A Message from Our Chief Executive Officer

Dear Fellow Team Members:

Halifax Health has been built on the belief that we all want to do the right thing as we conduct our business affairs in the pursuit of excellence in healthcare. This Code of Conduct, which we will often refer to as Our Values in Action, is designed to increase your awareness of general compliance issues and business ethics as they apply to healthcare. It also provides a way for all of us to better understand how Halifax Health conducts its business affairs – both today and in the future. The information contained in this document will expand upon what you already know and help clarify areas that may have been unclear.

If you have any questions or concerns regarding the Code, several channels are available to assist you. It is suggested you discuss the issue with your supervisor first. If you are uncomfortable going to your supervisor, you may try to speak with another member of the management team in your affiliate, or the affiliate’s Compliance Director or similarly titled individual. In the training you will receive, you will be given information on how to contact the Compliance Officer or other member of our Compliance Committee. You may also call the Halifax Health Ethics and Concerns Help Line: 386.258.4800

Halifax Health is committed to providing you with a work place that encourages and supports open, honest communication and trust among each and every member of our organization. Our Corporate Ethics and Compliance Program demonstrates that commitment and allows us to take an active role in safeguarding our tradition of strong moral, ethical and legal standards of conduct.

We thank you for helping put our values into action.

Jeff Feasel, President and CEO
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code of Conduct Summary</td>
<td>7</td>
</tr>
<tr>
<td>Introduction</td>
<td>10</td>
</tr>
<tr>
<td>Our Mission</td>
<td>11</td>
</tr>
<tr>
<td>Our Values</td>
<td>11</td>
</tr>
<tr>
<td>Compliance with Laws and Regulations</td>
<td>11</td>
</tr>
<tr>
<td>Compliance with Our Own Policies and Standards</td>
<td>11</td>
</tr>
<tr>
<td>Relationships with Patients and Health Plan Members</td>
<td>11</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>11</td>
</tr>
<tr>
<td>Advance Directives</td>
<td>11</td>
</tr>
<tr>
<td>Patients’ and Members’ Rights</td>
<td>12</td>
</tr>
<tr>
<td>Relationships with Customers, Suppliers and Third Party Payers</td>
<td>13</td>
</tr>
<tr>
<td>Quality of Service</td>
<td>13</td>
</tr>
<tr>
<td>Contract Negotiation</td>
<td>13</td>
</tr>
<tr>
<td>Marketing and Advertising Activities</td>
<td>13</td>
</tr>
<tr>
<td>Anti-Competitive Practices</td>
<td>13</td>
</tr>
<tr>
<td>Anti-Kickback Statutes</td>
<td>14</td>
</tr>
<tr>
<td>Billing, Reimbursement and False Claims</td>
<td>14</td>
</tr>
<tr>
<td>Charging of Costs and Time</td>
<td>15</td>
</tr>
<tr>
<td>Using the Organizations Resources</td>
<td>15</td>
</tr>
<tr>
<td>Making Political Contributions</td>
<td>15</td>
</tr>
<tr>
<td>Providing Business Courtesies to Customers or Sources of Customers</td>
<td>15</td>
</tr>
<tr>
<td>Educational Activities Grants</td>
<td>16</td>
</tr>
<tr>
<td>Research Grants</td>
<td>16</td>
</tr>
<tr>
<td>Charitable Contributions</td>
<td>16</td>
</tr>
<tr>
<td>Government Customers</td>
<td>16</td>
</tr>
<tr>
<td>Accurate Books and Accounts</td>
<td>16</td>
</tr>
<tr>
<td>Personal Use of the Organization’s Resources</td>
<td>17</td>
</tr>
<tr>
<td>Avoiding Abuses of Trust</td>
<td>17</td>
</tr>
<tr>
<td>Conflict of Interest</td>
<td>17</td>
</tr>
<tr>
<td>Acceptance of Gifts, Gratuities and Other Business Courtesies</td>
<td>18</td>
</tr>
<tr>
<td>Insider Trading</td>
<td>18</td>
</tr>
<tr>
<td>Safeguarding Information</td>
<td>18</td>
</tr>
<tr>
<td>Confidential Information</td>
<td>18</td>
</tr>
<tr>
<td>Halifax Health’s Restricted Information</td>
<td>19</td>
</tr>
<tr>
<td>Use of Electronic Systems</td>
<td>19</td>
</tr>
<tr>
<td>Government Proprietary and Source Selection Information</td>
<td>19</td>
</tr>
<tr>
<td>Copyrights and Intellectual Property</td>
<td>19</td>
</tr>
</tbody>
</table>
Workplace Conduct and Employment Issues

Harassment and Discrimination .............................................................. 20
Workplace Diversity and Equal Employment Opportunity .................... 20
Health and Safety ..................................................................................... 20
Infection Control ..................................................................................... 20
License and Certification Renewals ......................................................... 21
Hiring of Federal and State Employees .................................................. 21
Controlled Substances ............................................................................ 21
Refraining from Substance Abuse ......................................................... 21

Program Implementation

Oversight ................................................................................................. 21
Reporting Issues and Concerns ............................................................. 22
Training .................................................................................................... 22
Team Member Acknowledgment ........................................................... 22
Auditing and Monitoring ....................................................................... 22
Enforcement, Discipline and Corrective Action .......................................... 23

Limitation on Effect of Code of Conduct

Amendments to the Code of Conduct .................................................... 23

Appendix A - Questions and Answers

If I have a question about a policy or regulation, where can I go? ..................... 24
How can I report an issue or suspected violation? ........................................... 24
Can I be disciplined for reporting an issue or concern? ................................. 24
What if my supervisor asks me to do something that I think is illegal or violates the Code of Conduct? ................................. 24
How do I know if an action or situation is unethical? ..................................... 24
Can I accept a $50 gift from a patient? ...................................................... 25
Can a department accept a “thank you” gift from a vendor with whom we have an established relationship? ........................................... 25
Can a department solicit a charitable contribution from a vendor? ................ 25
A friend has asked me to look up medical information on a relative who was a past patient. Can I use the computer to provide the information? ................................................................. 25
I need to confirm a follow-up doctor’s appointment for a patient. Can I leave information about the appointment on the patient’s answering machine? ........................................... 25
Can I maintain a job outside of Halifax Health in addition to my Halifax Health job? ................................................................. 25
A sales representative asks me for a date every time he visits our facility. I have told him I’m not interested but he continues to ask and it’s making me uncomfortable. What should I do? ...... 26
I would like to use a hospital-owned computer and copy machine for some volunteer work I am doing for a civic organization. Is this permitted? ................................................................. 26
A close relative owns a company seeking to do business with Halifax Health. He has asked me for information that could help him win a contract with a Halifax Health affiliate. How should I handle this situation? ............................................................................ 26

Appendix B - Statement of Understanding ............................................. 27

Appendix C - Affiliate-Specific Standards ............................................. 28

Appendix D - Halifax Health Antitrust Compliance Plan ......................... 29

Key Antitrust Violations ........................................................................... 29
Price Fixing .............................................................................................. 29
Appendix E - Federal and State False Claims Acts

Introduction ................................................................. 34
Federal False Claims Act ................................................. 34
Florida False Claims Act .................................................. 35
Medicaid Integrity Program ............................................... 36
Workplace Practices .......................................................... 38
References ......................................................................... 38
# Code of Conduct Summary

**Our Values in Action**
We value an ethical, honest and positive work place and putting these values into action depends on every member of our organization.

**Compliance with Laws, Rules, Regulations and our own Policies**
We are committed to full compliance with all federal, state, and local laws and regulations. We will immediately and directly report any actual or perceived violation of this Code of Conduct in accordance with our reporting policy.

We will also comply with our own policies, standards and procedures. This includes those that apply System-wide, those that are specific to an affiliate, and those that apply within a department.

**Relationships with Patients and Health Plan Members**
We are expected to know and understand the rights of the individuals we serve, and to provide care in a manner that recognizes and preserves the individual’s right to treatment with dignity and respect.

We will provide treatment to all individuals who have an emergency medical condition, and we will not delay treatment in order to inquire about the individual’s method of payment.

Our patients will be informed of their right to make advance directives relating to healthcare and have them followed, within the limits of the law.

**Relationships with Customers, Suppliers and Third Party Payers**
We are committed to providing services that meet established quality standards and our contractual obligations.

We have a duty to disclose current, accurate and complete cost and pricing data and to be honest in all representations to the public and our business associates.

We will refrain from engaging in unfair practices that might restrict competition, such as discussion of pricing with competitors.

We will not offer or pay anything of value to induce someone to refer a patient or use Halifax Health services.

We are committed to ensuring that claims for reimbursement are accurate, that patients receive timely bills, and all questions regarding their bills are answered.

When we submit time or expense reports or use time clocks, we do so in a complete, accurate and timely manner. We will not misrepresent time worked or the costs incurred by the enterprise.
Using the Organization’s Resources

We will not contribute or donate Halifax Health funds, products, services, use of facilities or other resources to any political cause without prior approval.

Charitable contributions received from others must directly benefit Halifax Health.

We will not accept contributions in exchange for favorable treatment or a commitment to purchase supplies or services.

We will not seek to gain an improper business advantage by offering courtesies such as entertainment, meals, transportation or lodging to our business associates.

We will not solicit or accept education or research grants that create even the appearance of impropriety.

We will not use Halifax Health resources for personal reasons.

Avoiding Abuses of Trust

We will not accept cash or anything of substantial value from patients, patient family members or business associates of Halifax Health.

We will avoid outside employment, financial interests, investments or other outside activities that impair our productivity or decision-making while at our Halifax Health job.

We will not trade in the securities of any company on the basis of non-public information acquired through our relationship with Halifax Health.

Safeguarding Information

We will strictly safeguard all confidential information with which we are entrusted. We will not use, discuss or disclose such information except to serve our patients, carry out our job duties, or as required or allowed by law. This responsibility extends beyond the period of employment.

We will safeguard computer access codes from unauthorized use or disclosure.

We will protect electronic information by using computers responsibly and in accordance with our appropriate use policies.

We will not use, copy or distribute copyrighted information and other intellectual property in violation of applicable laws or contractual obligations.
Workplace Conduct and Employment Issues

We will report any incidences of discrimination, abuse or sexual harassment involving patients, visitors or Team Members.

We are committed to providing job opportunities to applicants and Team Members without discrimination. We will comply with laws governing the hiring of former government employees.

We will comply with workplace safety regulations and standards and participate in safety education and training.

Team Members who are required to do so will maintain and hold their license or certification in a current and active status.

We will maintain a drug and alcohol-free workplace, and strictly control the distribution and use of prescription drugs and controlled substances.

Program Implementation

To oversee our Compliance Program, Halifax Health has a Compliance Officer, a Compliance Committee and some Halifax Health affiliates have a designated compliance official to oversee the program within the affiliate.

Every Team Member has a duty to report issues or concerns they believe may be a violation of this Code of Conduct, federal, state or local laws or internal policies and standards. No adverse action or retribution will be taken against a Team Member because he/she reports a concern or suspected violation. A report can be made to any member of the Leadership team, the affiliate’s compliance official, any member of the Compliance Committee, Halifax Health Compliance Officer, on Code of Conduct statements completed each year, or anonymously using the Halifax Health Ethics and Concerns Help Line: 386.258.4800

New Team Members will attend Corporate Ethics and Compliance training as part of their orientation. Annually, Team Members will attend additional education on a variety of topics, including the Code of Conduct.

Team Members will sign or electronically submit a Statement of Understanding of the Code of Conduct upon initial employment and annually thereafter.

Internal audits and investigations relating to compliance will be conducted in many areas, including, but not limited to, computer usage, billing and financial reporting.

Strict adherence to the Code of Conduct is vital. Violations may result in discipline ranging from a warning and reprimand, to discharge from employment.
Introduction

Halifax Health is a family of companies operated by Halifax Hospital Medical Center, an independent taxing district chartered by the State of Florida. Halifax Health is responsible for the operation of all companies connected with the district. The reputation of Halifax Health is dependent on the successful and ethical operation of each affiliated company and entity. Therefore, it is critically important that we all meet the highest standards of legal and ethical conduct.

To protect Halifax Health’s reputation and to promote consistency in how we conduct ourselves, the Board of Commissioners has established this Code of Conduct as part of its Corporate Ethics and Compliance Program. The purpose of this Program is to safeguard our tradition of strong moral, ethical and legal standards of conduct. We accomplish this by preventing and detecting problems that may result in a liability, and taking corrective action promptly when problems are found. Our organization’s conduct must conform to the highest ethical standards and be in accordance with all applicable laws, rules and regulations. This also applies to all Team Members of Halifax Health.

This Code of Conduct establishes the general policies and standards with which we are expected to comply as a condition of employment. The policies and standards referred to in this document are not meant to cover all situations. Any doubts or questions concerning a particular situation should be referred either to your immediate supervisor, another member of the management team in the affiliate where you work, the director of compliance for your affiliate, if applicable, or a member of the Compliance Committee.

Every Team Member is expected to understand and comply with the rules and standards established by this Code of Conduct. The standards of conduct that govern Halifax Health’s relationship with the government are applicable to all of Halifax Health’s Team Members, regardless of their job duties or business unit. Interpretations or exceptions to this Code of Conduct may be made only by a member of the Compliance Committee. A Team Member who violates any provision of this Code of Conduct will be subject to disciplinary action, up to and including discharge from employment. In addition, promotion of and adherence to this Code of Conduct and to the Program will be one criterion used in evaluating the performance of supervisors, managers, and other high-ranking Team Members. Additional policies and standards that are set forth in any other documents within Halifax Health affiliates and departments should be consistent with this Code of Conduct. In case of any inconsistency, this Code of Conduct shall govern. In some areas, it may be appropriate for an affiliate’s or a department’s standards to be more restrictive than this Code.
**Our Mission**

Our mission is to be the community healthcare leader through exceptional talent and superior patient centered service delivered in a financially sustainable manner.

**Our Values**

Halifax Health will cultivate a positive workplace in which each Team Member is valued, respected, and has an opportunity for personal and professional growth. We will develop patient centered systems of care.

**Compliance with Laws and Regulations**

We are committed to full compliance with all federal, state and local laws and regulations. We will immediately and directly report any actual or perceived violation of this Code of Conduct in accordance with our reporting policy discussed in more detail under Implementation. Also, we will comply with all laws and regulations related to licensure, certificate of need, and participation in government health care programs.

**Compliance with Our Own Policies and Standards**

We are committed to full compliance with our own policies, standards and procedures. This includes those that apply System-wide, those that are specific to an affiliate, and those that apply within a department. Team Members will be made aware of these policies and procedures during general orientation, and, if applicable, orientation within the department where they work.

**Relationships with Patients and Health Plan Members**

**Emergency Care**

Our hospital affiliates will comply with the Emergency Medical Treatment and Active Labor Act (EMTALA), and all affiliates will comply with applicable state laws relating to the provision of emergency care. We will provide treatment to all individuals who have an emergency medical condition, and we will not delay treatment or an appropriate medical screening in order to inquire about the individual’s method of payment or insurance coverage. We will not transfer or discharge patients based on their ability to pay. Individuals may only be transferred to another facility in limited circumstances after the individual has been stabilized. Refer to our policies on emergency care for more information.

**Advance Directives**

Our patients will be informed of their right to make Advance Directives and have them followed within the limits of the law. We shall comply with all policies and procedures, and federal and state laws and regulations governing Advance Directives.
Patients’ and Members’ Rights

All Team Members are expected to know and understand the rights of the individuals we serve. It is our policy to provide care in a manner that recognizes and preserves the individual’s right to impartial treatment with respect and dignity. Health care services will be based on identified healthcare needs, and access to care is provided without regard to race, creed, sex, national origin, source of payment, age, disability, or whether advance directives have been specified. Rights of patients also include:

› The right to receive a written copy of their rights
› The right to personal and informational privacy
› Freedom from abuse, harassment and unreasonable restraint
› The right to know the identity and professional status of individuals providing services
› When in a health care facility¹, the right to know what support services are available and the right to access those services
› The right to consult with a specialist at his/her own expense
› The right to be informed of any research or experimentation affecting treatment, and the right to refuse to participate in such activities
› The right to receive complete and accurate information concerning his or her diagnosis and treatment
› The right to participate in ethical issues that arise out of his or her care
› When in a health care facility¹, the right to communicate with people outside the facility within reasonable limits
› The right to informed participation in health care decisions, including plans of care and explanations of medically significant risks and probable duration of incapacitation
› The right to refuse treatment to the extent permitted by law
› When services are billable to a patient, member or third party, the right to request and receive an itemized bill and explanation of the bill regardless of the source of payment
› The right to a prompt and reasonable response to a question or request
› The right to express a grievance and receive a response
Relationships with Customers, Suppliers and Third Party Payers

**Quality of Service**

We are committed to providing services that meet all of our contractual obligations and established standards for quality. These include those established by our own policies and, where applicable, those of certain accrediting organizations such as the Joint Commission and the Utilization Review Accreditation Commission. Team Members who have a safety or quality concern should report the concern to the quality improvement or risk management official at their affiliate. They may also report concerns to the appropriate accrediting agency. No disciplinary action will be taken against any Team Member for reporting a quality or safety concern.

**Contract Negotiation**

The submission to a federal government customer of a representation, quotation, statement or certification that is false, incomplete or misleading can result in civil and/or criminal liability. The individuals involved and any supervisors who condone such practices may also be sanctioned. We have an affirmative duty to disclose current, accurate and complete cost and pricing data where such data is required under appropriate federal or state law or regulation. Those involved in the pricing of contract proposals or the negotiation of a contract must ensure the accuracy, completeness and currency of all data generated and given to supervisors and others. We must also be honest in all representations made to customers and suppliers, both governmental and commercial.

**Marketing and Advertising Activities**

In all marketing and advertising activities, we will offer only factual information or documented evidence to the general public. We will not distort the truth, make false claims, engage in unfair comparative advertising, nor will we unduly attack or disparage another healthcare provider. In addition, all direct-to-consumer marketing activities require legal review in advance if they involve giving anything of value to a patient, health plan member or potential source of referrals.

**Anti-Competitive Practices**

Antitrust laws are designed to ensure competition and to preserve the free enterprise system. Activities that may implicate antitrust laws include agreements or understandings among competitors to:

- Fix prices or price-related terms; or
- Allocate customers, services or territories; or
- Refuse to deal with a supplier or customers except on collectively determined terms.

Antitrust laws may also be implicated in market surveys, trade associations, joint ventures and other legitimate business collaborations.

This is a highly complex area, and this document cannot cover all situations in which antitrust laws may apply. Team Members should take special care in this area, and promptly refer any questions to management, or a member of the Compliance Committee, who should then consult General Counsel.

For more information, refer to the Halifax Health Antitrust Compliance Plan in Appendix D.
**Anti-kickback Statutes**
Federal and state laws prohibit offering anything of value to an entity or person to induce that person to purchase services from or refer a patient to Halifax Health. The laws also prohibit anyone from accepting anything of value for such purpose. As this is a highly complex area, this document cannot list all situations in which the anti-kickback laws may apply. Therefore, we must take special care in this area, and promptly refer any questions to a member of the Compliance Committee, who should refer the question to General Counsel.

Examples of the types of actions that could violate the federal Medicare/Medicaid anti-kickback statute and similar state laws include the following:

- Offering or paying anything of value to induce someone to refer a patient to Halifax Health, including, but not limited to, the routine waiving of co-payments;
- Offering or paying anything of value to anyone in marketing Halifax Health’s services;
- Soliciting or receiving anything of value for the referral of Halifax Health patients to others;
- Giving or receiving free goods or discounts, except as permitted under applicable laws and regulations.

**Billing, Reimbursement and False Claims**
We are committed to ensuring that our billing and reimbursement practices comply with all federal and state laws, regulations, guidelines and our own policies. Claims for reimbursement must be accurate and reflect current payment methodologies. In affiliates that bill patients or third parties, we are committed to ensuring that they receive timely bills and that all questions regarding their bills are answered promptly.

Halifax Health has adopted various policies and procedures to ensure compliance with federal and state health benefit programs as well as rules relating to private insurance. These policies and procedures are necessary to avoid fines and other sanctions under state and federal False Claims Acts. For further information concerning these laws, see Appendix E, or discuss with your supervisor, the affiliate’s compliance official, if applicable, or contact a member of the Compliance Committee.

Examples of the types of actions that could violate the federal and state false claims statutes include:

- Billing for services that were not rendered at all or were not rendered as described on the claim form;
- Duplicate billing;
- Failing to report overpayments or credit balances;
- Filing a claim for services that were rendered, but the services did not meet coverage requirements;
- Submitting a claim containing information known to be false such as incorrect diagnosis or procedure codes;
- Billing incorrectly for services provided by interns, residents and fellows in a teaching program;
- Falsifying treatment plans and medical records to maximize payments;
- Failing to complete required medical documents when required by health program requirements;
- Falsifying statements of medical necessity, or billing for services not medically necessary;
- Submitting a false cost report or rate request; and
- Misusing Social Security or Medicare symbols, emblems or names in marketing.
**Charging of Costs and Time**

When we submit time or expense reports, or use time clocks, we must be careful to do so in a complete, accurate and timely manner. We must also be careful to ensure that hours worked and costs incurred are applied to the correct accounts. We must not allow another person to use a time clock on our behalf, and we should not log time worked while on personal business.

A signature on a time sheet or time clock transaction is a representation that the time reported accurately reflects the time worked. The supervisor’s signature on a timecard or expense report is a representation that it has been reviewed. It also shows that we have verified the validity and correctness of the hours or expenses reported. Supervisors must avoid placing pressure on Team Members that could lead them to believe that deviations from appropriate time reporting or cost charging practices will be condoned. We will not accept such practices. The affiliate where you work will have additional information on timekeeping and charging policies and procedures.

---

**Using the Organization’s Resources**

**Making Political Contributions**

We will not contribute or donate Halifax Health funds, products, services, use of Halifax Health facilities or other resources to any political cause, party or candidate without the advance written approval of the Chief Executive Officer, or member of the affiliate’s Compliance Committee. However, Team Members may make voluntary personal contributions to any lawful political causes, parties or candidates as long as the individual does not represent that such contributions come from Halifax Health. In addition, the individual making a contribution must not obtain the money for the contribution from Halifax Health for the sole purpose of making such a contribution.

**Providing Business Courtesies to Customers or Sources of Customers**

Our success in the marketplace results from providing quality services at competitive prices. We do not seek to gain an improper advantage by offering business courtesies such as entertainment, meals, transportation or lodging to customers, referral sources or purchasers of Halifax Health services. We should never offer any type of business courtesy to a referral source or a purchaser for the purpose of obtaining favorable treatment or advantage. To avoid even the appearance of impropriety, we must not provide any referral source or purchaser with gifts or promotional items of more than nominal value, as defined in your affiliate’s specific policy on such matters.

Except for additional restrictions that apply in the federal or state government area as noted below, we may pay for reasonable meal, refreshment and/or entertainment expenses for referral sources and purchasers of Halifax Health services. Such transactions may occur only occasionally, and may not be solicited by the recipient. They must not be intended to or likely to affect the recipient’s business decisions with respect to Halifax Health. We may provide or pay travel or lodging expenses of a customer or source of customers, but only with the advance approval of the chief executive for the affiliate, or a designee. If the courtesy is for other than a directly related business purpose, advice from a member of the Compliance Committee should be sought.
**Educational Activities Grants**

Managers and others who are in a position to represent Halifax Health shall not receive educational grants that create even the appearance of impropriety. To avoid a conflict, we will follow “Gifts to Physicians from Industry” guidelines adopted by the American Medical Association’s Council on Ethical and Judicial Affairs. Interpretative guidelines regarding educational grants may be obtained from the Halifax Health Compliance Department.

**Research Grants**

We must ensure that any funds provided through healthcare research or consulting agreements are for bona fide purposes. Research grants must also be made in a manner that clearly separates payments from any referrals for healthcare services. All research grants from vendors must be approved by the department head and must be for legitimate, bona fide research. The affiliate’s Institutional Review Board should be consulted when appropriate.

Healthcare services provided in connection with research may not be billable to government health benefit programs or other insurance. Managers considering research projects that involve the rendering of healthcare services should consult with the affiliate’s Business Office or the Compliance Department for applicable billing rules.

**Charitable Contributions**

All charitable contributions received from vendors must directly benefit Halifax Health. Under no circumstances may a check be made payable to an individual at Halifax Health. We shall not accept any donations that are in conjunction with a marketing effort or sales promotion. Under no circumstances shall donations be accepted that require Halifax Health to use the donation to purchase supplies from the vendor making the contribution.

**Government Customers**

Halifax Health is a party to contracts with various governmental agencies. Examples include provider contracts wherein we provide services to or on behalf of the Medicare and Medicaid programs, either directly or as a subcontractor. It is essential that all Team Members are knowledgeable of, and comply with, all of the applicable laws, rules and regulations of governmental agencies with which we do business. We will not provide or pay for any meal, refreshment, entertainment, travel or lodging expenses for government employees without the prior approval of a member of the Compliance Committee. Governmental agencies may also have restrictions on the provision or acceptance of business courtesies, including meals and refreshments. Halifax Health’s Team Members doing business with government agencies are expected to know and respect these restrictions.

**Accurate Books and Accounts**

All of Halifax Health’s financial transactions must be properly authorized by management, and accurately and completely recorded on Halifax Health’s books and records. Financial records and reports will be prepared and maintained in accordance with generally accepted accounting principles under an established system of internal controls. We will not make false, incomplete or unsupported corporate entries in our books. No undisclosed or unrecorded corporate funds will be established for any purpose, nor will Halifax Health’s funds be placed in any personal or non-corporate account. Finally, all corporate assets must be properly protected. Periodically, property records will be compared with the actual property, and action taken to reconcile any variances. We will not fraudulently influence, coerce, manipulate, or mislead any internal auditor or independent public or certified accountant engaged in the performance of an audit of the financial statements.
Personal Use of the Organization’s Resources

It is everyone’s responsibility to safeguard the organization’s resources, including time, materials, equipment, and information. It is not permissible to use the organization’s resources for personal reasons without authorization from a supervisor. Occasional use of some items, like telephones, is permissible. Likewise, any community or charitable use of the organization’s resources must be approved in advance by your supervisor. Under no circumstances should non-business use of the organization’s resources interfere with your job duties or the job duties of others.

Avoiding Abuses of Trust

Team Members must avoid any activity that might interfere or appear to interfere with decision-making in situations where the Team Member’s personal interests conflict with Halifax Health’s interests or the interests of Halifax Health’s customers or suppliers.

Conflict of Interest

Unless advance written permission is given by the Compliance Committee or an affiliate’s Chief Executive, no Team Member may have an employment, consulting or other business relationship with a competitor, customer or supplier. In addition, Team Members may not invest in any competitor, customer or supplier (except for moderate holdings of publicly-traded securities), unless such investment is approved in advance. Advance written permission is also required before one may invest in any privately held company or entity that performs services for Halifax Health, which employs providers who may refer patients to Halifax Health, or to which Halifax Health patients may be referred. However, employment with a competitor of Halifax Health is permitted so long as such employment is not in a management or administrative capacity, and no other factors that may give rise to a conflict of interest are present. Factors that may give rise to a conflict include any of the following:

› The outside interest places one in the position of representing (or appearing to represent) Halifax Health;
› The outside interest involves services substantially similar to those Halifax Health provides or is considering making available;
› The outside interest lessens the efficiency, alertness or productivity normally expected of Team Members in their jobs;
› The outside interest is with an individual or entity whose services are employed by Halifax Health;
› The outside interest is with an individual or entity that refers patients to Halifax Health, or with an individual or entity who provides services for or employs a source of referrals; or
› The outside interest is with an individual or entity to which patients of Halifax Health may be referred (for example, a provider of ancillary services).

All outside employment that raises any question in this regard must be disclosed and approved in advance by the affiliate’s chief executive or Compliance Committee.
Acceptance of Gifts, Gratuities and Other Business Courtesies

We should never accept anything of value from patients, patient family members, or from someone currently doing or seeking to do business with Halifax Health, if the gratuity is offered or may appear to be offered in exchange for favorable treatment. Gifts of cash and cash equivalents are not appropriate in a healthcare setting and should always be tactfully refused or returned. To avoid even the appearance of impropriety, do not accept any gifts or promotional items of more than nominal value. Gifts received that are more than nominal in value must be reported to a member of the affiliate’s Compliance Committee. Generally, “more than nominal value” means greater than $50. The gift policy may be stricter in some Halifax Health affiliates. For more information, consult your affiliate’s internal policy on acceptance of gifts.

A Team Member may accept meals, drinks or entertainment only if such courtesies are unsolicited, infrequently provided and reasonable in amount. Such courtesies must also be directly connected with business discussions, unless an exception is approved by a supervisor. Do not accept reimbursement for lodging or travel without the express written approval of the manager responsible for the unit or group.

Insider Trading

No Team Member may trade in the securities of any company, or buy or sell any property or assets, on the basis of non-public information acquired through employment in Halifax Health, whether such information comes from Halifax Health or from another company with which Halifax Health has a confidential relationship.

Safeguarding Information

Confidential Information

Team Members must strictly safeguard all confidential information with which they are entrusted. We may never discuss such information outside the normal and necessary course of Halifax Health’s business. In particular, all Team Members must protect the privacy of our patients and health plan members, and the confidentiality of all information related to their care, and any past, current or future medical condition. Team Members also have an obligation to respect and protect the “super-confidential” nature of records regarding substance abuse, mental health services and HIV/AIDS. Personal information about patients, fellow Team Members, medical staff and others with whom we do business should not be discussed except with those with a genuine need to know, and who have agreed to keep this information confidential.
Halifax Health’s Restricted Information

It is Halifax Health’s policy to control the dissemination of Halifax Health’s proprietary information. Except as specifically authorized by management pursuant to established procedures, do not disclose to any outside party any non-public business, financial, personnel, commercial or technological information, or plans or data acquired during employment at Halifax Health. During the term of employment at Halifax Health, a Team Member should disseminate this type of information only to individuals having a “need to know” and should protect the information from access by unauthorized personnel. Upon termination of employment, an individual may not copy, take or retain any documents containing Halifax Health’s restricted information. The prohibition against disclosing Halifax Health’s restricted information extends beyond the period of employment as long as the information is not in the public domain. An individual’s agreement to continue to protect the confidentiality of such information after the term of employment ends is considered an important part of that person’s obligations to Halifax Health.

Use of Electronic Systems

Many Team Members will be provided with access to one or more of the organization’s computer systems. Computer access codes are the equivalent of a signature. Identification codes and passwords provided to access computer systems must never be disclosed to another. Team Members must not attempt to learn another’s access code, nor attempt to access a computer system with an access code other than their own. Compromised access codes must be reported to your supervisor immediately. Team Members must not use any computer outside the scope of their job responsibilities. For example, using the computer to browse patient records out of curiosity is strictly prohibited.

The Internet, electronic mail, voice mail and facsimile machines are also used throughout Halifax Health. These electronic messaging systems are for business purposes only. Since complete privacy cannot be guaranteed when using an electronic messaging system, sensitive information must not be transmitted nor stored on these systems. Specific policies have been developed for the use of computers, the Internet and electronic messaging systems. Consult your affiliate’s policies for more information on the use of these.

Government Proprietary and Source Selection Information

Halifax Health will not solicit nor will it receive any sensitive proprietary internal government information, including budgetary, program or source selection information, before it is available through normal channels.

Copyrights and Intellectual Property

Most commercially available books, periodicals, articles, electronic media and software are subject to copyrights or licenses. Many contracts with our business partners contain provisions that require us to protect their intellectual property. Unauthorized disclosure, copying or distribution of intellectual property could lead to severe fines and penalties under Federal copyright and contract laws. Team Members may only make copies or disclose copyrighted or protected materials in accordance with applicable policies on such matters.
Workplace and Employment Issues

Harassment and Discrimination
Halifax Health supports a work environment free of discriminatory practices or sexual harassment involving patients, visitors or co-workers. It is the policy of Halifax Health that Team Members and their work environment shall be free from all forms of harassment. These behaviors include inappropriate jokes, slurs, and intimidation.

Sexual harassment in any form is not tolerated, including unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature. Any Team Member, who believes a Team Member, manager, supervisor or physician is subjecting him/her to sexual harassment, or their employment is being adversely affected by such conduct, should report such incidents to their supervisor, department manager, the Team Member Relations Supervisor, or Human Resources Manager. Team Members may contact the Human Resources department within their affiliate for specific reporting procedures.

Workplace Diversity and Equal Employment Opportunity
Halifax Health is enriched with the diversity of ethnic groups from all segments of our community. This diversity is reflected within the Halifax Health workforce. Treating Team Members fairly with respect and dignity is woven into the Halifax Health culture. All persons are entitled to equal employment opportunities, and Halifax Health is committed to providing job opportunities to applicants and Team Members without regard to race, color, religion, sex, age, marital status, national origin, disability, or any other legally protected status. Our policy of nondiscrimination prevails throughout every aspect of the employment process, including recruitment, selection, placement, training, compensation, promotion, transfer, and termination.

Health and Safety
Halifax Health will provide an environment that is safe for patients, visitors, Team Members, volunteers and medical staff. To meet this objective, all affiliates within Halifax Health will comply with all governmental regulations and safety standards as prescribed by State and Federal regulatory agencies internal policies. Safety education and training is provided for all Team Members and is an ongoing process. The affiliate’s safety official or safety committee will provide guidance on safety issues, as well as promotion of and administration of the safety policies to ensure a safe environment. Policies and procedures are in place to provide mechanisms for reporting incidents or addressing safety issues in a timely manner.

Infection Control Program
Halifax Health has implemented an Infection Control Program to prevent infections and the transmission of infectious diseases within its facilities. The Program includes oversight by an Infection Control Committee, education, identification, reporting, surveillance, and prevention. Program policies and procedures have been established to help protect patients, staff, visitors and community from infections and infectious disease. Team Members are expected to be aware of and follow the infection control procedures in the area where they work.
License and Certification Renewals

To maintain quality standards of care, and to comply with appropriate federal, state or local laws, Halifax Health requires Team Members in certain categories to provide a current license or certification. Halifax Health validates each license or certificate upon initial employment and on a periodic basis thereafter. Independent contractors and other businesses that are required to be licensed, certified, or hold certain other credentials are responsible for keeping such credentials current. Halifax Health will not allow any Team Member, business or independent contractor to work in Halifax Health without valid credentials as required by law.

Hiring of Federal and State Employees

Complex rules govern the recruitment and employment of government employees into private industry. We must obtain prior clearance from the affiliate’s Human Resources department to discuss possible employment with, make offers to, or hire (as a Team Member or consultant) any current or former government employee (military or civilian).

Controlled Substances

Licensed pharmacists and medical staff are the only individuals authorized to fill medication orders within Halifax Health. Some Team Members have access to prescription drugs, controlled substances, and other medical supplies. Many of these substances are governed and monitored by specific regulatory agencies and they must be administered by physician order only. To minimize risks to patients, it is important that these items are handled properly and only by authorized individuals. If anyone is aware of a deviation from our controlled substance policies and procedures, it must be reported immediately to their supervisor, pharmacy management, or the affiliate’s compliance director.

Refraining from Substance Abuse

It is the policy of Halifax Health to provide Team Members and customers with a working environment that is free of the issues associated with the use and abuse of controlled substances and alcohol. The consumption, possession, sale or purchase of alcohol on Halifax Health property is prohibited with the exception of events in conference, meeting or recreational facilities and approved in advance by management. Halifax Health also prohibits Team Members from arriving at work under the influence of alcohol or a controlled substance. If a Team Member is found to be in violation of this policy, management will determine the appropriate disciplinary action, which may include termination.

Program Implementation

Oversight

To oversee our Ethics and Compliance Program, a Compliance Officer and Compliance Committee have been appointed. The Compliance Officer reports to General Counsel for Halifax Health. The Compliance Committee includes General Counsel, Chief Financial Officer, Chief Human Resources Officer, the Compliance Officer and Director, Audit Services. From time to time, Team Member representatives are invited to participate on the Committee, thus bringing a broad perspective to the Program.
Some Halifax Health affiliates have designated a director of compliance, or similarly titled position, and an affiliate Compliance Committee to oversee the Program within the affiliate. Compliance directors and other affiliate representatives participate on the Compliance Council to share information and coordinate Program activities throughout Halifax Health.

**Reporting Issues and Concerns**

Every Team Member has an affirmative duty to report issues or concerns they believe may be in violation of this Code of Conduct, federal, state or local laws, or internal policies and standards. Several channels are available for reporting issues or concerns. If the issue or concern cannot be addressed through the normal chain of command, Team Members may contact the affiliate’s compliance director, or similarly titled individual designated to handle ethics and compliance concerns at that affiliate. You may also try to speak with another member of management, or call the Halifax Health Compliance Officer at 386.254.4279. Telephone numbers for other members of the Compliance Committee are published in compliance training materials and affiliate telephone directories.

**Training**

Each new Team Member is required to attend Corporate Ethics and Compliance training as part of their general orientation. The initial training must be completed within 30 days of employment. Annually, Team Members are required to attend additional education on a variety of topics pertinent to their job, as well as general training on this Code of Conduct.

**Team Member Acknowledgment**

Team Members will be required to sign a Statement of Understanding upon initial employment and then on a yearly basis (see Appendix B). Signing this Statement of Understanding will be done in conjunction with the initial training session. Team Members are required to sign the statement within 30 days of initial employment, and then annually thereafter in conjunction with their annual Team Member Performance Appraisal.

**Auditing and Monitoring**

Halifax Health is committed to monitoring its activities on a continual basis. A dedicated Internal Audit Department, the Compliance Department, and other compliance personnel conduct audits and investigations in a variety of areas relating to regulatory compliance. Findings may result in corrective action, disciplinary action or changes in our operations. In addition, performance improvement activities occur throughout Halifax Health, and individual departments are required to monitor their performance.

**Enforcement, Discipline and Corrective Action**

Strict adherence to this Code of Conduct is vital. Supervisors are responsible for ensuring that Team Members are aware of and adhere to the provisions of the Code of Conduct. For clarification or guidance on any area covered in the Code of Conduct, please consult the compliance director for your affiliate, if applicable, the Halifax Health Compliance Officer, or any other member of the Compliance Committee.
Upon receipt of credible reports of suspected violations or irregularities, the affiliate’s compliance official or member of the Compliance Committee will initiate an investigation and recommend corrective action where appropriate. Violations of the Code of Conduct may result in discipline ranging from a warning and reprimand, to discharge, or where appropriate, disclosure to the appropriate government agency, retribution, or filing of a civil or criminal complaint. Disciplinary decisions will be made by operating management, according to our disciplinary action procedures, and subject to review by the Compliance Officer, the affiliate’s compliance official or the affiliate’s Human Resources Manager. Team Leaders may also be disciplined for failing to adequately instruct Team Members, or for failing to detect non-compliance with applicable policies and legal requirements, where reasonable care would have led to discovery of the problem and an opportunity to correct it.

**Limitation on Effect of Code of Conduct**

Nothing contained in this Code of Conduct is to be construed or interpreted to create a contract of employment, either express or implied, nor is anything contained in this Code of Conduct intended to alter a person’s status of “employment-at-will” with respect to Halifax Health.

**Amendments to the Code of Conduct**

From time to time, Halifax Health may amend the Code of Conduct, in whole or in part. Changes will be communicated through management.
Appendix A - Questions and Answers

If I have a question about a policy or regulation, where can I go?

It is suggested you discuss the issue with your supervisor first. If you are uncomfortable going to your supervisor, you may try to speak with another member of the management team in your affiliate, or the affiliate’s compliance director or similarly titled individual, if the affiliate has one. Halifax Health Compliance Department (386.254.4278) maintains a resource library of policies, standards, statutes and regulations.

How can I report an issue or suspected violation?

Team Members are expected to report any suspected violation of the Code of Conduct or other irregularities to their supervisor or another member of the management team. If you are uncomfortable going to a supervisor, you may go to another member of management, or that affiliate’s compliance director, or similarly titled individual.

If you wish to remain anonymous, you may submit a report through the Ethics and Concerns Help Line. Calls made to the Help Line should contain sufficient fact-based information for the affiliate’s compliance director to investigate the concerns raised. No attempt will be made to identify any individual who has called the Help Line. All calls received are promptly and confidentially investigated. The Halifax Health Ethics and Concerns Help Line number is 386.258.4800

Can I be disciplined for reporting an issue or concern?

No adverse action or retribution of any kind will be taken by Halifax Health against any Team Member simply because he or she reports a suspected violation or raises a concern in good faith. Team Leaders are advised that it is a Team Member’s right to bring up issues, and that this shall never be cause for criticism, penalty or recrimination. Reports will be treated with dignity and respect and kept confidential to the maximum extent possible.

What if my supervisor asks me to do something that I think is illegal or violates the Code of Conduct?

If you know it’s wrong, don’t do it. Report the request to someone higher up, your affiliate’s compliance director, to the Halifax Health Compliance Officer, or a member of the affiliate’s Compliance Committee.

How do I know if an action or situation is unethical?

Try answering these three questions with respect to the action or situation.

› Is it legal, that is, does it violate the Code of Conduct, another internal policy, or a law or regulation?
› Is it fair to all concerned?
› Does it feel right?

If the answer to any one of these questions is “no”, it’s time to ask someone for advice.
**Can I accept a $100 gift from a patient?**

No. Cash gifts should never be accepted from a patient or from anyone with whom we do business. Non-cash gifts of nominal amount may be accepted. Sometimes, patients may be insistent or offended when their gift is not accepted. An alternative to a cash gift is to suggest the patient make a donation to the affiliate in the name of the Team Member, or provide a non-cash gift of a nominal amount to the department where the Team Member works.

**Can a department accept a “thank you” gift from a vendor with whom we have an established relationship?**

Yes, provided it is nominal in amount, has not been solicited, and is not intended to obtain favorable treatment for the vendor.

**Can a department solicit a charitable contribution from a vendor?**

Yes, provided the solicitation has the approval of management, and there is no promise, either express or implied, of favorable treatment for the vendor. Also, the charitable contribution must not benefit a specific individual. Charitable contributions may only be applied towards an activity related to the organization’s mission.

**A friend has asked me to look up medical information on a relative who was a past patient. Can I use the computer to provide the information?**

No. Patient information may only be released when authorized in writing by the patient. Generally, information relating to past patients may only be released by the Health Information Management department or other department designated as the official custodian of the records.

**I need to confirm a follow-up doctor’s appointment for a patient. Can I leave information about the appointment on the patient’s answering machine?**

No, because with an answering machine the patient’s right to privacy cannot be guaranteed. If you must leave a message on an answering machine or with another person in the household, you should do so in a way that does not disclose any information about the patient’s health status or care. The preferred approach is to leave a message with your name and phone number, so the patient can get back to you to for a one-on-one conversation. Another approach is to obtain the patient’s advance written permission to discuss health matters with a personal representative of the patient.

**Can I maintain a job outside of Halifax Health in addition to my Halifax Health job?**

In most cases, yes, you can maintain another job so long as it does not impair your performance or decision-making at your Halifax Health job. The Code requires Team Members to disclose and obtain permission for outside activities and relationships that may be perceived as a conflict of interest, such as relationships with competitors, customers or suppliers. Members of management and others with “discretionary authority” are required to disclose outside activities and financial relationships annually in writing.
A sales representative asks me for a date every time he/she visits our facility. I have told him/her I’m not interested but he/she continues to ask and it’s making me uncomfortable. What should I do?

Unwelcome unsolicited advances of this type may be a form of sexual harassment. In its 1980 guidelines, the Equal Employment Opportunity Commission defined sexual harassment as “unwelcome and unsolicited conduct of a sexual nature including, but not limited to, unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when the conduct is either directly linked to the grant or denial of an economic quid pro quo (give me this for that), or where it has the purpose or effect of unreasonably interfering with the individual’s work performance or creating a hostile, offensive and intimidating work environment.”

You should report the situation to your supervisor who should then take corrective action. If the behavior continues, you should go to another member of management or the Human Resources department of the affiliate.

I would like to use a hospital-owned computer and copy machine for some volunteer work I am doing for a civic organization. Is this permitted?

The organization’s resources may not be used for personal business without permission. Some charitable uses may be permitted so long as such use does not interfere with one’s job duties or the duties of others. In any case, each use for such purposes must be approved in advance.

A close relative owns a company seeking to do business with Halifax Health. He/she has asked me for information that could help him/her win a contract with a Halifax Health affiliate. How should I handle this situation?

This situation is addressed by the sections of the Code of Conduct that deal with “Conflict of Interest” and “Halifax Health Restricted Information”. A family relationship with an individual doing business with Halifax Health could cause a conflict of interest if you are in a position to recommend or approve purchases from the company. If you provide the information requested, you would be disclosing confidential information and interfering with the competitive bidding process. Any conflict of interest must be disclosed to management, or a member of your affiliate’s Compliance Committee. Restricted information may only be disclosed through established channels. In this example, the relative should be directed to the Purchasing department.
Appendix B - Statement of Understanding

1. I have read and understand the Code of Conduct and agree to abide by it to the best of my ability during my relationship with Halifax Health.
2. I know that I have a duty to report any suspected violation of the Code of Conduct to management or a member of the Compliance Committee.
3. I have not been convicted of, or charged with, a criminal offense related to healthcare.
4. I understand that a violation of the Code of Conduct may be grounds for disciplinary action, up to and including discharge.
5. At this time, I am not aware of any possible violation of the Code of Conduct, except as noted below (attach additional sheets, if needed; anonymous reports can be made by calling 386.258.4800, or ext. 4800):

Physician Relationships: To help Halifax Health comply with regulations pertaining to financial relationships with physicians, please indicate if you are related to a physician as spouse, relative, in-law or step-child, -parent, -grandparent, -brother or -sister:

______________________________  _______________________________
Name(s) of physician(s)                                    Relationship to you

Hot Topics: This section is designed to remind Team Members of certain key policies.

Confidential Information: Initial here ______
Team Members must safeguard all confidential information and may never discuss such information except to serve patients or conduct Halifax Health business. In particular, Team Members must protect the privacy of our patients, and the confidentiality of all information related to their care or any past, current or future medical condition. Personal or proprietary information about patients, fellow Team Members, medical staff and others with whom we do business should not be used or disclosed except with the consent of the person or as allowed by law.

Use of Electronic Systems: Initial here ______
Team Members may be provided with access to the organization's computer systems. Computer access codes such as user IDs and passwords are like a signature. Access codes must never be disclosed to another. Team Members must not attempt to learn another’s access code, nor attempt to access a computer system with an access code other than their own. Compromised access codes must be reported to a supervisor immediately. Team Members must not use any computer outside their job responsibilities. For example, using the computer to retrieve medical information for a personal reason is not permitted.

The Internet, electronic mail, voice mail and facsimile machines are used throughout Halifax Health. These “electronic messaging” systems are for Halifax Health business purposes only. Sensitive information must not be stored or transmitted on these systems, unless approved safeguards are in place. Consult your department’s policies for more information on the use of computers, the Internet and electronic messaging systems.

Signature ____________________ Date ____________________
Printed Name ____________________ Department and Organization ____________________
Appendix C - Affiliate-Specific Standards

The following documents contain additional policies and standards that are specific to Halifax Health affiliates. If you need to consult any of these documents, ask your supervisor.

**Halifax Health and its Departments and Affiliates**
- System-Wide Manual
- Patient Care Policies, Procedures and Standards
- Emergency Preparedness Manual

**Hospice of Volusia-Flagler**
- Safety Manual
- Material Data Safety Sheets

**Patient Business and Financial Services**
- Team Member Handbook
- Personnel Policy Manual
- Department Policies, Procedures and Standards

**Enterprise Intranet Links**
- Halifax Health *Pulse*:
  - http://info.halifax.org/
- Ethics and Compliance web:
  - http://info.halifax.org/Pulse/Compliance
Appendix D - Halifax Health Antitrust Compliance Plan

The antitrust laws are intended to ensure competition and preserve the free enterprise system. This is a highly complex area, and this document cannot cover all situations where the antitrust laws may apply. For example, antitrust issues may arise in the context of communications with competitors; customer or supplier relations; mergers or joint ventures; or trade association activities. Team Members should take special care in this area, and promptly refer any questions directly to General Counsel.

Key Antitrust Violations

In general, the antitrust laws prohibit collusive or exclusionary practices that suppress competition. Such practices include, but are not limited to, any agreement or understanding among or between competitors to: (a) fix prices or price-related terms; (b) allocate customers, services, or territories; or (c) refuse to deal with a supplier or customer except on collectively determined terms. Each of these unlawful practices is explained in more detail below:

Price Fixing

Price fixing covers any agreement or understanding involving two or more competing hospitals that directly or indirectly influences the price of the products or services they sell or buy. Such an agreement may be illegal regardless of whether the parties have arrived at a specific price. In addition to agreements to establish specific prices, the following types of agreements among competitors may also constitute unlawful price fixing:

- Agreements to use a common formula or method of calculation to determine prices;
- Agreements to use a common asking price or starting figure in negotiations with customers, even though downward revisions are likely to take place;
- Agreements to use a common strategy in price negotiations with managed care plans or other payers;
- Bid rigging, which may take the form of agreements to rotate contracts among potential bidders or to submit “complimentary” (sham) bids;
- Agreements to establish uniform or similar discounts or to eliminate or reduce such discounts;
- Agreements to establish uniform credit terms or to eliminate or limit such terms;
- Agreements on either the timing or the announcement, whether written or oral, of price changes; and
- Agreements among purchasers to limit prices at which they will buy supplies or services.

Price fixing is per se illegal, meaning that the agreement itself violates the antitrust laws regardless of its business purpose or whether any injury to competition has, in fact, occurred.
Market Divisions - Allocating Customers, Services or Territories

Any agreement between competitors to allocate customers or potential customers is illegal per se. Such an agreement may involve an allocation by territory, by specific customer or customer classification, or by service rendered. Market divisions, like price-fixing, are among the most serious of antitrust violations. In a recent case, for example, a state attorney general obtained an injunction to block an arrangement between two competing hospitals to allocate clinical services between them. The court held that the allocation scheme was per se illegal under the antitrust laws. In a subsequent settlement of that litigation, the hospitals agreed to pay for the Attorney General’s litigation expenses, which exceeded $500,000.

Concerted Refusals to Deal (Group Boycotts)

Any arrangement by which two or more competing providers, including hospitals, refuse or threaten to refuse to do business with specific payers or kinds of payers is deemed to be a group boycott and normally constitutes an antitrust violation. A variation on this theme is an agreement between two or more providers not to contract with a payer except on their collectively determined terms, that is, unless the payer agrees to pay higher fees to the providers or agrees to discontinue contracting with other providers. Both HMOs and governmental payers (e.g., Medicaid) have been the targets of actual or threatened group boycotts by providers. In such circumstances, federal and state antitrust agencies have often reacted by initiating civil or criminal antitrust lawsuits against the providers. Private payers that are targets of group boycotts may also assert antitrust claims, and are entitled to a broad range of civil remedies, including the issuance of injunctions and the recovery of treble damages, attorneys’ fees and costs.

Prohibited Communications

With the limited exception noted in the section below on joint ventures and other legitimate business collaborations, Halifax Health Team Members should not engage in any communications, whether orally or in writing, with any competitor that relates to a competitively sensitive matter, including but not limited to any discussion or communication of, or any exchange of information on:

- Current or future prices for healthcare services;
- Discounts, discount levels, rebates, or other price-related terms to be offered to customers or suppliers;
- Managed care pricing or contracting strategies;
- Marketing or promotional initiatives; or
- Strategic business plans concerning the development, expansion, contraction, or reconfiguration of any facilities, clinical programs, or services.

Unsolicited Communications from Competitors

If a Halifax Health Team Member receives any nonpublic information from a competitor about its business intentions, strategies, or practices, the Team Member should notify the General Counsel immediately. The Team Member should have no further written or oral communication with the competitor other than to advise them that the matter has been referred to the General Counsel for appropriate review in accordance with Halifax Health’s Code of Conduct.
If General Counsel, or an attorney designated by the General Counsel, thereafter determines that the communication was problematic, he or she will take appropriate action, including but not limited to providing written notice to the competitor of the impropriety of such communication and disavowing any interest on the part of Halifax Health in engaging in any further communications of that nature. The General Counsel will maintain a log identifying the source and specific nature of the non-public information received, the circumstances of its communication, and the action taken by the General Counsel.

**Joint Ventures and Other Legitimate Business Collaborations**

From time to time, Halifax Health may need to disclose - orally or in writing - nonpublic, competitively sensitive or proprietary information in order to explore the formation or evaluate the performance of a legitimate joint venture or business collaboration between Halifax Health and one or more co-venturers. A joint venture or collaboration is “legitimate” in an antitrust sense if it involves a significant degree of clinical, financial, or operational integration among or between the co-venturers, and has the purpose and effect of providing services more efficiently, improving quality of care, or offering a product or service that otherwise would not be available.

Halifax Health may lawfully disclose pricing or other competitively sensitive information to a responsible independent non-party if and when such disclosure is reasonably necessary to further the legitimate objectives of the joint venture or collaboration. Halifax Health will disclose such information only after a Confidentiality Agreement has been executed by the co-venturers. Under the terms of that Agreement, when any pricing, financial or other nonpublic, competitively sensitive information is submitted to an independent third party (usually a business consultant, accountant or attorney), it will be solely for the purpose of evaluating the feasibility of a prospective joint venture or collaboration or the performance of an existing joint venture or collaboration. The independent third party will further agree not to share Halifax Health’s submission with any of its actual or prospective co-venturer(s), and vice versa. Upon completion of its business review, the independent third party will destroy all competitively sensitive information or return it to its original source.

In some instances, in order to facilitate decision-making, it may become reasonably necessary and appropriate for the independent third party to share certain non-public information received from one of the co-venturers with the other(s). Accordingly, the Confidentiality Agreement will include the following additional safeguards:

- All nonpublic written or oral information that is exchanged between Halifax Health and a prospective co-venturer(s) will be held in strict confidence and will not be disclosed to any other third party without the written consent of the organization that is the source of such information;
- Any nonpublic written or oral information received by Halifax Health from a co-venturer(s) will be shared within the Halifax Health organization on a “need-to-know” basis, and vice versa; and
- If discussions about a possible collaboration are terminated by the parties, any nonpublic documents that may be exchanged between Halifax Health and a prospective co-venturer(s) will be promptly returned to the original source of such documents with all copies destroyed.
Any meetings between Halifax Health and one or more competitors to explore the feasibility or performance of a legitimate joint venture or collaboration shall be attended by the General Counsel or an attorney designated by the General Counsel. The subject matter of such meetings shall be strictly limited to those issues necessary to evaluate the viability, or the actual or potential benefits, of a joint venture or collaboration. To that end, a formal agenda for the meeting should be prepared, subject to the review and approval of the General Counsel or an attorney designated by the General Counsel, prior to the meeting itself.

**Market Surveys**

Halifax Health Team Members shall not seek to obtain pricing or other competitively sensitive information directly from competitors in order to conduct a market survey or analysis. Information about competitors shall be obtained from public sources only. Questions relating to the appropriate methods of or appropriate sources for obtaining information about competitors shall be directed to General Counsel.

**Trade Association Activities**

Trade associations present opportunities for competitors to come together and pursue many legitimate and worthwhile goals. Halifax Health recognizes, however, that trade association activities can also give rise to the risk of anticompetitive collusion if nonpublic, competitively sensitive information is shared among or between competitors who are participating in such activities. Accordingly, any Halifax Health Team Member attending a trade association meeting, conference or show is required to follow the guidelines below at all times:

- At a trade association meeting, do not discuss with or give your competitors any information concerning prices, salaries, territories, capacity, trade secrets, sales, bidding or contracting strategies, costs, customers, business plans or other marketing practices. If the association intends to conduct a survey of its member-hospitals’ prices, costs, salaries or business practices, the Team Member should confer with the General Counsel before providing any information to the association pursuant to such a survey;
- Do not meet or speak with competitors before, during or after the official trade association meeting. Such informal gatherings are dangerous because, at a minimum, they create the appearance of impropriety and, at worst, discussions may slip into competitively sensitive areas that are properly off-limits during the official meeting or at any other time;
- Do not attend any informal or ad hoc sessions with competitors before, during or after the official trade association meeting. Such informal gatherings are dangerous because at a minimum they create the appearance of impropriety and at worst discussions may slip into competitively sensitive areas that are properly off-limits during the official meeting or at any other time;
- Do not participate in, or acquiesce to, any solicitation to engage in a “boycott” or to take other collective action against a private or governmental payer, hospital, or other provider. Trade associations are not labor unions; unlike labor unions, trade associations cannot lawfully bargain or refuse to deal with payers on behalf of their members;
- Be wary of any meetings that are not open to all members of the association. If you find yourself in this type of meeting, leave immediately and contact Halifax Health’s General Counsel as soon as possible;
› If there is any reason to believe the trade association is engaging in questionable or illegal behavior, the Team Member should object and make sure that his/her objection is duly recorded and leave the meeting. Next, the Team Member should promptly contact the General Counsel and notify him/her of any concerns and, if the General Counsel so advises, the Team Member should resign from the association;

› If, in the course of a trade association meeting, a Team Member is asked by an official or member of the trade association to engage in any conduct that is questionable from an antitrust standpoint, he/she should consult with the General Counsel before agreeing to engage in any such conduct;

› Team Members have a personal responsibility to understand and adhere to these guidelines. Each Team Member attending a trade association meeting must review these guidelines prior to attending any trade association meetings and should direct any questions about these guidelines to the General Counsel.

**Mandatory Participation in Antitrust Compliance Training**

Halifax Health is fully committed to compliance with the Florida and Federal antitrust laws. In furtherance of this commitment, Halifax Health will provide Antitrust Compliance Training annually to all Team Members who have managerial responsibilities. Newly hired managers and assistant managers, moreover, shall receive antitrust compliance training within 30 days from the initial date of their employment, and such training shall be acknowledged in writing by Halifax Health’s Compliance Officer. Participation by managers and assistant managers in the annual Antitrust Compliance Training session shall be mandatory.

**Sanctions for Non-Compliance**

It is the responsibility of each Team Member to ensure that all of the activities of Halifax Health are conducted in compliance with the antitrust laws. Whenever a Team Member becomes aware of potentially anticompetitive conduct, he or she should promptly contact General Counsel so that timely advice may be provided and effective action may be taken to ensure compliance with the antitrust laws. Any Team Member who engages in conduct that violates the antitrust laws, or who knowingly fails to report such conduct in which another Team Member has been or is engaged, will be subject to discipline, including but not limited to the possibility of suspension or termination of employment.
Appendix E - Federal and State False Claims Acts

Introduction
False claims statutes protect government funded programs from abusive or fraudulent practices by the beneficiaries of such programs. The primary government health benefit programs with which Halifax Health does business are Medicare, Medicaid and TRICARE.

Medicare was established in 1965 by Title XVIII of the Social Security Act. It is a federally funded health insurance program for citizens age 65 and older and persons with a long term disability or end-stage renal disease. Medicare consists of four parts. Part A provides coverage for care provided in institutional settings, such as inpatient hospitals and skilled nursing facilities. Part B covers items and services provided by outpatient hospital departments, physicians, certain non-physician practitioners, ambulance companies, laboratories and durable medical equipment suppliers. Part C was established in 1997 as “Medicare Choice” to provide services through health maintenance organizations and preferred provider organizations. In addition to the services covered under Parts A and B, Part C can include wellness and preventative health programs. Part D became effective January 1, 2006 and provides coverage for prescription drugs through private Prescription Drug Plans.

Medicaid was established in 1965 to provide healthcare coverage and services for low income and financially needy people. Medicaid is administered by the states, and is funded by both state and federal governments.

TRICARE is the name of the U.S. Department of Defense’s managed healthcare program for active duty military, active duty service families, retirees and their families, and other beneficiaries.

The laws and regulations governing these programs are complex. Nevertheless, Halifax Health has an obligation to submit claims to these programs that are accurate, complete and in compliance with the applicable regulations and program instructions. Failure to do so can result in heavy fines and costly corrective action.

Federal False Claims Act
The federal False Claims Act was enacted during the American Civil War. Also known as the “Lincoln Act”, it was originally intended to prevent fraudulent activities involving military purchases by the Union. The law makes a person liable for fines ranging from $5,500 to $11,000 for knowingly presenting a false or fraudulent claim to a federal government agency or program. In addition, a guilty party may be required to pay three times the amount of damages to the government. A court may assess a lower penalty if the violator promptly discloses the violation and cooperates with the government.

For purposes of the False Claim Act, “claim” includes any request or demand, whether under a contract or otherwise, for money or property which is made to a contractor, grantee, or other recipient if the United States Government provides any portion of the money or property which is requested or demanded, or if the Government will reimburse such contractor, grantee, or other recipient for any portion of the money or property which is requested or demanded. In healthcare, claim includes any of the paper or electronic billing forms submitted to a government healthcare program.
“Knowingly” means that a person, with respect to information on the claim:
› Has actual knowledge of the information;
› Acts in deliberate ignorance of the truth or falsity of the information; or
› Acts in reckless disregard of the truth or falsity of the information; no proof of specific intent to defraud is required.

Actions that give rise to liability under the federal False Claims Act include:
› Knowingly presenting or causing to be presented, to an officer or employee of the United States Government or a member of the Armed Forces of the United States a false or fraudulent claim for payment or approval;
› Knowingly making, using, or causing to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government;
› Conspiring to defraud the Government by getting a false or fraudulent claim allowed or paid;
› Having possession, custody, or control of property or money used, or to be used, by the Government and, intending to defraud the Government or willfully concealing the property, delivering, or causing to be delivered, less property than the amount for which the person receives a certificate or receipt;
› Authorizing to make or deliver a document certifying receipt of property used, or to be used, by the Government and, intending to defraud the Government, making or delivering the receipt without completely knowing that the information on the receipt is true;
› Knowingly buying, or receiving as a pledge of an obligation or debt, public property from an officer or employee of the Government, or a member of the Armed Forces, who lawfully may not sell or pledge the property; or
› Knowingly making, using, or causing to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Government.

The False Claims Act also provides protection from retaliatory acts committed by an employer against an employee for investigating or reporting violations. Remedies can include employment reinstatement, back pay and other compensation.

**Florida False Claims Act**

As of May 2006, Florida was one of seven states with a False Claims Act (§§ 68.081 – 68.092, Florida Statutes). Under the Florida False Claims Act, any person who presents a false claim to a state agency can be held liable for a civil penalty up to $10,000 per claim and triple the amount of the overpayment paid or incurred by the state agency. If the false claim is disclosed promptly and the person cooperates with the government, the penalty that might otherwise be assessed may be reduced by a court.

“Claim” includes any request or demand, under a contract or otherwise, for money, property, or services, which is made to any employee, officer, or agent of an agency, or to any contractor, grantee, or other recipient if the agency provides any portion of the money or property requested or demanded, or if the agency will reimburse the contractor, grantee, or other recipient for any portion of the money or property requested or demanded.

Actions that can give rise to liability under the state law include:
› Knowingly presenting or causing to be presented to an officer or employee of a state agency a false claim for payment or approval;
› Knowingly making, using, or causing to be made or used a false record or statement to get a false or fraudulent claim paid or approved by a state agency;
Conspiring to submit a false claim to a state agency or to deceive an agency for the purpose of getting a false or fraudulent claim allowed or paid;

Having possession, custody, or control of property or money used or to be used by a state agency and, intending to deceive the agency or knowingly conceal the property, delivers or causes to be delivered less property than the amount for which the person receives a certificate or receipt;

Authorizing to make or deliver a document certifying receipt of property used or to be used by a state agency and, intending to deceive the agency, makes or delivers the receipt without knowing that the information on the receipt is true;

Buying or receiving, as a pledge of an obligation or a debt, public property from an officer or employee of a state agency who may not sell or pledge the property lawfully; or

Making, using, or causing to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to a state agency.

Similar to the federal False Claims Act, State law provides protections for any employee who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment by his or her employer because of lawful acts done on behalf of the employee or others who investigate or report possible false claims.

**Medicaid Integrity Program**

Florida law requires the Agency for Healthcare Administration (AHCA), as the Medicaid agency for the State, to oversee the activities of Florida Medicaid recipients, and providers and their representatives. The program established to provide this oversight is called the Medicaid Integrity Program. The purpose of the Program is to ensure that fraudulent and abusive behavior and neglect of Medicaid recipients occur to the minimum extent possible, and to recover overpayments and impose sanctions.

For purposes of the Medicaid Integrity Program:

- “Abuse” means provider practices that are inconsistent with generally accepted business or medical practices and that result in an unnecessary cost to the Medicaid program or in reimbursement for goods or services that are not medically necessary or that fail to meet professionally recognized standards for healthcare. Abuse can also mean a recipient practice that results in unnecessary cost to the Medicaid program.

- “Fraud” means an intentional deception or misrepresentation made by a person with the knowledge that the deception results in unauthorized benefit to himself/herself or another person. The term includes any act that constitutes fraud under applicable federal or state law.

- “Medical necessity” or “medically necessary” means any goods or services necessary to palliate the effects of a terminal condition, or to prevent, diagnose, correct, cure, alleviate, or preclude deterioration of a condition that threatens life, causes pain or suffering, or results in illness or infirmity, which goods or services are provided in accordance with generally accepted standards of medical practice. For purposes of determining Medicaid reimbursement, AHCA is the final arbiter of medical necessity. Determinations of medical necessity must be made by a licensed physician employed by or under contract with the agency and must be based upon information available at the time the goods or services are provided.

- “Overpayment” includes any amount that is not authorized to be paid by the Medicaid program whether paid as a result of inaccurate or improper cost reporting, improper claiming, unacceptable practices, fraud, abuse, or mistake.
When presenting a claim for payment under the Medicaid program, a provider has an affirmative duty to supervise the provision of, and be responsible for, goods and services claimed to have been provided, to supervise and be responsible for preparation and submission of the claim, and to present a claim that is true and accurate and that is for goods and services that:

› Have actually been furnished to the recipient by the provider prior to submitting the claim;
› Are Medicaid-covered goods or services that are medically necessary;
› Are of a quality comparable to those furnished to the general public by the provider’s peers;
› Have not been billed in whole or in part to a recipient or a recipient’s responsible party, except for such co-payments, coinsurance, or deductibles as are authorized;
› Are provided in accord with applicable provisions of all Medicaid rules, regulations, handbooks, and policies and in accordance with federal, state, and local law; and
› Are documented by records made at the time the goods or services were provided, demonstrating the medical necessity for the goods or services rendered; Medicaid goods or services are excessive or not medically necessary unless both the medical basis and the specific need for them are fully and properly documented in the recipient’s medical record.

Suspension or termination from the Medicaid program, and/or fines of up to $5,000 per violation can be assessed for any of the following types of violations against the Medicaid program:

› Non-renewal, suspension or termination of a professional or operating license;
› Failing to make available or refusing access to Medicaid-related records to an auditor, investigator, or other authorized employee or agent of the agency, the Attorney General, a state attorney, or the Federal Government;
› Failing to maintain medical records made at the time of service, or prior to service if prior authorization is required, demonstrating the necessity and appropriateness of the goods or services rendered;
› Failing to be in compliance with provisions of Medicaid provider publications that have been adopted by reference as rules in the Florida Administrative Code; with provisions of state or federal laws, rules, or regulations; with provisions of the provider agreement between the agency and the provider; or with certifications found on claim forms or on transmittal forms for electronically submitted claims that are submitted by the provider or authorized representative, as such provisions apply to the Medicaid program;
› Ordering or furnishing of, goods or services to a recipient which are inappropriate, unnecessary, excessive, or harmful to the recipient or are of inferior quality;
› Demonstrating a pattern of failure to provide goods or services that are medically necessary;
› Submitting or causing to be submitted false or a pattern of erroneous Medicaid claims;
› Submitting or causing to be submitted a Medicaid provider enrollment application, a request for prior authorization for Medicaid services, a drug exception request, or a Medicaid cost report that contains materially false or incorrect information (up to $10,000 fine for this type of violation);
› Collecting or billing a recipient or a recipient’s responsible party improperly for amounts that should not have been so collected or billed by reason of the provider’s billing the Medicaid program for the same service;
Including in a cost report costs that are not allowable under the Florida Medicaid reimbursement plan, after the provider or authorized representative had been advised in an audit exit conference or audit report that the costs were not allowable;

Being charged by information or indictment with fraudulent billing practices; the sanction applied for this reason is limited to suspension of the provider’s participation in the Medicaid program for the duration of the indictment unless the provider is found guilty; or

Ordering or prescribing goods or services and found liable for negligent practice resulting in death or injury.

Besides the standard penalty of $5,000 per occurrence, sanctions imposed by AHCA can include liens placed against a provider’s assets, monitored corrective action plans in effect for up to three years, and prepayment review of future Medicaid claims for a specified period of time. Suspected criminal violations identified by AHCA must be referred to the Medicaid Fraud Control Unit in the Office of the Attorney General.

**Workplace Practices**

Halifax Health leaders recognize that it is not possible for Team Members to know every Medicare or Medicaid law and regulation that exists. However, Team Members should be aware of the rules that apply to their job responsibilities. Team Leaders are responsible for ensuring that their Team Members are appropriately informed about relevant regulatory requirements, and that they are adequately supervised.

To prevent and detect false claims, Halifax Health has implemented the Compliance Program described in this Code of Conduct. Team Members are encouraged to consult the following compliance resources:

- Compliance Program intranet: info.halifax.org > Compliance > Medicare/aid
- Live instructor and computer-based training on compliance topics info.halifax.org > Compliance > Education
- Halifax Health Compliance Standards on Government Billing info.halifax.org > Compliance > Standards > Government Billing
- Centers for Medicare and Medicaid Services website cms.hhs.gov
- Florida Medicare Intermediary and Carrier website floridamedicare.com
- Florida Medicaid website fdhc.state.fl.us/Medicaid
- Affiliate-specific and department-specific policies, standards and procedures

**References**

United States Code Title 31, § 3279, Federal False Claims Act

§§ 68.081 – 68.092, Florida Statutes, Florida False Claims Act

§ 409.913, Florida Statutes, Oversight of the integrity of the Medicaid Program (relating to all types of Medicaid providers)

§ 409.9131, Florida Statutes, Special provisions relating to integrity of the Medicaid program (relating to physicians enrolled as Medicaid providers)
This Code of Conduct was prepared for all Team Members. We hope you will find it helpful whether you are a newcomer or a Team Member of long duration. We have tried to make this booklet as complete as possible. However, because ethics and compliance policies require almost constant updating to meet the needs of a changing environment, the policies stated here may be revised, amended or deleted as necessary. Changes will be reflected in a subsequent printing or communicated through line management.

Halifax Health Ethics and Concerns Help Line: 386.258.4800

Halifax Health Code of Conduct Revision History

<table>
<thead>
<tr>
<th>No.</th>
<th>Date</th>
<th>Revision Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>11/4/1997</td>
<td>Initial adoption by Halifax Health Medical Center Board of Commissioners.</td>
</tr>
<tr>
<td>2</td>
<td>10/3/2000</td>
<td>Revised for system-wide applicability; re-approval by Board of Commissioners acting as Directors of Halifax-Fish Community Health, Inc.</td>
</tr>
<tr>
<td>3</td>
<td>9/1/2001</td>
<td>Updated telephone numbers for new area code; revised Appendix C.</td>
</tr>
<tr>
<td>4</td>
<td>12/6/2001</td>
<td>Added intranet links to Appendix C; updated affiliate list.</td>
</tr>
<tr>
<td>5</td>
<td>10/2004</td>
<td>Added Appendix D; updated affiliate information; replaced HFCH identity with HCHS; added Code summary section; physician relationship question added to Statement of Understanding.</td>
</tr>
<tr>
<td>6</td>
<td>5/2005</td>
<td>To the Quality of Service section, added web addresses of accrediting organizations and a statement regarding Team Members who have a safety or quality concern. To the Accurate Books and Accounts section, added a statement regarding fraudulent influence of an auditor or accountant engaged in an audit of financial statements.</td>
</tr>
<tr>
<td>7</td>
<td>1/1/2007</td>
<td>Added False Claims Act information to comply with Deficit Reduction Act of 2005; clarified gift acceptance policy; revised section on billing, reimbursement and false claims.</td>
</tr>
<tr>
<td>8</td>
<td>1/1/2008</td>
<td>Replaced HCHS identity with Halifax Health.</td>
</tr>
<tr>
<td>10</td>
<td>11/30/2011</td>
<td>Deleted references to healthcare plans; updated intranet link name.</td>
</tr>
<tr>
<td>11</td>
<td>4/24/2014</td>
<td>Reformatted per Halifax Health standards; added reference to Infection Control Program.</td>
</tr>
</tbody>
</table>

1 For purposes of this section, healthcare facility means a hospital, hospice, or long-term care facility owned or operated by Halifax Health.
THIS COPY OF THE
HALIFAX HEALTH CODE OF CONDUCT
BELONGS TO:

NAME:

AFFILIATE:

DEPARTMENT:

EXTENSION: