

Adventist HealthCare, Inc.
CORPORATE POLICY MANUAL
Code of Ethical Conduct Policy and Team Member Handbook

Replaces Policy Dated AHC 4.1 02/99
Cross Referenced:
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Revised: 10/28/20, 06/20/24

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I. PURPOSE

Our Code of Ethical Conduct provides guidance to all Adventist Health Team Members, and applies to our relationships with patients, physicians, board members, third-party payers, subcontractors, independent contractors, vendors, consultants, volunteers, and each other.

The Code of Conduct is a critical component of our overall Ethics and Compliance Program. We have developed the Code of Ethical Conduct to ensure we meet our ethical standards and comply with applicable laws and regulations.

This Code of Conduct Policy is intended to an overview of organizational integrity and compliance topics and issues. In concert with this Code of Ethical Conduct, we have developed a comprehensive set of organizational integrity and compliance policies, which may be accessed using the AHC’s online policy repository. These specific policies expand upon or supplement many principles outlined in this Code of Conduct Handbook.

This Code of Conduct does not replace the Medical Staff Professional Code; the Code of Ethics for Nurses; or the Donor Bill of Rights. Its intended use is to compliment these existing ethics and codes.

II. SCOPE

The standards set forth in this Code of Conduct Policy apply to all AHC’s subsidiaries, facilities, affiliates, divisions, physicians, volunteers, team members/employees and Board members. The standards are mandatory and must be followed.

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The President and CEO and all executive leadership, including the system leadership team, are bound by all provisions of this Code of Conduct, particularly those relating to ethical conduct, conflicts of interest, compliance with law, and internal reporting of violations of the Code of Conduct.

The Organizational Integrity Committee of the Board shall determine appropriate actions to be taken in the event of violations of the Code. In determining what action is appropriate in a particular case, the Organizational Integrity Leadership team and Organizational Integrity Committee of the Board shall consider all relevant information, including:

- the nature and severity of the violation
- whether the violation appears to have been intentional or inadvertent
- whether the individual in question had been advised prior to the violation as to the proper course of action
- whether or not the individual in question had committed other violations in the past

III. LEADERSHIP AND EMPLOYEE RESPONSIBILITIES

While all colleagues are obligated to follow our Code of Conduct, we expect our leaders to set the example, to be in every respect a model-of-ethical behavior. We expect everyone in the organization with supervisory responsibility to exercise that responsibility in a manner that is consistent with our values. We expect each supervisor and manager to create an environment where all team members are encouraged to raise concerns and propose ideas. We also ask that non-management employees consider themselves to be informal leaders when it comes to demonstrating ethical behavior. We also expect that leaders will ensure those on their team have sufficient information to comply with laws, regulations, and policies, as well as resources to resolve ethical dilemmas. They must help to create a culture within Adventist HealthCare and all subsidiaries, which promotes the highest standards of integrity and compliance. This culture must encourage everyone in the organization to share concerns when they arise. We must never sacrifice our integrity or compliant behavior in pursuit of business objectives. Leaders at all levels should use AHC's mission, vision, and organizational policies as guidance to effectively incorporate integrity and compliance into all aspects of our organization.

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IV. PATIENT SAFETY

Quality of Care and Patient Safety--AHC's Quality and Patient Safety Plan integrates with AHC's strategic priorities to deliver safe, high-quality care for all patients. We deliver that care using our industry's evidence-based best practices, and innovative technologies to promote and support optimal outcomes to each individual patient served.

Our company strives to meet these measures by delivering safe, quality care. It is the duty and expectation of all Corporate and local entity employees and partners to meet and exceed established quality and safety benchmarks. This commitment to quality and patient safety is an obligation of everyone.

AHC's ascribes to a "stop the line and 'speak-up' mentality." Thus, in any circumstance where a member of the Healthcare team has a question or feels that the care and safety of the patient does not meet expected quality of care standards, that team member is obligated to raise his or her concern through our chain of command to resolve any potential safety and or quality concerns.

V. PATIENT RIGHTS

AHC has developed a patient rights policy. The patients may exercise these rights personally or through guardians, patient advocates and/or other surrogates when unable to do so or by direction or consent. If exercise of any rights is medically contraindicated, it will be documented by the attending physician in the medical records.

The patient right's elements and guidelines listed below are intended to supplement regulatory requirements otherwise provided by law, such as:

- Non-discrimination
- Respect
- Information and Participation in Care
- Interpretive Services
- Information about Facility Rules Affecting Care
- Informed Consent
- Treatment Choices and Refusal of Treatment
- Experimental Procedures
- Privacy and Dignity
- Confidentiality
- Access to Records
- Consultation on Social Service Needs
- Spiritual and Pastoral Care Consultation
- Patient Advocates and Advance Directives

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- Pain and Symptom Management
- Ethics Committee Consultation
- Access to Protective Services
- Safety and Security
- Billing Information
- Insurance Information
- Complaint Resolution
- Right to Exercise Civil and Religious Liberties
- Right to Associate with Others
- Freedom from Abuse and Restraints
- Freedom from Performing Services

Further information on patient rights refer to the local entities' admission packet and patient handbook.

VI. PATIENT INFORMATION

Accurate and specific patient information is critical to provide safe, quality care. We are committed to maintaining the confidentiality and security of personal information obtained throughout the course of the patient's treatment.

All patient information is confidential and only obtained, used, or disclosed as necessary to perform job duties. We do not tolerate breaches in confidential information and proactively safeguard patient information in keeping with

As outlined in the Health Insurance Portability and Accountability Act (HIPAA) privacy and security requirements, AHC team members will not intentionally use or disclose confidential patient information that violates the privacy rights of our patients.

VII. EMERGENCY MEDICAL TREATMENT (EMTALA)

AHC and local affiliate entities comply with the Emergency Medical Treatment and Active Labor Act (EMTALA) in providing an emergency medical screening exam and necessary stabilization to all patients seeking care from our hospitals without regard to their ability to pay or the outcome of a financial screening. Every person seeking/requesting obstetrical or emergency care that enters the hospital through any entrance is escorted to the local Emergency Department for evaluation and/or treatment.

An appropriate medical screening examination is provided to all individuals seeking emergency services to determine the presence or absence of an emergency medical

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condition either by physician or other qualified medical personnel, as designated in the hospital bylaws/rules and regulations.

Depending on the patient's presenting symptoms, the screening represents a spectrum ranging from a straightforward process involving a brief history and physical examination to a complex process that involves studies (labs, diagnostic tests, radiology procedures, etc.). Our team will stabilize the medical condition, within the capabilities of the staff and facilities available to the hospital, prior to discharge or transfer.

An unstable patient cannot be transferred unless the patient and/or person acting on his/her behalf requests the transfer, or the transferring physician certifies in writing that the benefits of transfer outweigh the risks and is in the best interest of the patient. Then the most appropriate alternate facility is identified to best meet the needs of the patient.

Patients are transferred in strict compliance with state and federal EMTALA regulatory and statutory requirements to ensure their safety and optimal healthcare outcomes.

VIII. PHYSICIANS AND ADVANCED PRACTICE PROVIDERS (APPs)

AHC and all affiliate entities are committed to providing an excellent work environment for physicians and other privileged advanced practice practitioners serving in our facilities. We know that historically members of our medical staffs have interacted with those who work in our hospital in a respectful and supportive way. Each hospital's Medical Staff has adopted a Medical Staff Professional Code of Ethics to guide the conduct and behavior and is committed to quality and professionalism in healthcare delivery and education. In addition, we encourage members of our Medical Staffs to be familiar with AHC's Code of Ethical Conduct policy.

There are many portions of this Code of Conduct that pertains to ethical or legal obligations of physicians in hospitals, and this document is likely to be a helpful summary of those obligations for our medical staff members. All physicians and Advanced Practice Providers (APPs) who are credentialed and privileged must also abide by the rules, regulations and stipulations outlined in the approved Medical Staff Bylaw documents.

IX. PHYSICIAN ENGAGEMENT

Federal, state laws and regulations govern the relationship between hospitals and physicians specifically in who may refer patients to the local entities and facilities. Applicable federal laws include the Anti-Kickback Law and the Stark Law. It is important that those colleagues who interact with physicians regarding making payments

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to physicians for services rendered, providing space or services to physicians, recruiting physicians to the community, and arranging for physicians to serve in leadership positions in facilities are aware of the requirements of the laws, regulations, and policies that address relationships between facilities and physicians (42 C.F.R. § 411.357)

Relationships with physicians that are properly structured but not diligently administered may result in violation of the law. Any arrangement with a physician must be structured to ensure compliance with legal requirements, our policies and procedures, and any operational guidance that has been issued. Most arrangements must be in writing and approved by AHC's Contracting and Legal Department. Failure to meet all requirements of these laws and regulations can result in profound consequences for AHC.

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

- We do not pay for referrals. We accept patient referrals and admissions based solely on our patient's medical needs and our ability to render needed services. We do not pay or offer to pay anyone – colleagues, physicians, or other persons or entities – for referral of patients.
- We do not accept payments for referrals we make. No colleague, employee, affiliate, provider, or any other person acting on behalf of AHC or AHC affiliates/entities is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of patients. Similarly, when deciding where to refer a patient for care outside of AHC, we do not consider the volume or value of referrals that the provider has made or may make to us. (42 C.F.R. § 411.357)

X. “Extending Business Courtesies and Tokens to Potential Referral Sources”

Healthcare professional and provider interactions involving courtesies and tokens of appreciation are subject to complex rules. Deviation from these rules invites rigorous enforcement actions, which can result in severe financial penalty, loss of Medicare and Medicaid participating status criminal sanction and/or imprisonment. Equally important, loss of reputation can result, impacting AHC and its affiliates and local entities stature in the community and our patients' confidence in our services and staff.

Policies have been developed consistent with federal and state laws and regulations impacting these interactions. Staff and associates are therefore required to consult these policies, seek compliance guidance as appropriate from the Chief Compliance Officer

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and the Organizational Integrity staff, and act in accordance with corporate compliance policies.

In general, the payment or the provision of anything of value including gifts, free services, reduced fee services inconsistent with physician referral compliance policy, in addition to any honoraria, free meals and entertainment, sponsored travel and grants to induce or encourage (overtly or covertly, directly, or indirectly) impacting patient referrals is prohibited. Any payment, benefit, courtesy, or token of appreciation must:

- Be accurately documented and reported.
- Be for legitimate service rendered or in support of a legitimate service.
- Not, directly, or indirectly, be tied or associated with an encouragement or demand for patient referrals.
- Not exceed “**fair market value**” for the service or exceed what is necessary and proper in support of a service or activity that supports AHC’s role in providing health care services to the community.
- **Be within the annual OIG’s CY maximum limits outlined in the law (42 C.F.R. 411.357(k))**

XI. LEGAL AND REGULATORY COMPLIANCE

AHC and local affiliate entities offer a variety of healthcare services. These services are provided pursuant to appropriate federal, state, and local laws and regulations, and the conditions of participation for federal healthcare programs. Such laws, regulations, and conditions of participation may include, but are not limited to, subjects such as certificates of need, licenses, permits, accreditation, access to treatment, consent to treatment, medical record-keeping, access to medical records and confidentiality, patients’ rights, clinical research, end-of-life care decision-making, medical staff membership and clinical privileges, and Medicare and Medicaid program requirements.

The organization is subject to numerous other laws in addition to these health care laws, regulations, and conditions of participation. We have developed policies and procedures to address many legal, accreditation, certification, and regulatory requirements.

However, it is impractical to develop policies and procedures that encompass the full body of applicable law, standards, conditions, and regulation. Obviously, those laws, standards, conditions, and regulations not covered in organization policies and procedures must be followed. There is a range of expertise within the organization, including legal counsel and functional experts, who should be consulted for advice concerning human

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resources, legal, compliance, and regulatory standards and conditions of participation requirements.

Anyone aware of violations or suspected violations of laws, regulations, standards, and conditions of participation for AHC or affiliates/entities of AHC must report them immediately to a supervisor, manager, Human Resources representative, or the Organizational Integrity Department.

XII. ACCREDITATION AND SURVEYS

In preparation for, during and after surveys, AHC and local entities, affiliates and team members must deal with all accrediting and external agency survey bodies in a direct, open, and honest manner. No action should ever be taken in relationships with accrediting or external agency survey bodies that would mislead the accrediting or external agency survey teams, either directly or indirectly. The scope of issues related to accreditation or external agency survey is extremely significant and broader than the scope of this Code of Conduct.

Accrediting bodies and external agency survey entities may address issues broadly or take a more focused, specific interest and approach. Government agencies and other entities conduct surveys in our facilities. We respond with openness and accurate information.

In preparation for or during a survey or inspection, AHC team members must never conceal, destroy, or alter any documents, lie, or make misleading statements to the agency representative. Colleagues also must never attempt to cause another colleague to fail to provide accurate information or obstruct, mislead, or delay the communication of information or records relating to a violation of law.

XIII. BUSINESS AND FINANCIAL INFORMATION

Accuracy, Retention and Disposal of Documents and Records. All AHC team members are responsible for the integrity and accuracy of our organization's documents and records, not only to comply with regulatory and legal requirements, but also to ensure that records are available to support our business practices and actions. No one may alter or falsify information on any record or document. Records must never be destroyed to deny governmental authorities, which may be relevant to a governmental investigation or regulatory compliance.

Medical and business documents and records are retained in accordance with the law and AHC's record retention policy, which includes comprehensive retention schedules.

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Medical and business documents include paper documents such as letters and memos, computer-based information such as e-mail or computer files on disc or tape, and any other medium that contains information about the organization or its business activities. It is important to retain and destroy records only according to our policy.

AHC team members, including medical staff and other clinical providers, must not tamper with records. No one may remove or destroy records prior to the specified date without first obtaining permission as outlined in AHC's Record Retention policy.

Finally, under no circumstances may a team member or clinical provider use patient, colleague or any other individual or entity's information to personally benefit (e.g., perpetrate identity theft).

XIV. CODING AND BILLING SERVICES

We maintain policies, procedures, and systems to ensure accurate billing to government payers, commercial payers, and patients. These policies and procedures are aligned with pertinent federal and state laws and regulations. In support of accurate billing, medical record documentation must provide reliable evidence of the services and treatment provided, and outcomes of care, including unanticipated outcomes.

Our policies, procedures and systems facilitate the provision of accurate information and protect against inappropriate destruction of any information considered part of the legal medical record. Our coding professionals adhere to the American Health Information Management's Code of Ethics prohibiting coding of diagnoses or procedures not present in the medical record documentation.

Any subcontractor utilized to provide billing or coding services is expected to have the necessary skill, quality control processes, systems, and appropriate procedures to ensure all activities performed comply with federal and state laws. We periodically engage external auditors to evaluate our coding and billing services and maintain internal compliance auditing activities.

AHC local entities can assist the patient with understanding their financial liability prior to scheduled services and the provision of financial counseling services while hospitalized.

We also provide complaint resolution information to our patients and expect our billing professionals to resolve any billing concerns in a timely and respectful manner.

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XV. CONFIDENTIAL INFORMATION

Confidential information broadly covers any information related to ACH operations that is not publicly known, such as: personnel data; clinical information; patient financial information including credit card and social security numbers; passwords; information relating to divestitures; affiliations, acquisitions, and mergers; financial data; strategic plans; marketing strategies and techniques; supplier and sub-contractor information; and proprietary computer software.

Protected health information collected to provide care for a patient is confidential. We enforce policies and procedures that protect confidential information from unauthorized use and disclosure. Only in emergency situations will we disclose confidential patient information without written consent from the patient or legal guardian.

We adhere to a “need-to-know” policy with all staff. This means AHC team members, physicians, other patient care providers and board members may only use confidential information to perform their job responsibilities and may not share confidential information unless it is required to perform their specific job duties.

To maintain the confidentiality and integrity of protected health information and confidential information, we enforce security policies, encryption, and other security standards when information is transmitted electronically outside of the corporation; stored on portable devices, such as Lap-top computers and portable digital assistance devices (PDAs); or transferred to CD or USB drive.

A sizable portion of our clinical and business information is generated and held within our computer systems. It is therefore expected that each employee protects our electronically held information by not sharing passwords and adhering to our password and security protection policies. All AHC team members and employed providers sign a confidentiality attestation when they are on-boarded and annually thereafter.

XVI. ELECTRONIC SECURITY REQUIREMENTS

AHC’s electronic communication systems are intended for business purposes and are designed to maintain the confidentiality, integrity, and availability of its information resources. AHC will monitor and/or control any access considered to be harmful to or inconsistent with AHC business.

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AHC's Privacy and Security Officers and IT department will conduct routine audits of user access. Those authorized to access AHC's electronic communication resources may not use their authorization to access confidential business or patient information for any purpose other than duties as defined by their job description.

Communication resources include but are not limited to email, the Internet, voice mail, the telephone, computer-generated reports, remote VPN access, and the paging system. This policy applies to all electronic resources that are owned or leased by AHC, local entities and affiliate organizations. Devices may include those that are used to disseminate information such as laptops, tablets, telephones, smart phones or personal handheld devices, mass storage devices or other removable media, or other mobile computing devices.

Messaging may include page message, voice mail message, or electronic mail, text messaging. There is an expectation that those individuals in a role requiring response to electronic communication will respond in a timely manner based on priority and emergent nature.

Out of office tools will be used to indicate availability on electronic mail and voice mail. Paging system 'whereabouts and preferences will be used to indicate contact preferences or out of office availability. These measures acknowledge our role as patient care advocates and a sense of urgency to those needing a response. AHC provides these guidelines in support of openness, trust, and integrity and to establish appropriate use of our communication resources.

Our Information Technology team is committed to protecting staff, partners, and the company from illegal or damaging actions by individuals, either knowingly or unknowingly. Social networking sites, although an important business tool should be used with professionalism in support of AHC's mission and vision. Staff must exercise good judgment regarding the reasonableness of personal use.

AHC and local affiliate entities will encrypt all sensitive data in support of protecting electronic data in transit. Information Technology will abide by all current and future information protection guidelines as dictated by regulatory and accreditation agencies including but not limited to The Joint Commission, HIPAA, and HITECH. It is the responsibility of Information Technology and the Privacy and Security Officer to communicate information privacy and security mechanisms in the form of policy and ongoing education.

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All employees, affiliates and colleagues are expected to keep passwords secure and not share accounts. Authorized users are responsible for the security of their passwords and accounts. Strong passwords should be changed often.

Because information contained on portable computers is especially vulnerable, exceptional care should be exercised to always secure devices and report a loss or theft immediately to the Information Technology Help Desk. The use of electronic messaging as a key communication tool recognizes that there are certain guidelines for acceptable use. Controlling unsolicited email requires staff to ‘just delete it’ when they receive e-mail attachments from unknown senders. The list below is by no means exhaustive, but it attempts to provide a framework for activities, which fall into the category of unacceptable use:

- Compromising the privacy of users and their personal data
- Damaging the integrity of a computer system or the data or programs stored on a computer system
- Disrupting the intended use of a system or network resources
- Using or copying proprietary software when not authorized to do so
- Using a computer system as a conduit for unauthorized access attempts on other computer systems
- Use of AHC’s electronic communication resources as a platform in violation of AHC privacy and security policy
- Unauthorized use that results in the uploading, downloading, modification, or removal of files where such action is not authorized

XVII. COMMUNICATION WITH MEDIA

It is the policy of AHC and local entities to refer all media contacts for information to our System Executive Leadership Team and Marketing Department. Our staff must adhere to all applicable privacy rules when working with the media as it is imperative to control and coordinate the release of all information centrally.

Divulging unauthorized information to the media or a third party without the approval of Communications and Marketing Department is prohibited and may result in corrective action, up to and including termination.

“Media” includes persons associated with broadcast and cable television, radio, magazines, social media, newspapers, and the Internet. Nobody may speak with the media without prior approval from Marketing, or AHC Executive Leadership.

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If the media or other third party contacts an AHC team members for information, the request must be referred to your direct supervisor and/or AHC's Executive Leadership Team.

All requests for information will be reviewed for compliance with all state and federal laws, regulations, reasonableness, and confidentiality concerns. When a media call comes into the switchboard or to the nursing supervisor, immediately page the system marketing representative or administrative staff member who is on call at the local entity.

XVIII. FINANCIAL REPORTING AND CONTROLS

AHC financial statements are presented in conformity with accounting principles accepted in the United States. These financial statements are the responsibility of the company's management. Therefore, we have established and maintain processes that provide for accurate and complete reporting of financial information.

AHC maintains a system of internal controls to provide reasonable assurances that all transactions are executed in accordance with management's authorization and are appropriately reflected in the financial statements. Furthermore, appropriate controls are in place to protect the organization's assets from misappropriation.

Our corporate financial statements provide a basis for managing our and shared with our external stakeholders of the organization. In response to compliance requirements and agreements with various third parties, the company's financial statements are audited by an independent audit firm on an annual basis. Regardless of the annual audit process, AHC seeks to comply with all relevant financial reporting and tax disclosure rules and regulations.

The Finance Department receives training and guidance regarding auditing, accounting, and financial disclosure relevant to their job responsibilities. They are also provided the opportunity to discuss issues of concern with the AHC and local entity Boards. Anyone having concerns regarding "questionable" accounting or auditing matters should report such matters to the Integrity Hotline.

XIV. COST REPORTS

AHC and local affiliate entities are required by federal and state laws and regulations to submit certain reports of AHC's operating costs and statistics. We comply with federal and state laws, regulations, and guidelines relating to all cost reports. These laws, regulations, and guidelines define what costs are allowable and outline the appropriate

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

AHC has financial and audit policies that address cost report compliance and articulate our commitment to utilize the Payor-Provider's Reimbursement Manual's instructions; provide effective and timely education and training programs for Finance and Revenue Cycle Department staff regarding federal and state laws, regulations and guidelines, and corporate policies; maintain a standardized document package to provide consistency in the preparation, organization, presentation, and review of cost reports; apply a uniform cost report review process; identify and exclude non- allowable costs; adhere to documentation standards; and use transmittal letters to report protested items and other appropriate disclosure. In addition, when necessary, we seek guidance from The Centers for Medicare & Medicaid Services and/or its intermediary, National Government Services.

All issues related to the preparation, submission and settlement of cost reports must be performed by or coordinated with AHC's Finance and Revenue Cycle Departments.

XX. INTELLECTUAL PROPERTY RIGHTS AND OBLIGATIONS

Any work of authorship, invention, or other creation ("Development") created by a colleague during the scope of the colleague's employment with AHC shall be considered the property of AHC and affiliates, including any patent, trademark, copyright, trade secret or other intellectual property right in the Development.

Whether something is developed during the scope of a colleague's employment depends on a number of factors, including: the nature of the colleague's work; whether the Development is related to AHC business; whether the colleague was directed to produce the "Development" as part of the colleague's work; whether the colleague utilized AHC's intellectual property or resources at least in part to make the "Development"; and whether the team members created the Development while being paid by AHC.

If any "Development" created is copyrightable or patentable, then it will be considered a "Work for Hire" under the United States Copyright Act, with AHC being the author and owner of such work. When creating "Developments for AHC, team members and colleagues shall respect the intellectual property rights of others.

Any works or inventions created by colleagues prior to employment by AHC shall be disclosed to AHC upon commencement of employment, and management and legal approval shall be obtained prior to any use of these works or inventions in "Development" for AHC.

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Employees will respect materials copyrighted by others including but not limited to text, images, video, and music. Employees must not put the company at risk by using these materials without express written permission of the copyright owner.

XXI. WORKPLACE CONDUCT AND EMPLOYMENT PRACTICES

We discuss in this document very general terms regarding conduct expected of all AHC team members in the areas of workplace conduct and employment practices. Many, if not all, of these topics are addressed in more detail in Human Resources policies and “Employee Handbook.”

Reporting Concerns – Non-Retaliation/Non-Intimidation

Retaliation and/or intimidation against any staff, who seeks advice, raises a concern, or reports an ethical or compliance issue in good faith will not be tolerated. Staff who deliberately makes a false accusation with the purpose of harming or retaliating against another staff member will be subject to disciplinary action. Refer to the employee handbook for additional detail on AHC’s Non-Retaliation Policy.

XXII. CONFLICT OF INTEREST

As team members, staff members and associates, we have a duty and obligation to disclose any potential conflict to perform our business and duties objectively and effectively. Impropriety and appearances of impropriety are to be always avoided.

When external and personal activities or interests affect, influence, or appear to impact decisions, a conflict of interest arises. These conflicts of interest can and sometimes do influence the ability to make objective decisions or reduce individual effectiveness often resulting in an overall impact on AHC’s interests. Proper handling of conflicts of interests promotes the reputation of our company and the individual and demonstrates respect for the communities we serve.

Conflicts or potential conflicts take on many forms. Conflicts can be direct and indirect. Some examples include:

- A staff member with a significant financial investment in a company doing business with AHC and is able to influence decisions related to AHC business relationship with the company.
- A staff member’s family member or significant other has a financial interest in a company bidding for AHC or local entity work, and the staff member can influence bid award decisions.

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- A staff member has a second job working for a home care agency on weekends and uses his or her position at AHC to direct patients to the home care agency.
- A pharmacy and therapeutics committee chair or member uses his or her position on the committee to promote a drug or device from a company with which the member has a financial or compensation relationship.

AHC team members, staff, affiliates, colleagues, and associates are expected to remain free of conflicts and disclose specific conflicts as specified in corporate compliance policy. In the event of a conflict, staff, affiliates, colleagues, and associates are to refrain from any deliberations and voting on the issues giving rise to the conflict. AHC team members and leadership who have identified potential conflicts may present information that would be helpful to the decision-maker (person or committee). **Refer to AHC Policy # 4.4-Conflict of Interest**

XXIII. CONTROLLED SUBSTANCES

AHC is committed to maintaining a culture of regulatory compliance and organizational excellence. Prescription drugs, especially controlled substances, are a common target for diversion, abuse, and misuse. Prescription medications will be prescribed only by those licensed within the State of Maryland and credentialed by the Medical Staff to prescribe; dispensed by those licensed to dispense; and administered by those licensed to administer.

Prescriptions are to be written only for those under the direct clinical care of the individual prescriber, and never for colleagues or other healthcare providers outside the direct care relationship.

AHC has the responsibility to ensure proper medication storage, handling, use and security. Within individual departments, security and control are the responsibility of those who have contact with medications and/or controlled substances.

Medications are never to be left unsupervised or unattended. AHC is committed to meeting and exceeding all standards related to medication use and management by:

- Adopting a zero tolerance for medication/controlled substance theft and/or diversion for personal use
- Ensuring all required documentation for ordering, prescribing, medication waste (including narcotics), and medication loss (i.e., theft), are complete and available for review. Such documentation is made available to the applicable regulatory authority, as appropriate

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- Ensuring patient safety is maintained in every clinical interaction involving medications
- Immediately reporting any medication/controlled substance discrepancies to AHC and with pharmacy assisting with the subsequent investigation
- Reporting unusual behaviors or circumstances which may be suggestive of a medication issue

XXIV. DIVERSITY AND EQUAL EMPLOYMENT OPPORTUNITY

AHC consistently strive to create an environment where individual differences can maximize our collective capabilities. We are committed to promoting the diversity of our staff through recruiting and hiring practices that reflect the diverse communities we serve.

Our corporation, team members and affiliates/subsidiaries also recognize that managing diversity initiatives includes providing culturally competent healthcare in alignment with our Mission, Vision and Values and demonstrating sensitivity practices that improve health outcomes. We will hold each other responsible for understanding differing perspectives and maintaining a workplace free from discrimination and harassment by building a culture of tolerance and sensitivity.

We will comply with all laws; regulations and policies related to non-discrimination and fair employment practices in all our personnel actions. We make reasonable accommodations to the known physical and mental limitations of otherwise qualified staff with disabilities.

XXV. HARRASSMENT AND WORKPLACE VIOLENCE

Each employee has the right to work in an environment free of harassment and disruptive behavior. We are proud to have a staff made up of diverse individuals. Therefore, unacceptable conduct, acts or behaviors that create an environment of hostility, threat, or coercion are prohibited. We will not tolerate harassment towards other employees based on characteristics or cultures that may differ from our own. For example, intimidating others through degrading behavior or humiliating jokes or slurs **is not** acceptable.

Sexual harassment is a form of sexual discrimination and will not be tolerated in our organization. It may be blatant or subtle and includes unwelcome sexual advances or requests for sexual favors. Each employee has a duty to respect the rights of his or her fellow employees.

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Incidents of robbery, terrorism, hate crimes, property destruction, identity theft, stalking, physical violence, or the threat of physical violence directed at individuals are all forms of harassment.

As part of the AHC workforce, each team member is responsible for demonstrating behavior consistent with our core mission, vision, and values. To ensure that our organization is free from harassment, disruptive behavior and workplace violence, each employee must take ownership for their behavior and for reporting incidents.

Team members, who believe they may have been victims of harassment or workplace violence or observed an act of harassment or workplace violence against another employee, should immediately report such incident to their supervisor or their Human Resources department.

Retaliation against individuals for raising claims of discrimination or harassment is prohibited. Refer to team member HR policies and procedures for additional information regarding diversity, equal employment, and retaliation.

XXVI. HEALTH AND SAFETY

Health and safety form an integral part of the workplace environment. AHC is committed to promoting the practice of a healthy and safe environment. The program of health and safety includes continuous employee education and compliance with all local, state, and federal laws, regulations, policies, and ethical standards governing the professional practice of safety and health and health-related activities.

Employees are responsible for following appropriate health and safety procedures during the performance of professional duties to protect themselves, other employees, and the public from conditions where injury and damage are foreseeable. Team members should seek the assistance of their supervisor or local Environment of Care, Infection Control Practitioner or Patient Safety Officer when they have questions or concerns.

It is also important that you immediately advise your supervisor or department manager of any workplace injury, or a situation, which presents a danger of injury so that appropriate corrective action can be taken to immediately resolve the issue.

XXVII. HIRING OF FORMER AND CURRENT GOVERNMENT AND FISCAL INTERMEDICARY/MEDICARE ADMINISTRATIVE CONTRACTORS

The recruitment and employment of former or current US government employees may be impacted by regulations concerning conflicts of interest. Hiring employees directly from

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a fiscal intermediary or Medicare Administrative Contractor requires certain regulatory notifications.

Colleagues should consult with the corporate Human Resources or Legal Department regarding such recruitment and hiring.

XXVIII. FEDERAL AND STATE FALSE CLAIMS ACTS

Federal and state governments have false claims acts to prevent and detect fraud, waste, and abuse in healthcare programs. Acts such as the Federal False Claims Act prohibit healthcare providers from knowingly submitting false or fraudulent claims for payments to federal healthcare programs, including claims for services not rendered, claims that depict the service differently from the actual service provided, or claims that do not comply with regulations.

Civil actions may occur against any person who knowingly submits or causes another to submit a false or fraudulent claim for payment by a government agency, which can result in fines and penalties. Under the Maryland False Claims Act, and the Federal False Claims Act, a person (known as a “whistleblower”) may bring a civil action under each act for the person, the state and / or the United States government (under the federal act). If the civil lawsuit is successful, the “whistleblower” will be entitled to a percentage of the government’s recovery, as well as reasonable attorney fees and costs.

Each false claim act has a provision that protects a person reporting a claim from discharge, demotion, suspension, threats, harassment, or discrimination because of lawful actions. AHC will not tolerate retaliation against a team member for reporting compliance and ethical concerns in good faith. Refer to the detailed OIP False Claims Policy for more information.

XXIX. INELEGIBLE AND EXCLUDED PERSONS

AHC, affiliate organizations and all local entities shall not employ, contract, or otherwise associate with a known ineligible person or entity identified as excluded or ineligible from participation in federally funded healthcare programs. Persons or entities associated with the company that are pending resolution of criminal charges associated with health care, felonies, or proposed debarment or exclusion from federally funded healthcare programs shall be removed from direct responsibility for or involvement with such federally funded programs.

Persons seeking to be associated with AHC or affiliate entities who are pending resolution of any criminal charges involving healthcare, any felony charges or proposed

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debarment or exclusion from federally funded healthcare programs shall not be considered for employment or other association. In the event resolution results in conviction, debarment or exclusion of the person or entity, colleagues, affiliates, and employees shall immediately take action to separate itself from the person or entity.

Refer to OI specific policies regarding process for ongoing audits and monitoring of this the exclusion process. **(Refer to AHC Policy 4.19-Prohibition of Doing Business with Excluded Individuals and Entities)**

XXX. LICENSE AND CERTIFICATION RENEWALS

Individuals who are employed in positions that require professional licensure, credentials, or other certifications, including those who are deemed independent contractors and privileged practitioners are responsible to maintain their licenses and credentials. They must always comply with state and federal requirements that are applicable to their disciplines.

Nursing leaders and other managers of those departments that require professional licensure, credentials or other certifications, and medical staff offices are responsible for ensuring evidence of current credentials as appropriate to the discipline. AHC and local entities do not allow any individual to work or practice without valid, current licenses and credentials.

XXXI. PERSONAL USE OF AHC RESOURCES

AHC strives to make effective use of our organization's resources including time, materials, supplies, equipment, capital, space, and information. As a rule, the personal use of any company resources is prohibited without prior management approval.

Everyone is responsible to ensure that we do not improperly and unreasonably use documents, telephones, computers, copiers, equipment, for personal purposes. Any use of the organization resources for personal financial gain unrelated to the organization's business is prohibited.

XXXII. RESEARCH, INVESTIGATIONS AND CLINICAL TRIALS

AHC will follow the highest ethical standards in full compliance with federal and state laws and regulations in any research, investigations, and/or clinical trials conducted by our physicians and professional staff. We do not tolerate research misconduct, which includes activities such as making up or changing results, copying results from other studies without performing the clinical investigation or research, failing to identify and

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deal appropriately with investigators or institutional conflicts of interest, and proceeding without Institutional Review Board (IRB) approval.

Our organization's priority is always to protect the patients and human subjects and respect their rights during research, investigations, and clinical trials. Any facility, clinic and colleague applying for or performing research of any type must follow all applicable research guidelines and privacy policies and maintain the highest standards of ethics and accuracy in any written or oral communications regarding the research project.

As in all accounting and financial record keeping, our policy is to submit only true, accurate, and complete costs related to research grants. Any facility, office or colleague engaging in human subject research must do so in conjunction with IRB approval and consistent with AHC policies on human subject research and IRBs.

XXXIII. SUBSTANCE ABUSE AND MENTAL ACUITY

To protect the interests of our colleagues and patients, we are committed to an alcohol and drug-free work environment. All colleagues must report for work free of the influence of alcohol and illegal drugs.

Reporting to work under the influence of any illegal drug or alcohol, having an illegal drug in a colleague's system, or using, possessing, or selling illegal drugs while on AHC's work time or property may result in immediate termination. We may use drug testing as a means of enforcing this policy.

XXXIV. COMPETITIVE ACTIVITIES AND MARKETING PRACTICES

As we work in a highly competitive environment, it is important that our image in marketing and all forms of public media adhere to the highest standards of integrity and fairness as consistent with our Code of Conduct. The company will maintain compliance with all antitrust and all other laws concerning competitive fairness. This includes interactions with competitors, customers, suppliers, and media.

XXXV. RELATIONSHIPS BETWEEN AHC AND VENDOR/REFERRAL COLLEAGUES

With regards to vendor relationships, AHC and local entities prohibit the acceptance of gifts (excluding personal gifts between AHC employees) from professionals, referral sources, vendors, suppliers, and customers.

AHC strongly discourage the appearance of impropriety in its business dealings and encourage staff not to accept even nominal gifts whenever there is concern that the acceptance of the gift may influence objective reasoning.

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XXXVI. RELATIONSHIPS WITH SUPPLIERS AND SUBCONTRACTORS

AHC takes a collaborative approach to achieve mutually beneficial goals with its suppliers and subcontractors. AHC conducts its affairs consistent with applicable law, regulations and with business integrity. Suppliers and subcontractors are required to follow our company policies and Code of Conduct. We provide an effective model that produces sustainable cost reductions, supports high customer service standards, and consolidates the supply chain infrastructure and business practices.

Gifts and gratuities of any kind are subject to the AHC Code Conduct limitations, and any violations of this could negatively impact future business, as well as be subject to violation of federal, state, or other laws.

The vendor application and credentialing process for suppliers and subcontractors will acknowledge our policies, declare conflicts of interest and be subject to background checks. Most of our supplier contracts are developed through a group purchasing organization.

Agreements or contracts signed by a non-authorized agent will be considered non-binding. AHC will not disclose vendor information unless authorized by the vendor or permitted in the contract. Protecting our environment makes good health and business sense. AHC seeks suppliers and subcontractors whose products and services reduce packaging materials, energy, and waste.

XXXVII. ANTITRUST AND UNFAIR COMPETITION

The antitrust laws are designed to accomplish two broad goals: (1) to prevent anticompetitive collusion among actual or potential competitors; and (2) to prevent the unlawful creation or exercise of market power, i.e., monopolization. The rationale for these objectives is that the absence of competition may result in one hospital system (or more than one system acting together with another) having sufficient power to maintain charges above competitive levels or to depress wages below competitive levels.

Agreements between or among actual or potential competitors to fix prices, fix wages, rig bids, allocate customers or divide markets, boycott, or collectively refuse to deal with third parties are known as per se offenses. Per se violations are considered so flagrantly anticompetitive that the mere occurrence of such conduct establishes a conclusive

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presumption of illegality without any detailed inquiry into whether such conduct injures competition. Such activities could result in criminal prosecution of organizations and individual officers and employees by the government. They also are the basis for the vast majority of antitrust lawsuits seeking treble damages and class action status.

It is costly for any organization to become involved in antitrust litigation. The combination of damage exposure, expert witness fees, attorney's fees and other expenses can cost so much as to threaten an organization's very viability. It is our policy and the obligation of every director, officer, employee, and representative to comply with the antitrust laws of the United States and the states where we do business.

No director, officer or team member should:

- Share confidential price, wage, or cost information with competitors, including market strategies, development strategies or other proprietary and sensitive business information.
- Disclose to non-AHC entities intent not to do business with another entity;
- Disclose affiliate bids, responses to requests for proposals, pricing proposals to a competitor;
- Require a patient to engage one service as a condition to obtaining services.

The Antitrust Laws are so complex and cover every type of business activity, including relationships with competitors, customers, and suppliers. When in doubt about the legality or propriety of an act, practice, or communication, consult the Legal Department or Organizational Integrity Department before moving forward.

XXXVIII. MARKETING, ADVERTISING AND MEDIA

Consistent with laws and regulations that may govern such activities, we may use marketing, advertising, and media-relations activities to educate the public, provide information to the community, increase awareness of our services, and to recruit team members and colleagues. We strive to present only truthful, fully informative, and non-deceptive information in these materials and announcements.

While it is permissible to compare our services and prices, it is against company policy to intentionally disparage other persons or businesses based on information that is untrue, or not known to be true, or to intentionally interfere with another business's contractual and business relationships through wrongful means. This does not prevent fair, non-deceptive competition for business from those who may also have business relationships with a competitor.

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As related to communication that is shared with external audiences (including signage, patient education materials, letters, promotional materials, etc.), AHC and local entities must be aligned with the system's strategic vision, mission, values, and plan, including consistency with the AHC's system approved campaign and style guidelines.

XXXIX. ENVIRONMENTAL COMPLIANCE

It is our policy to comply with all environmental laws and regulations as they relate to our organization's operations. We act to preserve our natural resources to the full extent possible. We comply with all environmental laws and operate each of our facilities with the necessary permits, approvals, and controls. We diligently employ the proper procedures to prevent pollution and provide a healthy environment of care to prevent pollution.

In helping AHC and team members comply with these laws and regulations, all team members must understand how job duties may impact the environment, adhere to all requirements for the proper handling of hazardous materials, and immediately alert supervisors to any situation regarding the discharge of a hazardous substance, improper disposal of hazardous and medical waste, or any situation which may be potentially damaging to the environment.

XL. BUSINESS COURTESIES

This section of the Code of Conduct covers the receipt of business courtesy and the extension of business courtesy. It specifically addresses business courtesy between AHC and all affiliate entities, team members and those outside our organization. Business courtesies include such things as invitations to events, gifts, meals, and entertainment.

It should not be read as an endorsement or encouragement to make or receive any type of business courtesy or gift. The general section reminds team members to apply good judgment and avoid appearances of impropriety that may injure either our company's reputation or that of the individuals involved.

This Code of Conduct statement is a general statement and does NOT include business courtesies involving **potential or actual referral sources**. For more information on this subject, review the Code of Conduct section on **“Extending Business Courtesies and Tokens of Appreciation to Potential Referral Sources.”**

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XLII. RECEIVING BUSINESS COURTESIES (EVENTS AND TRAVEL)

Business relationships develop through positive experiences between client and the Receiving Business Courtesies business partner. As relationships initiate or mature, it is acknowledged that AHC team members and associates may be invited to a social event sponsored or at the expense of the business partner. AHC's policy allows staff and associates to accept such invitations provided:

- The invitation was made independent of any solicitation or encouragement by the AHC team member or associate
- The event is business-related including by way of example a seminar, exhibit, meeting or presentation.
- Cost of the event is reasonable and appropriate as defined by AHC policy and Executive team.
- Such events are infrequent.

XLIII. GIFTS

Staff and associates may accept gifts from business partners (individual or entity) provided total gifts do not exceed **the annual maximum amount described in AHC's policy on gifting and the OIG's recommended individual and annual calendar year maximum amount.**

During holidays, it is not unusual for business partners to provide perishable or consumable items (e.g., bread baskets, fruit baskets). When perishable or consumable items are distributed to department or group members, the gift is not subject to the limits identified above but our staff and associates are to use reasonable judgment when accepting such items.

Receipt of cash and cash equivalent gift cards or other cash-based items by staff, employed providers and business associates are not allowed and the value as described above including gifts bearing a business partner's logo or valued at **less than the amount established in AHC's Gift and Entertainment Policy 4.15.** AHC, local entities and affiliate foundations may accept cash and cash equivalent gifts that are accounted for properly and used to benefit service to the community and patients per marketing and fundraising policies and procedures.

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XLIII. EXTENDING BUSINESS COURTESIES TO NON-REFERRAL SOURCES

Example: Meals and Entertainment-AHC's team members and associates may want to extend a business courtesy to a business associate to build a relationship or to create opportunity for our company to augment service to the community. Note: meals and entertainment for non-employed referring physicians will adhere to **AHC's Non-Monetary Compensation Policy # 4.36.**

With advance approval from a general counsel or the Organizational Integrity department, you may invite a business associate to a social event or pay for a meal and modest entertainment at the expense of the company, provided:

- The invitation was made independent of any solicitation or encouragement by the other party.
- The event is business related and involves discussion of business topics.
- Under no circumstance does the offer serve as an inducement/payment for the other party to engage in business with our company or affiliates.
- Cost of the event is reasonable and appropriate as defined by the AHC gifting policy and Executive Team
- Such events are infrequent.

XLIV. GIFTS FOR NON-REFERRAL SOURCES

Providing a gift to a business associate (**non-referral source**) is permitted provided it does not to exceed the annual maximum amount outlined in AHC's policy on gifting. The gift may not be used improperly to induce or encourage the other party to do an inappropriate act or serve as an incentive to improperly influence the business outcome.

Much like other areas of concern, avoiding the appearance of impropriety when extending gifts is something staff and associates are to do.

Government employees shall never be offered a gift or other business courtesy except as expressly permitted by the government agency employing the person. Refreshments and meals of modest value may be offered in connection with business discussions.

Staff and associates shall, however, comply with the government employee's direction (accepting or rejecting) regarding offered refreshment or meal. Under no circumstance are such refreshments and/or meals to be used to inappropriately induce a favorable act.

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This restriction also applies to federal contractors or agents such as fiscal intermediaries, carriers, and others.

Medicare and Medicaid patients may be provided a small nominal non-cash or cash equivalent gift provided it does not exceed **the maximum amount described in AHC's policy on gifting and the OIG maximum annual allowable cap**. This limitation does not apply to situations where payments are made as settlement of potential legal action.

XLV. GOVERNMENT RELATIONS AND POLITICAL ACTIVITIES

AHC works closely with various forms of government – local, state, and federal. The organization and its representatives comply with all applicable laws pertaining to political activities and governmental relations.

Corporate funds or resources are not contributed directly to individual candidates, campaigns, and political parties or to other organizations that intend to use the funds for political campaigns. Corporate resources may include financial and in-kind donations – such as the use of work time and telephone lines to solicit for candidates or campaigns or the use of property for functions that are part of such.

Only in approved situations can an employee or team member represent the interests of the corporation to elected or administrative officials of local, regional, state, or federal government or agencies. The organization does not directly endorse any candidates or positions in election campaigns.

Donations for the purpose of support of candidates and propositions that are thought to be beneficial to the business position of the corporation can be made by individual employees to the Political Action Committees (PACS) of Maryland Hospital Association and American Hospital Association. Those organizations' associated PACs then make such endorsements and support by votes of their boards of directors. Employees cannot be reimbursed for personal contributions to any campaign.

Our company engages in public policy debate as an organization only at the initiation of the Government Relations, Marketing and Communications and only in instances where it has special expertise or knowledge that can help inform the public policy process. This can be done through our senior leadership, lobbying consultants, or other staff only when approved in advance by the CEO.

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In articulating positions, our company is most interested in actions that are in the larger public interest as well as those that benefit our industry in a fair and ethical manner. We encourage trade associations that we are members to also do the same.

In select circumstances, constituents of our organization may be asked to show their support on certain issues that impact the healthcare industry or programs of interest. Requests for such will only be made by the AHC Board, President and CEO and communicated to the segment of the corporation targeted for the action.

Actions may include email campaigns, phone calls to legislative and other elected officials or letter writing campaign. Participation in these activities is voluntary and it will not be held against those who do not choose to do so.

It is part of the official role of some senior leaders to interface with elected officials – these activities should be regularly communicated to the Government Relations, Marketing and Communications staff.

The following list includes additional contacts for a range of issues relating to this Code of Ethical Conduct Policy:

| Topic/Issue | System Contact for Guidance |
|--|---|
| Anti-Kickback/Referrals | Legal and Organizational Integrity |
| Antitrust Laws/Contracting | Legal and Organizational Integrity |
| Release of Information | Medical Records/Risk/Organizational Integrity |
| Request for Amendment | Medical Records/Organizational Integrity |
| Tax Issues | Legal and Finance |
| Billing, Coding, Reimbursement | Finance and Revenue Cycle |
| Conflict of Interest Corporate | Organizational Integrity |
| Discrimination/Harassment | Human Resources |
| Hiring Practices | Human Resources |
| Immigration/Diversity | Legal and Human Resources |
| Labor & Employee Relations/EEOC | Legal and Human Resources |
| Team Member Policies and Handbook | Human Resources |
| Computer/Software/Hardware/Security | Information Technology |
| OI and Legal System Policies | Available online/Legal and Compliance Policies |
| Information Blocking | Organizational Integrity and IT Informatics |
| EMTALA | Risk, Organizational Integrity, and Leadership |

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See Affiliated Policies and Programs

- AHC Policy # 4.1-Organizational Integrity Program Policy
- AHC's OI Organizational Chart
- AHC Policy # 2.20-Employee Code of Conduct
- AHC's OI Policies and Procedures

Attachment A-AHC's Team Member Code of Conduct Handbook
Attachment B-AHC's Code of Conduct Attestation Form

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XLVI. Attachment A

Adventist HealthCare (AHC) Code of Conduct Handbook

The mission of Adventist HealthCare ("AHC") is to demonstrate God's care by improving the health of people and communities through a ministry of physical, mental, and spiritual healing.

We accomplish this mission by living our five core values of respect, integrity, service excellence, and stewardship. We have remained true to our mission and values for many years and will continue to do so.

Consistent with this mission, AHC is committed to ethical business practices and compliance with applicable federal and state laws and regulations. As such, we have adopted an Organizational Integrity Program ("OIP") to help us meet our ethical and legal obligations.

The AHC Code of Conduct, along with various other policies & procedures, form the foundation of our Organizational Integrity Program (OIP). The Code of Conduct is designed to reinforce our understanding of AHC's Organizational Integrity Program (OIP) and assist each of us in navigating complex compliance requirements in the highly regulated health care industry.

Each AHC team member will be furnished a copy of the Code of Conduct Handbook including a summary of expected ethical behaviors. Each team member must review and become familiar with these requirements and sign the attestation document on hire and annually thereafter.

The attestation document confirms that you have read and understand the Code of Conduct and that you will abide by the Code of Conduct expectations.

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This execution of this document is important because the Code of Conduct is mandatory and a condition of your employment. Indeed, the Code of Conduct applies to everyone, including board members, officers, directors, managers, contractors, medical staff, as well as all employees.

By adhering to the standards and principles summarized in this Code of Conduct Handbook, you enable AHC to continue to fulfill its mission of delivering clinical and service excellence to our customers in a legal and ethical fashion.

The OIP policies & procedures are available to all team members through their supervisors and managers and by accessing the AHC Intranet site.

Team members will be provided formal training to further enhance your understanding of the Organizational Integrity Program (OIP) and Code of Conduct.

A system-wide Organizational Integrity Committee has been established which includes members of AHC's Senior Leadership Team, as well as representatives from each of AHC's local affiliate entities.

The OIP analyst, auditors and support staff will be a valuable resource with respect to compliance matters and are available to address any questions you have about the OIP and Code of Conduct.

I am very excited about our Organizational Integrity Program and look forward to working with each of you on this critical area. Please join me in reaffirming AHC's ongoing commitment to organizational integrity.

***Remember, Integrity is Knowing the Right Thing to Do and
Doing the Right Thing***

Terry Forde, President, and CEO

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XLVII. ADVENTIST HEALTHCARE'S TEAM MEMBER CODE OF CONDUCT EXPECTATIONS

Our Mission is to deliver clinical and service excellence through a ministry of physical, mental, and spiritual healing.

Integrity...

We are above reproach in everything we do.

1. AHC and its employees are committed to full compliance with the letter and spirit of the laws which govern our business, including those that apply to federal health care programs.
2. We are committed to adhere to a Code of Conduct and a comprehensive Organizational Integrity Program (“OIP”) to guide our actions.
3. We will represent ourselves, our capabilities, and our licenses and accreditations fairly and accurately in our marketing promotions and communication with others.
4. We will carefully evaluate potential partnerships and associations with other healthcare providers, educational organizations, and payers according to the following criteria: compatibility of mission and values, vendors, and ability to serve the community.
5. We will closely monitor, identify, and take any necessary action concerning possible potential conflicts of interest regarding members of our governing board and administration relative to other organizations.
6. We will provide services only to patients for whom we can safely provide care and will not turn away any patient requiring emergency care.
7. We will treat our customers with the dignity and respect that is inherently theirs by:
 - Protecting their privacy and right to confidentiality
 - Providing them with timely, accurate information about their diagnosis, treatment, and prognosis
 - Involving them in every way possible with their care, treatment, transfer, and discharge plans

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- Disclosing our ownership of any entity to which they are transferred.
8. We will follow uniform standards of care based on the needs of each patient regardless of race, religion, cultural background, sexual orientation, or ability to pay. A patient's clinical readiness for discharge will always take precedence over payer requirements in decisions of discharge.
 9. We will bill customers and third-party payers only for services that are rendered, appropriately documented, and properly payable. Billing and coding rules are often complex, but AHC will take appropriate steps to understand and adhere to those rules. If a billing question arises, we will provide billing information in a quick, courteous manner by a thorough review of all appropriate care documentation. We will empower staff to make decisions that are mutually satisfactory to customers, payers, and the organization.
 10. Upon discovering a billing error or receiving an overpayment, we will promptly repay any funds to which we are not legally entitled to the appropriate third-party payer.
 11. We will educate and train all employees and contractors involved in billing, coding, and patient care on the obligations of their position, including training regarding applicable AHC policies, OIP requirements and expectations, and consequences of a failure to so comply.
 12. Using the Mission Statement as our standard, we will treat all employees as valued fellow team members. We will ensure they are compensated and are provided with a clean, safe, worker-friendly environment.
 13. We will actively demonstrate the following five values (“RISES”):
 - **RESPECT:** We recognize the infinite worth of the individual and care for each one as a whole person.
 - **INTEGRITY:** We are above reproach in everything we do.
 - **SERVICE:** We provide compassionate and attentive care in a manner that inspires confidence.
 - **EXCELLENCE:** We provide world class clinical outcomes in an environment that is safe for both our patients and caregivers.
 - **STEWARDSHIP:** We take personal responsibility for the efficient and effective accomplishment of our mission.

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14. Before acting, all employees and responsible agents should ask themselves -- Is it the right thing to do? Is it ethical? Is it legal? Does it follow AHC's Code of Conduct and Organizational Integrity Program (OIP) policies?
15. Our employees will have several avenues to report suspected compliance violations, including an anonymous reporting method. An employee may report issues to his or her immediate supervisor, senior management, the Organizational Integrity Department, AHC's Chief Compliance and Privacy Officer, RL Solutions, or AHC's event reporting system. Employees may also report anonymously via the Integrity Hotline.
16. Our employees have an affirmative duty to report violations of the Code of Conduct and will not face retaliation for reporting their concerns in good faith.
17. Our employees will ask questions if they are unsure of what the right thing to do is.
18. Information regarding reports of suspected compliance or legal violations will be treated in an appropriately confidential manner.
19. All reports of suspected compliance or legal violations will receive a prompt and appropriate review.
20. We adhere to a policy of appropriate corrective actions for compliance violations and consistent discipline to assure fairness and equity in treatment for each violation.
21. Adherence to the Code of Conduct is required of everyone involved with AHC, including board members, officers, directors, managers, contractors, medical staff, and all employees. Abiding by the OIP and Code of Conduct is mandatory and a condition of employment (or doing business) with AHC.
22. Adherence to the OIP and the Code of Conduct will be a factor in evaluating all employees, including managers and supervisors.
23. All employees, including managers and supervisors, will follow the ethical standards dictated by their respective professional organizations.
24. We take very seriously all violations of criminal, civil or administrative laws, such as those governing billing for services, business relationships with referral sources, and quality of care. Such violations may have profound effects on our

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- organization, our patients and government programs, and may result in significant sanctions and penalties.
25. We are committed to monitoring and auditing our operations to detect and prevent non-compliance with laws and its OIP policies and procedures.
 26. As appropriate, we will report identified violations of the law to the appropriate government contractor or agency.
 27. We will respect each of our customers, including our patients, their families, business partners, physicians, and insurance programs, by engaging in only honest, courteous, and forthright behavior.

How to report a suspected compliance or legal violation:

Failure to report a known compliance violation may harm AHC, its patients, insurance companies, and government programs; therefore, AHC employees have an affirmative duty to report suspected integrity or legal violations by following AHC's Organizational Integrity Reporting Process.

An employee or team member may report integrity violations directly to his or her supervisor, or to a Human Resources representative; the employee may also report violations to the AHC System Integrity Officer.

Finally, employees may report their concerns anonymously by calling the Integrity Hotline (**toll free 1-800-814-1434**) or **filing a report in RL Solutions, AHC's incident reporting system.**

AHC **prohibits retaliation** for good faith reporting of actual or violations of the Code of Conduct, laws, or AHC's Policies & Procedures.

If you have any questions about the Code of Conduct or the Organizational Integrity Program, please contact AHC's Organizational Integrity Department.

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XLVIII. Attachment B

ADVENTIST HEALTHCARE
EMPLOYEE ACKNOWLEDGEMENT
CODE OF CONDUCT AND ORGANIZATIONAL INTEGRITY PROGRAM

By signing this acknowledgement form, I attest to having received the Adventist HealthCare Organizational Integrity Program Handbook and the Code of Conduct, and that I have attended the Organizational Integrity Program Orientation.

_____ New Employee (New Team Member Orientation)

Also, I attest that I have not been convicted of, or charged with, a criminal offence related to health care, nor have I been listed by a state or federal agency as debarred, excluded or otherwise ineligible for participation in state or federally funded health care programs.

I understand that any violation of the Organizational Integrity Program, the Code of Conduct, or any other integrity policy or procedure may be grounds for disciplinary action, up to and including termination of employment.

If I become aware of any potential violation, I will promptly report it to management or Organizational Integrity Department.

I accept that the requirements of the Organizational Integrity Program go into effect when I sign this Employee Acknowledgement.

Employee ID _____

Name (Printed): _____ **Dept** _____

Signature: _____ **Date:** _____

This form will be collected at Employee Orientation and attested annually thereafter. A Copy will be forwarded to the Human Resources department for record keeping.