially damaging to the environment or that may create a hazard to personnel. If you are uncertain of the correct procedures for handling or disposing of any such material, you should consult your supervisor for assistance.

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**Your Human Resources representative is the most appropriate person to contact if you have concerns about your specific work situation**

**You should make every effort to resolve workplace conduct and employment practice issues through your supervisor and your Human Resources representative**

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## Business activities

### Compliance with tax exempt requirements

SHS is a charitable, non-profit tax-exempt entity. The organization provides health care services, medical training, education, research and community outreach activities, all of which benefit the community. SHS also provides significant free and discounted care to indigent patients and participates in federal and state medical assistance programs. SHS regularly pursues activities in support of its charitable purpose and ensures that its resources are used to further the public good. SHS and its employees avoid compensation arrangements in excess of fair market value, accurately report required information to appropriate taxing authorities, and file all tax and information returns in a manner consistent with applicable laws.

### Communication systems and electronic media

All communication systems are the property of SHS and are used for business purposes. This includes: computers, electronic mail, the intranet, internet access, fax machines, telephones and voice mail.

SHS permits reasonable and extremely limited

personal use of SHS communication systems; however, these communications are not private. SHS reserves the right to access, monitor and disclose the contents of Internet, email and voice mail messages or other communications made through SHS communication systems, consistent with SHS policies. Employees may not use SHS communication systems for a purpose that would constitute or encourage a criminal offense, give rise to civil liability or otherwise violate any laws. Users who abuse SHS communication systems or use them for unauthorized, non-business purposes may lose these privileges and be subject to disciplinary action, up to and including termination.

Employees are prohibited from making illegal copies of licensed software or from using unlicensed software. Failure to observe this policy may result in serious consequences to the employee, such as termination of employment or legal action by the software or the licensing company. Any questions regarding this policy should be directed to the Chief Information Officer.

### Confidential business information

**Employees may not use internal communication channels or access the Internet at work to post, store, transmit, download or distribute any material that is:**

- Threatening
- Discriminatory
- Obscene
- Knowingly, recklessly or maliciously false

**These channels of communication may not be used to:**

- Send chain letters
- Broadcast personal messages
- Forward copyrighted documents that are not authorized for reproduction
- Conduct a job search
- Open misaddressed mail

Confidential information about our organization's strategy and operations is a valuable asset. Although you may use confidential information to perform your job, you must protect it from unauthorized use. You can share confidential information with others outside of SHS or your department only if the individuals have a need to know to perform their specific job duties or are authorized to know. We require business partners who may receive confidential information to safeguard SHS information through a written confidentiality agreement or through other agreements required by law for certain types of information (e.g., a HIPAA business associate agreement for recipients of PHI).

Confidential information covers anything related to SHS's operations that is not publicly known, including personnel lists and data; patient lists and clinical information; patient financial information; passwords; pricing and cost data; information pertaining to acquisitions, divestitures, affiliations and mergers; financial data; research data; strategic plans; marketing strategies; techniques; supplier and subcontractor information; and proprietary computer software.

To maintain the confidentiality and integrity of patient and confidential information, such information may be sent through the Internet only in compliance with SHS Information Security policies and standards, which require that certain information be encrypted. Because SHS increasingly creates and maintains confidential information within our computer systems, all users must protect our computer systems and the information stored therein by following our Information Security policies.

Computer passwords and other means of identification that may be used by SHS are confidential and personal to the user. Such passwords or identifiers allow authorized users access to specific applications related to their SHS responsibilities. Sharing or failing to protect your unique user IDs, passwords or identification is a breach of internal security and grounds for immediate termination.

If an individual's employment or relationship with SHS ends for any reason, the individual is still bound to maintain the confidentiality of information

viewed, received or used during the course of his/her relationship with SHS. Such individuals will not be permitted access to confidential information after termination, and copies of any confidential information in the individual's possession must be returned at the end of the individual's employment or relationship with SHS.

**We are all required to:**

- Use SHS email for all electronic communication





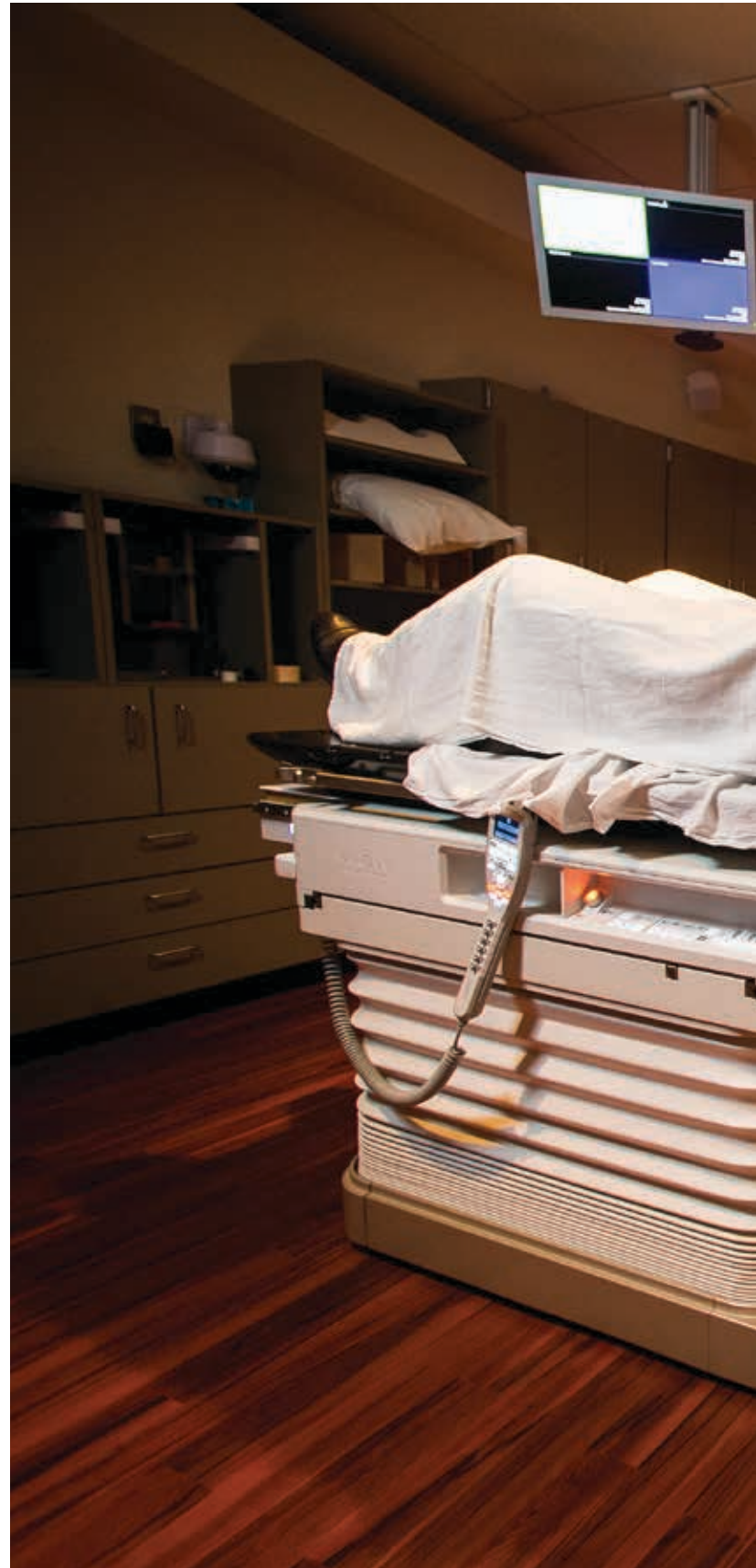
- Protect SHS confidential business information
- Get permission to copy material that is copyrighted

## Copyrights

Copying copyrighted works, even for internal distribution, can lead to substantial organizational and personal liability for copyright infringement. Copyrighted works include, but are not limited to, printed articles from publications, magazines, books, television and radio programs, audio or video media, musical performances, photographs, training materials, manuals, documentation, surveys, software programs and databases. In general, the laws that apply to printed materials are also applicable to all other media, including visual and electronic media such as diskettes, CD-ROMs, DVDs and Internet pages. SHS personnel must obtain the express permission of the copyright holder before making copies of copyrighted materials unless SHS is licensed under an agreement to do so.

## Marketing, advertising and communications

SHS engages in marketing and advertising activities to educate the public, provide information to the community, increase awareness of our services and to recruit employees. We present only truthful, informative and nondeceptive information in these materials and announcements. We comply with applicable federal and state laws and, as relevant, professional ethical guidelines related to marketing, advertising and communication activity. Third parties (e.g., vendors) may not use or associate SHS's name, symbols, logos or trademarks in an advertisement, press release or marketing material without the prior consent of the SHS Marketing and Public Relations Director or Vice President. Any media inquiries should be referred to the SHS Marketing and Public Relations Department.







# Conflicts of interest and business relationships

## Conflicts of interest

In our work, we have a duty to put the interests of SHS before our own. The term “conflict of interest” refers to situations in which financial or other personal considerations may compromise, or have the appearance of compromising, an individual’s ability to make objective decisions in the course of the individual’s SHS job responsibilities. We avoid conflicts of interest where someone might question whether we are acting for SHS’s benefit or for personal gain. Reports of conflicts based on appearances can undermine public trust in ways that may be adequately restore. Even the appearance of a conflict may be as serious and potentially damaging as an actual conflict. For that reason, employees should avoid even the appearance of a conflict of interest. Employees must disclose all possible conflicts of interest involving themselves or their immediate family members (spouse, parents, brothers, sisters and children). If you believe a conflict of interest exists or if you have any question about whether an outside activity might constitute a conflict of interest, you must obtain the approval of the SHS Compliance Committee before pursuing the activity. You should refer to the SHS Compliance Program for more information.

## Receiving business courtesies

We recognize that there will be times when you receive from a current or potential business partner an invitation to attend an event with representatives of the business partner (e.g., a local theater performance or sporting event) in order to further develop SHS’s business relationship. Business partners include contractors, customers, suppliers or anyone with whom you do business on behalf of SHS. An SHS employee may accept such invitations so long as the requirements described in this section and SHS

policies are followed. These requirements do not apply to business meetings at which food may be provided. Certain exceptions to these requirements may be made with the prior written approval of a supervisor in the requester's chain of command, who must be at least an SHS Vice President.

Accepting gifts, entertainment, travel, accommodation and other items of financial benefit may raise serious questions of business ethics and may involve potential violations of law.

As a general rule, any offer must meet the following:

- It is not against the law or policy of the other party
- It is not related to business involving U.S. government contracting
- It is consistent with customary practices in the industry and country
- It is appropriately approved by management
- It is reasonably related to business relationships
- It is of nominal value or, if more than nominal value, it is modest and is approved by the employee's manager
- It is not made or received on a regular or frequent basis
- It cannot reasonably be viewed as a bribe, payoff or improper influence
- Public disclosure of the facts would not embarrass SHS or the employee
- It does not violate our business values or ethics in any way

If you have any doubt or you believe that there is a possibility that the offer could create the appearance of impropriety, please contact the SHS Legal Department for guidance.

Nothing in this section of the Code should be considered as an encouragement to make, solicit or receive entertainment or gifts.

## Training and education

Business partners may extend training and educational opportunities that include travel and overnight

accommodations at no cost to you or SHS. Similarly, there may be some circumstances where you are invited to an event at a vendor's expense to receive information about new products or services. Prior to accepting any such invitation, you must receive approval to do so by an SHS Vice President or higher-level manager in your chain of command.

## Extending business courtesies to non-referral sources

This section of the Code does not apply to physicians and certain other health care providers in a position to make referrals of patients or patient services to an SHS facility. Such business courtesies are addressed in the section of this Code entitled "Relationships with physicians" and related SHS policies.

## Meals and entertainment

There may be times when you may wish to extend an invitation to attend a social event to a current or potential business partner in order to further or develop SHS's business relationship. The purpose of the entertainment must never be to induce any favorable business action. During these events, topics of a business nature must be discussed and the SHS host must be present. These events must not include expenses paid for any travel costs or overnight lodging. Under no circumstances may anyone offer direct, indirect or disguised payments or anything of value in exchange for the referral of patients. In addition, under no circumstances will the organization allow participation in any business entertainment that might be considered lavish.

## Sponsoring business events

SHS may sponsor local events with a legitimate business purpose (e.g., hospital board meetings or retreats). SHS may provide reasonable and appropriate meals, entertainment, transportation and lodging, provided that such events are for business purposes. However, all elements of such events, including these courtesy elements, must be consistent with SHS policies.

## Gifts

We must avoid the appearance of impropriety when giving gifts to individuals who do business or are seeking to do business with SHS. We will never use gifts or other incentives to improperly influence relationships or business outcomes. You may never give cash or cash equivalents, such as stocks, bonds or gift certificates, to business partners.

The corporate stance on business courtesies may from time to time provide modest flexibility in order to permit appropriate recognition of the efforts of those who have spent meaningful amounts of volunteer time on behalf of SHS.

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### Remember:

- **Never accept or provide any gift, favor, meal, entertainment, travel, accommodation, or other benefit or advantage if it will obligate or appear to obligate you or the person who receives it or interfere with the employee's impartiality of duties and responsibilities.**
- **Never accept or provide gifts of cash or cash equivalents, such as gift cards or vouchers.**
- **Never ask for personal services, gifts, benefits, favors, meals, entertainment, travel, accommodation or other benefit or advantage.**

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## Business courtesies and entertainment of government officials

Both federal and state governments have strict rules and laws regarding the giving of gifts, meals and other business courtesies to their elected officials and employees. SHS does not offer or give anything of value, including gifts, gratuities, favors, entertainment or anything else of value to any elected official, employee or representative of a government agency.

In a limited number of circumstances, SHS may provide refreshments in connection with business discussions between SHS and government officials,

but only if doing so is permitted by law and done in accordance with all applicable rules and regulations pertaining to the government agency in question. You must determine the particular rules applying to any such person and carefully follow them. Any other gift to a government official may only be made with the approval of and in coordination with the Compliance Department.

## Relationships with subcontractors and suppliers

We manage our consulting, subcontractor, supplier and vendor relationships in a fair and reasonable manner, free from conflicts of interest and consistent with all applicable laws and good business practices. We promote competitive procurement to the maximum extent practicable. We always employ the highest ethical standards in business practices in source selection, negotiation, determination of contract awards and the administration of all purchasing activities. We comply with contractual obligations not to disclose confidential information unless permitted under the contract or otherwise authorized by the vendor or required by law. In addition, we encourage our suppliers to adopt their own set of comparable ethical principles consistent with their industry's best practice.

**We select consultants, subcontractors, suppliers and vendors on the basis of objective criteria, such as quality, technical excellence, price, delivery, adherence to schedules, service and maintenance of adequate sources of supply. We make purchasing decisions on the basis of the supplier's ability to meet our needs and not on personal relationships and friendships.**

## Sharing information with competitors

SHS competitors are other health systems and facilities throughout Oregon. SHS employees may not discuss certain subjects regarding SHS business with a competitor. These topics include how prices are set, the terms of supplier/payer or vendor relationships, the types of services we provide, cost information (such as



labor costs or supplies) and marketing plans.

If a competitor raises a prohibited subject, you must end the conversation immediately and notify the Legal Department of the incident. In general, SHS personnel must avoid discussions with competitors or suppliers about sensitive topics unless they have received the advice of the SHS Legal Department.

### **Gathering competitor information**

General business information about competitors is important in our efforts to maintain and improve upon our competitive position both in terms of services and technology. It is acceptable to obtain information about other organizations, including our competitors, through legal and ethical means. Full use may be made of competitive information available in public documents, public presentations, journal and magazine articles, and other published and spoken information. You are not permitted to obtain proprietary or confidential information about a competitor through nonpublic means or in violation of a contractual agreement, such as a confidentiality agreement with a prior employer. Do not ask a fellow employee to disclose any confidential information of a previous employer. Although all employees can and are expected to make full use of the skills, experience and general knowledge learned in their previous employment, any confidential or trade secret information of a former employer should not be disclosed.

### **Hiring former or current government employees**

There are specific rules and regulations governing the conditions of employment of current or former federal government employees that may affect the duties they can perform as SHS employees. Hiring employees directly from a fiscal intermediary or a Medicare administrative contractor requires certain regulatory notifications. Employees who previously were government employees may be affected by regulations concerning conflicts of interest. Employees should consult with the Human Resources Department or the Legal Department regarding such

recruitment and hiring.

### **Political activities and contributions**

As a tax-exempt organization, all SHS employees and others acting on behalf of SHS must refrain from engaging in any activity that may jeopardize the tax-exempt status of the organization, such as partisan political activity. No SHS funds or resources may be used to benefit or contribute to individual political campaigns, political parties or any of their affiliated organizations. This includes both financial and nonfinancial resources. Affected organizational resources that may not be used in political activities include, but are not limited to,





financial and nonfinancial donations such as using work time, paper, envelopes, secretarial time, postage meters or telephones to solicit for a political cause or candidate, or the loaning of SHS property for use in the political campaign.

While employees may personally participate in political affairs, contribute to political organizations or campaigns, and stay informed on public issues and on the positions and qualifications of candidates for public office, you must do so on your own time and with your own funds. You cannot seek to be reimbursed by SHS for any personal contributions for such purposes. In order to comply with the appropriate rules and regulations relating to lobbying or attempting to influence government officials, it is essential that you separate personal and corporate advocacy activities. You may not give the impression that you are speaking on behalf of or representing SHS in these activities, unless you are expressly requested to do so by SHS management.

At times, SHS may ask employees to contact government officials during regular working hours to present our position on specific issues. Examples include making personal contact with government officials, making phone calls to them, or sending them letters, faxes or emails using SHS resources. In some cases, it is part of the role of SHS management and other requested employees to interface on a regular basis with government officials. If you are making these communications on behalf of the organization, be certain you are familiar with any regulatory constraints and observe them. All such contacts and transactions shall be conducted in an honest and ethical manner. Any attempt to influence the decision-making process of governmental bodies or officials by an improper offer of any benefit is absolutely prohibited. Guidance regarding this policy is available from the Legal Department as necessary.



# Compliance program

## Program structure

The SHS Compliance Program demonstrates in the clearest possible terms the absolute commitment of the organization to the highest standards of ethics and legal compliance. The Compliance Department, along with the SHS Compliance Committee and the Audit and Compliance Committee of the SHS Board of Directors, provide direction, guidance and oversight in creating the standards set forth in this Code. SHS has a Corporate Compliance Officer who plays a key role in implementing the Compliance Program by communicating program standards, ensuring that training is conducted, overseeing monitoring and audit activity, investigating and resolving compliance concerns, and generally by providing oversight of the program at the facility/entity. SHS has a Compliance Committee to assist in the implementation and operation of the program. Your Human Resources representative(s) is another important resource who can address issues arising out of this Code. Your Human Resources representative is knowledgeable about many of the compliance risk areas described in this Code that pertain to employment and the workplace. Human Resources representatives often assist in investigating and resolving Compliance Hotline cases, workplace conduct and employment practice issues.

## Personal responsibility to report without fear of retaliation

- We are committed to ethical and legal conduct that is compliant with all relevant laws and regulations. We correct wrongdoing wherever it may occur in the organization. Each employee has an individual responsibility to report any activity by an employee, physician, subcontractor, consultant or vendor that appears to violate applicable laws, regulations (including the federal health care program requirements), this Code or SHS policies.
- We are committed to providing an environment that allows reporting in good faith without fear of retaliation. When someone raises a good faith

concern, we prohibit retaliation against that person. Your Human Resources representative is the most appropriate person to contact if you have concerns about your specific work situation. You should make every effort to resolve workplace conduct and employment practice issues through your supervisor and your Human Resources representative.

- We do not tolerate retaliation. SHS takes reports of retaliation very seriously. If you feel that you have experienced retaliation, immediately report it to your supervisor, manager, vice president, CEO or to the Corporate Compliance Officer.

## Resources for guidance and reporting concerns

Individuals may obtain guidance on a compliance or ethics issue or report a concern using several resources. We encourage the resolution of issues, including human resources-related issues (e.g., payroll, fair treatment and disciplinary issues), at a local level. Employees should contact the Human Resources representative at their facility or entity to resolve such issues. We encourage you to raise compliance concerns first with your supervisor.

If this is uncomfortable or inappropriate, you may discuss the situation with the facility or entity Human Resources representative, a member of management or the Corporate Compliance Officer.

Finally, you may always contact the Compliance

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### To report a compliance concern or have your questions answered, you can contact:

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|---|--|
| • Your supervisor   | • Your chief executive officer   |
| • Your manager  | • The Corporate Compliance Officer   |
| • Your Human Resources representative (for issues involving employment matters) | • The Compliance Hotline: 866-297-0489 or <a href="http://ethicspoint.com">ethicspoint.com</a> |
| • A vice president  |  |
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Hotline at 866-297-0489 or electronically at [ethicspoint.com](https://ethicspoint.com), where you may make an anonymous report. If you believe that your compliance report was given insufficient attention, you should report the matter to higher levels of management, the Corporate Compliance Officer or the Compliance Hotline. If you observe criminal or illegal activity presenting an immediate risk to the safety of any person, you should first report it to Security or the local police.

## Compliance Hotline

You may call the Compliance Hotline (866-297-0489) to report violations or suspected violations of the law (including federal health care program requirements), SHS policy or this Code, and to ask questions or report concerns regarding compliance issues. The Compliance Hotline is intended to supplement, not replace, other channels for communicating questions and concerns within the organization. It should be used when you have exhausted other avenues of communication or are uncomfortable with disclosing your identity when reporting a concern. It is staffed by a company independent of SHS. Your call will not be traced or recorded.

SHS will make every effort to maintain, within the limits of the law, the confidentiality of the identity of any individual who reports possible misconduct. SHS will not allow any retribution, retaliation or discipline of anyone who reports a possible violation in good faith. However, any employee who deliberately reports false information to get someone else in trouble will be subject to disciplinary action.

In certain instances, we may be required by law to disclose a matter reported to us to the proper authorities.

## Education and training programs

SHS provides education and training programs to ensure that all employees understand this Code and the standards that apply to them. Certain individuals take additional compliance training in high-risk areas such as documentation, coding, billing, physician transactions and business practices of the organization.

No education and training program can anticipate

every situation that may present compliance issues. Each SHS employee is responsible for compliance with this Code and the Compliance Program. You should seek guidance from supervisors, the Legal Department, and the Compliance Department when in doubt.

## Measuring program effectiveness

We are committed to assessing the effectiveness of our Compliance Program through various efforts. SHS routinely conducts internal audits, including compliance-related audits. Such audits evaluate the organization's compliance with laws, regulations and SHS policy. These audits and corrective action plans aid in assessing the effectiveness of the Compliance Program.

## Internal investigations

SHS investigates all reported concerns promptly and confidentially to the extent possible. In most cases, we will initiate an investigation of the reported concern within one business day of receiving the Compliance Hotline call or report. Please keep in mind, however, that we may be unable to effectively and thoroughly investigate concerns unless the reporter's identity is revealed or additional information is provided. The Corporate Compliance Officer, along with legal counsel (if required), will coordinate any findings from the investigations and recommend corrective action or changes that need to be made. All employees cooperate with investigational efforts.

## Corrective action

When an internal investigation determines that a violation of the law, SHS policy or this Code has occurred, the organization will initiate corrective action. Corrective action may include the prompt restitution of any overpayment amounts, notifying the appropriate governmental agency, instituting whatever disciplinary action is necessary and implementing systemic changes to prevent a similar violation from occurring in the future at any SHS facility or entity.

## Discipline

Anyone who fails to comply with this Code will be



subject to disciplinary action. Appropriate disciplinary measures will be determined on a case-by-case basis, depending upon the nature, severity and frequency of the violation, up to and including employee suspension or termination. Such actions will be determined in accordance with the SHS policy on discipline. In addition, individuals or employees who have engaged in criminal activity may be reported to appropriate law enforcement authorities.

### **Employee evaluation**

Participation in and adherence to this Code and the Compliance Program and related activities will be an element of each employee's annual personnel evaluation.

### **Acknowledgment requirement**

All employees are required to sign an attestation confirming they have read this Code and agree to follow its standards as well as SHS policies and practices. New employees will be required to sign this acknowledgment as a condition of employment. All employees must re-attest annually. Employees will be provided training on this Code and must certify that they will cooperate with and participate in compliance-related activities and training.

### **Updates to the Code of Conduct and Business Ethics**

If you have any questions or comments regarding this Code, please contact the Compliance Officer or the Compliance Department. Any revisions or clarifications to this Code will be communicated through the Intranet as well as through organization-wide communications and annual training.

### **SHS Compliance Hotline**

866-297-0489 or [ethicspoint.com](http://ethicspoint.com)

[Compliance@samhealth.org](mailto:Compliance@samhealth.org)

If you have questions or encounter any situation that you feel violates this Code, immediately consult your supervisor, another member of management, your Human Resources representative or the Corporate Compliance Officer. You also may report compliance concerns anonymously to the SHS Compliance Hotline.













Samaritan  
Health Services

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Corvallis, OR 97330

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