



Physicians HomeCare

CODE OF CONDUCT

“Where caring people make the difference!”

Mission, Vision, Values

Mission

To compassionately serve each Client with quality care and excellence through health solutions that foster independence and self-esteem.

Vision

A world-class health organization in your local community that does the right thing, at the right time, the right way for the right reason. An honorable and trusted employer that celebrates excellent quality outcomes through innovative, customer-focused services.

Values

Compassion, Accountability, Relationships and Excellence are the core values for Physicians HomeCare. These words not only form an acronym for C.A.R.E., they are also guiding principles to help each of us make the right choices. They frame our decisions, and they also guide our actions. These values provide the framework for all our relationships with our customers, staff, family members and community at large. It's how we live out our mission together. This is accomplished by possessing a genuine love for the people we serve and for those who are serving alongside of us. It's not just a job, but a calling, a purpose and a way to become fully alive as we each choose to live a life dedicated to serving others!

- **Compassion** – Treating individuals with kindness, empathy and respect.
- **Accountability** – Individual ownership for actions and results.
- **Relationships** – Building and maintaining positive relationships through common purpose and open communication.
- **Excellence** – Providing the best service and outcomes possible by going above and beyond to exceed our customers' expectations.

Letter from the Chief Executive Officer, Chairman, Board of Directors and the Chief Compliance Officer

Dear Colleagues,

There is no more important work than to take care of our fellowman. As our Mission Statement reads: “To compassionately serve each Client with quality care and excellence through health solutions that foster independence and self-esteem.”

Physicians HomeCare is committed to that Mission. We must make the Client the center of our work life.

As you already know, healthcare is highly regulated. There are so many rules and policies and, while it takes time, we must follow them all.

This code of conduct focuses on some of those rules. It does not, nor is it intended to, cover every regulation. It does, however, focus on very important areas that you will encounter every day.

As you know we have a Hotline (1-888-788-2502) to allow you to report, in good faith, any concerns you feel have not been addressed in the Client’s best interest. Hotlines are designed to maintain confidentiality. In addition, we have strict policies against retaliation toward any employees for utilizing the Hotline.

No piece of paper can compare with your own internal moral compass. Your sense of integrity, honesty, and caring are the heart and soul of Physicians HomeCare.

We want to thank each and every one of you; we are a team. Thank you for keeping our patients safe, cared for, and loved. We know the work is hard and are grateful that you do it so well every day.

Thank you,



DONNA KELSEY, CHIEF EXECUTIVE OFFICER



MARK JACKSON, CHAIRMAN, BOARD OF DIRECTORS



KIM MARTIN, CHIEF COMPLIANCE OFFICER

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Introduction

Purpose

Physicians HomeCare (“PHC”) is committed to compassionately serving each Client with quality care and excellence through health solutions that foster independence and self-esteem. PHC wants to ensure the organization, employees, vendors and all business operations are conducted with the highest ethical standards in accordance with all federal and state healthcare requirements and company policy.

The Code of Conduct (“Code”) applies to all PHC employees, vendors, and contractors. Compliance with the Code is expected while performing job responsibilities, conducting PHC business on or off company property, while traveling for the Company and at all other times where our employees, customers, vendors, business partners, or other persons having business relationships with us are present.

The Code should be used as a guideline to outline ethical standards to support and maintain relationships with all Clients, employees, customers, vendors, contractors and the communities PHC serves. This Code is not intended to be an all-inclusive rulebook. Employees may contact a supervisor, manager, Administrator, the Compliance Department, the Chief Compliance Officer or the Compliance Hotline with questions or concerns.

Accountability under the Code

Employees will conduct themselves and PHC business with honesty and integrity. Unethical, questionable, or illegal conduct to achieve business or personal gain is not appropriate and could result in disciplinary action up to and including termination. Compliance with the Code is a term and condition of employment.

If an employee is ever faced with a situation not covered in The Code or in an PHC policy, reference these questions.

- Is it the right thing to do?
- Is it in the best interest of the Client?
- Who can I go to for assistance?

Compliance at Physicians HomeCare

PHC's Compliance Program supports doing the right thing, at the right time, the right way, for the right reason. This vision articulates Compliance's mission to provide education and guidance to all employees of PHC's communities.

Physicians HomeCare Compliance Program is supported by the following:

- Oversight by our Chief Compliance Officer with support of Senior Leadership and the Board of Directors
- Written Standards which are the guidance to promote consistency of adherence by individuals covered by the Code
- Meaningful education and training for employees working at PHC-managed buildings
- Open lines of communication including an anonymous reporting system
- Auditing and monitoring of key risk areas in the organization to identify and correct potential compliance gaps

Obligation to Report

Employees working at PHC-managed buildings are obligated to report any suspected or known violations of this Code. This includes any violation of applicable laws, rules, regulations or policies. Employees have the right to report concerns anonymously through the Compliance Hotline or by contacting a supervisor, manager, Administrator, the Compliance Department, the Chief Compliance Officer.

Employees are required to report any suspected activities which could include, but are not limited to, the following:

- Suspected or known incidents of abuse or harm to a Client, family member or employee
- Violations of state or federal healthcare programs
- Conduct that violates the Code, Employee Handbook, or any PHC policy or procedure
- Harassment, Discrimination, or Retaliation
- Falsified information and documentation or questionable billing practices
- Unsafe work environment

Any employee may report any concern to the compliance Hotline anonymously 24/7/365. 1-888-788-2502

Communication Process

For questions about this Code, PHC policies or to report any known or suspected violations, follow the steps below:

- **Step 1:** Talk with a direct supervisor or manager. Supervisors/ Managers will be familiar with PHC policy, federal and state rules, laws and regulations related specific job titles and will be able to assist with most concerns.
- **Step 2:** If an employee is uncomfortable going to a supervisor or manager with a concern, they should speak with the facility Executive Director/General Manager or Administrator of Operations.
- **Step 3:** If the matter is not addressed after speaking with your supervisor, manager, Administrator, or the Compliance Department, contact the Compliance Hotline or the Chief Compliance Officer directly.

While we hope issues can be resolved internally, anyone can use the Hotline at any time for its intended purpose.

Retaliation Policy

PHC strictly prohibits any form of retaliation against any employee who reasonably makes a complaint, raises a concern in good faith, provides information, assists in an investigation or proceeding regarding any conduct believed to be in violation of the Compliance Program, or PHC’s policies or applicable laws, rules or regulations.

PHC prohibits employees from being retaliated against even if complaints or concerns are proven unfounded by an investigation, unless the employee knowingly, intentionally, or maliciously made a false allegation or otherwise acted in bad faith. However, PHC makes no promises to protect the employee from appropriate disciplinary action if it was their conduct that contributed in any way to the actual wrongdoing.

If an employee believes they are experiencing retaliation, it should be reported immediately to management, HR, the Compliance Department or the Compliance Hotline to be appropriately addressed.

Prohibited retaliation includes, but is not limited to,

- Termination,
- Demotion,
- Suspension,
- Failure to hire or consider for hire,
- Failure to promote or consider for promotion,
- Threats,
- Intimidation,
- Coercion,
- Denial of employment benefits,
- Other actions adversely affecting working conditions or employment.

The Compliance Hotline

The Compliance Hotline (“Hotline”) is administered by an independent provider who provides PHC with anonymous reporting of improper activity, questions, or concerns. The Hotline is available 24 hours a day, 365 days a year, 7 days a week. The Hotline is committed to protecting the identity of all who wish to remain anonymous. Reports are submitted from the Hotline to an PHC designee to investigate. PHC will make every attempt to maintain the confidentiality of all reports submitted.

Employees can submit a report by using the toll-free number to speak with a Hotline Representative or by visiting the Hotline Portal to submit a report independently. Each report will be assigned a case number and a personal identification number (“PIN”). Employees may use the PIN to call or log into the case to receive updates, or check the status throughout the investigation. This PIN also allows employees to communicate anonymously. Note, if an employee chooses to be completely anonymous and does not wish to receive a PIN, there will be no way to receive updates or communication regarding concerns reported to the Hotline.

1-888-788-2502

When should an employee contact the Compliance Hotline?

The Hotline should be contacted anytime an employee is made aware of a known or suspected violation of the Code, or any federal or state healthcare rules, regulations or laws and is not comfortable approaching a supervisor, management, Executive Director, Administrator or Senior Leadership. An employee may also contact the Hotline with any concern or issue requiring anonymity.

Interaction with the Government

Because PHC works with local, state and federal governments, employees need to always conduct themselves with the highest level of business ethics especially when working with government entities. PHC must maintain compliance with all applicable laws and regulations, including guideline requirements that apply to government contracts and transactions. During interactions with the government, employees should be mindful of the following:

- **Honesty** – Employees should always be open and honest. If there is ever doubt on what information should be presented, the employee should politely decline and speak with a supervisor or manager for further instructions.
- **Bribery/Quid Pro Quo** – Never offer or exchange any gifts, gratuities or favors with, or pay for meals, entertainment, travel or other similar expenses for government employees.
- **Questions?** – Contact the Legal Department or Compliance Department if you have any questions concerning the presence of local, state, or federal in your facility.

Protecting Client Privacy

Protecting Client information is an important responsibility for all employees involved with PHC. The privacy and security of all protected health information (“PHI”) maintained on behalf of our Clients is one of PHC’s top priorities. The Health Insurance Portability and Accountability Act (HIPAA) protects information PHC obtains for Client care.

- Be continually aware of the Client information in your possession, which may include: Paper, computer screens, printers, photographs, fax machines
- Ensure proper consents or authorizations are obtained before releasing Client information to anyone. When in doubt, ask!
- Log-out or lock computers when not in use or when away.
- Close and lock office doors or other secure areas and information when away
- Never share log in information or passwords with anyone

Did you know ...

If someone uses another employee's password or log in information to update or change any Client information, both employees will be held accountable. If an employee needs a new password or log in, contact your supervisor or manager immediately.

- Never place papers or documents with Client information in the regular trash. If the information contains PHI, it must go into a locked shred container.
- Do not leave PHI in unlocked boxes, on desks or in various areas. All information needing to be shredded must be placed into a locked shred container at the end of each shift.

Example: Business Office Manager, Tiffany, has an empty paper box under her desk. Tiffany throws all discarded notes and various other information that includes PHI into this box. At the end of each day, Tiffany takes the information in the box to the locked shred container to be properly discarded.

- Do not openly discuss a Client’s condition where others can hear or share information with those who are not directly involved with care.

Did you know ...

Communication about a Client’s condition or diagnosis in a hallway or public area could be a PHI/HIPAA breach if another Client or visitor overheard the conversation.

- Verify email recipients and fax numbers before hitting send.
- Double check the Client's name and date of birth prior to giving receipts, discharge summaries, lab reports, etc.
- Employees are discouraged from taking PHI out of the workplace without permission.
- **Under no circumstances should a Client's picture or PHI be posted to social media without a signed PHC Media Consent. Failure to adhere to this policy could lead to termination.**

Breaches of Protected Health Information (PHI)

PHI that has been compromised for any unauthorized purpose must be reported immediately. Breaches are to be reported to the ED, RVP and the Home Office Compliance Department. Reports can also be reported through the Hotline. All breaches will be investigated and reported to the proper state and federal entities. Failing to report breaches in a timely manner could result in fines to PHC, and discipline up to and including termination for employees involved in or aware of a breach.

Examples of PHI breaches:

- An email with PHI was sent to the wrong email address and the information was not password protected
- Laptop or medical records stolen out of a vehicle
- Posting Client information or photos on social media
- Giving Client information to an individual not involved with Client care

Compliance with the Law

Prevention of Fraud, Waste and Abuse

PHC has adopted written policies and procedures to ensure employees understand the laws regarding fraud, waste and abuse. Employees are trained on these policies and procedures routinely via PHC's Online Education System (Relias) and in-service training. Through training, employees understand federal and state laws regarding when and how to report fraud, waste and abuse. Training will also inform employees of their right to protection against penalty or retaliation for reporting fraud, waste and abuse.

- **Fraud:** Is the intentional deception made by an individual knowing the deception could result in unauthorized benefits.
- **Waste:** The overutilization or inappropriate utilization of services and misuse of resources.
- **Abuse:** General practices that are inconsistent with sound financial, business, or medical practices. Inconsistencies could result in an unnecessary cost to federal or state programs, or in reimbursement for services that are not medically necessary.

The False Claims Act (FCA)

The False Claims Act prohibits knowingly submitting false claims, documentations, records, or statements to the federal government for payment or approval.

Federal and state laws allow private citizens who file a lawsuit on behalf of the government for false claims to share in a percentage of the settlement or monetary recovery. Such laws and PHC policy prevent discrimination or retaliation against any employee who willfully assists or initiates an FCA investigation.

An employee who knows or suspects any false claims or fraudulent business practices must report the information to the Chief Compliance Officer or to the Hotline immediately.

Examples of false claims or prohibited business practices:

- Billing of unnecessary services
- Billing for services not provided
- Upcoding or changing procedure/diagnosis codes to receive better reimbursement
- Inappropriate use of Client funds
- False accounting practices
- Kickbacks
- Fraudulent cost reporting
- Illegal referrals

Elder Justice Act

Did you know ...

The United States Department of Justice reports that 1 in every 10 seniors is abused each year and only about 1 in every 23 cases is reported.

To combat elder abuse, Congress passed into law the Elder Justice Act. Under the Elder Justice Act, all PHC employees are required to report any reasonable suspicion of a crime against a Client. Reports must be made of the reasonable suspicion. Reports should be submitted to the Executive Director or facility designee. If the suspicion could result in serious bodily harm to a Client, reports must be made within two hours of forming the suspicion. Employees who report elder abuse in good faith will not be retaliated against. Employees have the right to contact the Secretary of Health and Human Services to file a report or complaint against anyone who fails to report elder abuse. Questions regarding The Elder Justice Act should be referred to the Compliance Department or to the Legal Department.

Whistleblower

A whistleblower is any employee of PHC who reports an activity they consider to be illegal or dishonest. The whistleblower is not responsible for investigating the activity or for determining fault or corrective measures. Appropriate management officials are charged with these responsibilities.

Examples of illegal or dishonest activities are:

- Violations of federal, state or local laws;
- Billing for services not performed or for goods not delivered;
- Other fraudulent financial reporting.

The PHC Whistleblower Policy is intended to encourage and enable employees to raise serious concerns internally, allowing PHC to address and correct inappropriate conduct and actions. It is the responsibility of all board members, officers, employees and volunteers to report concerns about violations of PHC's code of conduct or suspected violations of law or regulations that govern operations.

If an employee has knowledge of or a concern of illegal or dishonest fraudulent activity, the employee is to contact a supervisor, manager or the Chief Compliance Officer. Employees must exercise sound judgment to avoid baseless allegations. An employee who intentionally files a false report of wrongdoing will be subject to disciplinary action according to PHC's Human Resources policies.

All concerns or possible violations should be reported immediately. Reports can be made through The Compliance Hotline confidentially. **1-888-788-2502**

Whistleblowers are protected with confidentiality and against retaliation. The confidentiality of the whistleblower will be maintained as much as possible. However, identity may be disclosed to conduct a thorough investigation, to comply with the law, and to provide accused individuals their legal rights of defense. PHC will not retaliate against a whistleblower. This includes, but is not limited to, protection from retaliation in the form of an adverse employment action such as termination, compensation decreases, or poor work assignments and threats of physical harm. Any whistleblower who perceives retaliation needs to contact The Chief Compliance Officer immediately. The rights of a whistleblower for protection against retaliation does not include immunity for any personal wrongdoing that is alleged and investigated.

Bribes

In the conduct of PHC business, bribes, payments or offers of anything of value are not to be offered to or received from any business partners, suppliers, vendors, government officials, or any other third party for purposes of improperly facilitating business relationships or gaining other business advantages. Such conduct is strictly prohibited. Employees are not to solicit or accept personal benefits from any of our business partners, suppliers, vendors, government officials or others seeking to do business with PHC. This includes not only direct payments of money, but also indirect payments, including gifts, entertainment and travel, unless otherwise permitted under the Gifts Policy. If any employee is offered or receives anything of value in violation of this policy, the employee must immediately report the event to the Chief Compliance Officer.

Gifts, Kickbacks and Referrals

The federal Anti-Kickback Statute prohibits employees from providing or accepting any item of value made directly or indirectly to any individual or organization for inducing or encouraging Client referrals or other items, goods or services. The Anti-Kickback Statute applies in all situations where employees are paid for services by a federal or state healthcare program (Medicare and Medicaid, etc.). Because of this rule, PHC strictly prohibits giving or receiving any gifts, gratuities or business courtesies to any of our business partners if one of the purposes is to reward past business referrals or to encourage future business referrals.

Violating the Anti-Kickback Statute could result in severe penalties for PHC and the employee.

Gifts, Gratuities or Business Courtesies

Gifts, gratuities or business courtesies may only be offered or received if the PHC gifts policy guidelines are followed. Gifts are not to exceed \$50 per individual or organization per year. No gift can be given if it is to encourage future referrals or is a reward for past referrals. A gift may not be accepted if it has the capability of raising an actual or perceived conflict of interest.

Example of an Unallowable Gift:

- PHC buys lunch for a department of a local hospital with a note that says, "Thank you for all of your business."
- The family of a Client offers you a Gift in exchange for providing their family member with extra attention and care. This would not be allowed since it creates a conflict of interest and may result in a reduction in care provided to our other Clients.

Example of an Allowable Gift:

- Providing a discharge planner with a small gift of Starbucks coffee to thank them for assisting us with the coordination of care in placing a challenging Client.
- A modestly priced gift basket is sent from a vendor to the Executive Director. The Executive Director places the gift in the break room to be shared by all staff.

Gift Cards

Internal Revenue Service's regulation states that "if an employer gives an employee cash, a gift card, gift certificate, vouchers, or similar items that can be used in place of cash or easily exchanged for cash, the value of the gift is additional taxable salary or wages regardless of the amount." Therefore, the use of gift cards or other similar items can only be used in isolated cases and subject to the approval of the Administrator. ***If a gift card is given to anyone and reimbursement is sought, the name of the employee or recipient of the gift card must be clearly identified.*** Gift cards cannot exceed a minimum amount (\$50.00). Under no circumstances are gift cards to be accepted by an employee from a Client, a Client's representative or family member. To accept a gift, an employee would be subject to disciplinary action.

Charity Care

It is not a violation for PHC, or any of its facilities, to provide free or discounted "charity care" services to individual Clients who are suffering from a financial hardship and have been approved in advance by the Chief Executive Officer, Chief Operating Officer or the Chief Financial Officer.

Use of PHC Property

PHC employees share responsibility for maintaining and complying with the internal control requirements and procedures established by PHC to ensure that all facilities, systems, equipment, supplies, records, and other assets are maintained, to the maximum extent possible, in a safe and secure environment. All assets should be used only for authorized purposes in accordance with PHC policies and procedures.

PHC owns all communication equipment including computers, software, email, voicemail and office supplies. Therefore, all communication sent or received through any of these devices is considered company property. PHC has the right to monitor all communication as well as internet usage on PHC equipment.

Only approved computer software should be loaded to PHC computers. Downloading unauthorized computer software is prohibited as it could allow viruses into the PHC network. If you have any questions or concerns about software, please contact the IT Department.

Examples of how not to use PHC property

- Checking your bank account from an PHC laptop or computer
- Using PHC email address for personal matters

Media Relations

PHC employees, on occasion, may be contacted by media about matters related to the organization. Only authorized employees can respond to media requests. Employees not specifically authorized to do so should not speak to the media on PHC's behalf. Media inquiries requesting the Company's statement or position are to be directed to the Director of Corporate Communications.

What to do if the Media calls:

- All employees should use the following phrase: "Thank you for calling. Please provide me with your name, business name, and return phone number. I will forward this message to the appropriate person."
- Information collected should immediately go to the Director of Communications for proper handling.
- To contact the Director of Corporate Communications, please call the Home Office at 317-788-2500.

Social Media

If an employee chooses to list PHC as an employer on social media, such employee is required to adhere to this Code while posting, commenting, or sharing information. Under no circumstance are photos, videos or any image of a Client or their information to be posted on any and all social media sites.

Charitable and Political Activities

Employees are encouraged to participate in charitable activities and to be informed citizens. For employees who involve themselves in the political process, such participation is entirely voluntary and must be made on personal time, and must not harm or embarrass PHC.

Guidelines Relating to Charitable Activities

- Prior authorizations from a manager or supervisor must be received before any contribution of PHC funds, property, or services to any charity or not-for-profit organization or to any political candidate, party, or committee.
- Employees are permitted to ask other employees to make contributions, however employees need to respect wishes and must never pressure others into supporting or contributing.
- Participation in charitable fundraising drives or other activities should never take away from time at work and should not become a distraction. Such participation should also not distract or bother other employees.
- Work e-mail groups should not be used by individual employees to solicit charitable contributions.

Guidelines for Political Activities

- Employees may not pressure or solicit other employees to make political contributions, or participate in support of a political party or candidate.
- Employees must comply with all federal, provincial, state and local laws regulating participation in political affairs.

Contractors and Vendors

All contractors or vendors with PHC are required to follow all applicable laws and regulations. Contractors and vendors are encouraged to have a compliance program and are expected to follow this Code. All contractors and vendors that create, receive, maintain or transmit PHI while performing certain functions are required to sign a business associate agreement.

Exclusion Program

Federal law prohibits providers, such as PHC, from employing or doing business with individuals or entities that have been excluded from participation in federally funded healthcare programs (Medicare and Medicaid). The U.S. Department of Health and Human Services Office of Inspector General and the U.S. General Services Administration maintain lists of individuals and entities that have been excluded in this manner.

Reasons the government may exclude an individual or entity

- Conviction of a criminal offense related to the provision of healthcare items or services,
- Healthcare fraud,
- Patient abuse,
- Licensing board actions,
- Default on Health Education Assistance loans.

All employees will be screened against the Office of Inspector General (OIG), System Awards Management (SAM), and state exclusion lists before employment or becoming a vendor for PHC. Employees are then screened monthly to ensure compliance with all federal laws.

An employee who has been convicted of a healthcare related crime, or excluded from a Federal healthcare program, will not be employed by or otherwise engaged by PHC at any time. Any PHC employee who is convicted of a healthcare related crime or who has been excluded from a Federal healthcare program must report this information to the Chief Compliance Officer in writing immediately following the event, conviction or exclusion.

Commitment to Education and Training

Education and training are key elements to providing quality care, excellent service, accurate billing, and conducting legal and ethical business practices. PHC utilizes training programs in addition to PHC's online education system to provide instructions on the compliance program and to ensure each employee receives the knowledge to perform job functions. Minimum training requirements have been established through the Compliance Program and must be completed by the deadline set. If an employee has not completed education requirements by the deadline, the employee will be taken off the schedule until requirements are met. Education is monitored through PHC's Online Education System (Relias), personnel files, and in-service records.

Licensure and Certification

PHC employees who are required to maintain a license or certification are required to maintain such licensure and certification in good, active standing and comply with all applicable laws while employed. It is the employee's responsibility to renew, verify and validate their information with the licensure or certification board. In the event any disciplinary action is taken against a license or certification, the employee must report the action or potential action to management or a supervisor. If a lapse or lack of valid licensure the RVP and Compliance or Legal Department must be notified immediately.

CERTIFICATE OF COMPLIANCE

1. I have read the entire Code of Conduct, I have had the opportunity to ask questions regarding its contents. I understand fully how the policies relate to my position.
2. I acknowledge my obligation and agreement to fulfill duties and responsibilities set in the Code of Conduct and are bound by these standards.
3. I confirm, through my employment with PHC, I will continue to comply with the terms of the Code of Conduct.
4. I understand that violations of the Code of Conduct may lead to disciplinary action, including termination.

Signature: _____

Printed Name: _____ Date: _____

Title/Position: _____

Facility Name: _____

If for any reason an employee does not understand or comprehend any part of this Code, contact the Compliance Department for clarity. The first copy is to be retained by the employee/officer/Board Member/contractor. The second copy is to be retained for the employee/officer/Board Member/contractor's record.

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