

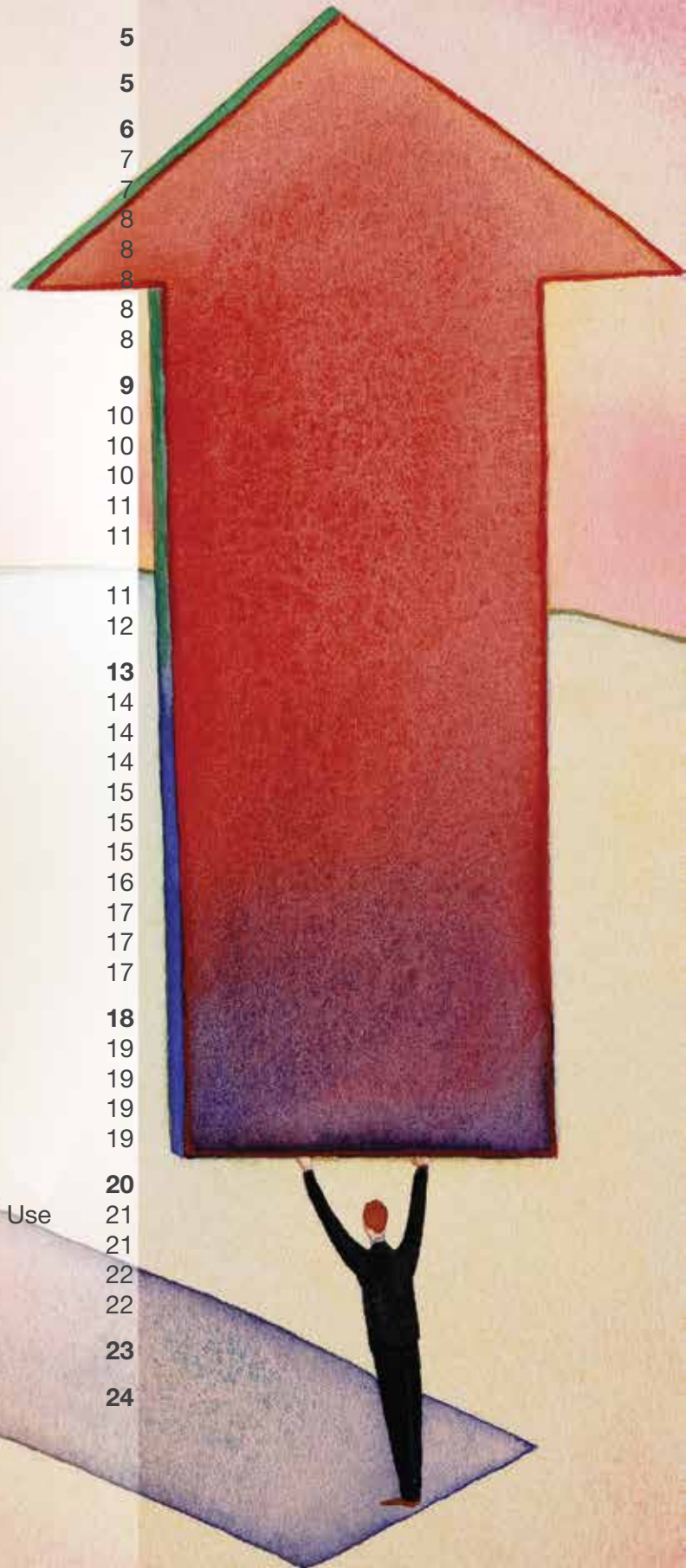


Doing the Right Thing Right

INHS Code of Conduct

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LEADERSHIP MESSAGE

Dear Colleague,

As members of our communities, the people we serve place an enormous amount of trust in us. Our Code of Conduct is an important part of how we serve, and it represents our core values in action.

INHS has built its reputation by providing high-quality patient care, community and professional education and innovative health IT solutions. That commitment to meeting the needs of our communities continues today as INHS and health care partners work together with a shared commitment to do the right thing on behalf of our patients and customers.

Maintaining the integrity of our organization is the responsibility of each person of INHS, and that is the purpose of our Integrity and Compliance Program. It ensures we are following the ethical commitments, laws, rules and regulations that govern our business conduct, and it helps to discourage, prevent and identify violations.

Our Code of Conduct explains the expectations we have of our employees, board members, volunteers and students, and the critical importance of being honest and just in all our interactions with our patients, customers, members, colleagues, payers and vendors. It also details how to report a violation or concern about potential illegal or inappropriate actions.

Please review this Code of Conduct thoroughly and discuss any questions you may have about these standards with your supervisor. Every person at INHS is expected to take an active part in maintaining the integrity and compliance of our organization. Thank you for your participation and your commitment to INHS and the patients, customers and communities we serve.

Elaine Couture
CEO, Inland Northwest Health Services

MISSION

We provide unique, effective, affordable services using collaborative and innovative approaches for the benefit of the entire health care continuum.

VISION

INHS will be a recognized national leader in innovative and collaborative health care solutions.



WHY WE HAVE A CODE OF CONDUCT

At INHS, we are committed to “doing the right thing right” and conducting ourselves with the utmost integrity. The success of INHS and our commitment to being the best place to receive care and services, the best place to work and the best place to practice depends on us building honest and trusting relationships with our fellow employees, business partners, regulators and the communities we serve. To achieve our mission and vision, we commit to conducting all business activities in an honest, fair and ethical manner.

In today’s operating environment, the rules that govern business practices are more demanding than ever, and require us to keep integrity at the core of all we do in advancing our mission and vision. It requires a commitment from each of us to conduct our business honestly and ethically regardless of the situation.

Our mission and vision provide guidance and inspiration as we make sound, ethical choices to deliver quality care and services while meeting our organizational goals. The INHS commitment to integrity is a vital part of who we are and our long tradition of striving to improve the health and well-being of each person we serve.

The INHS Code of Conduct provides us with a set of standards that guides our decision-making and our commitment to “doing the right thing right”. This means conducting our business within appropriate ethical, legal and regulatory standards, and complying with INHS policies and standards.

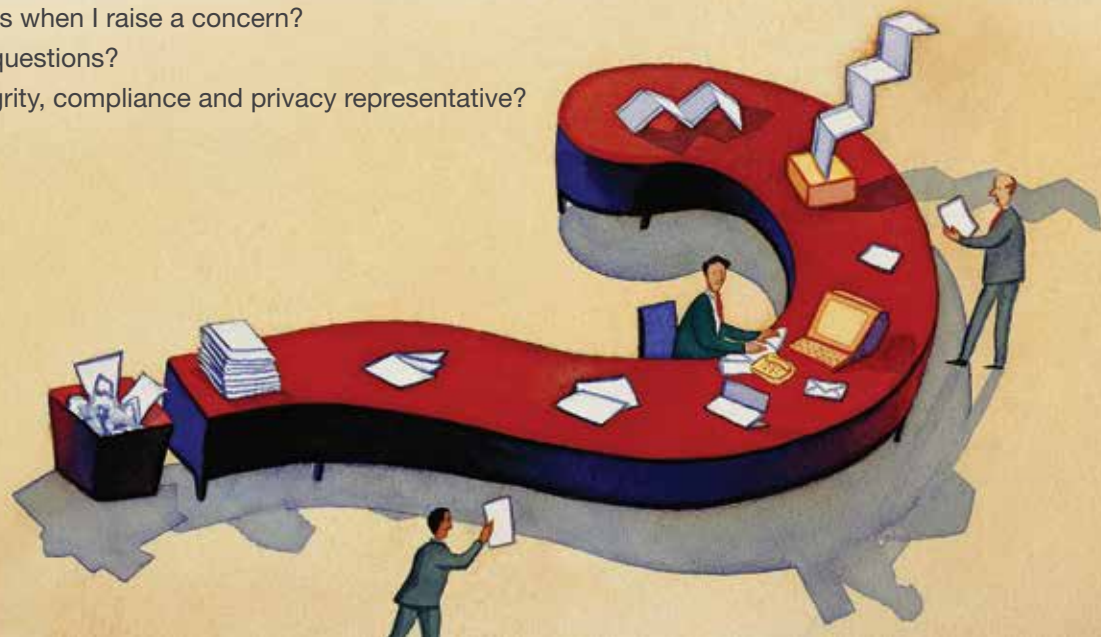
In addition to the Code of Conduct, there are system, regional, facility, service line and institutional policies, procedures and standards that may apply to your work. Copies of these can be obtained through your supervisor, manager or the INHS standards and policy manuals, which are located on myINHS.org (the INHS intranet). This Code of Conduct and certain integrity and compliance policies are also available on the INHS public internet site.

Health care practitioners who are granted privileges at INHS facilities are governed by medical staff bylaws and must follow them. These bylaws provide a process for resolving ethical and compliance matters related to the practice of medicine at INHS.

HOW SHOULD I USE THE CODE OF CONDUCT?

The INHS Code of Conduct asks you to reflect on our mission, vision and values as you apply ethical and legal standards to your work. Our Code of Conduct helps you answer these questions:

- Are my actions and decisions consistent with INHS mission and vision?
- Am I supporting the spirit, as well as the letter, of laws, regulations, policies or standards?
- Does my behavior support/foster patient care, a healing environment, health education and/or those in need?
- Who should I contact if I believe a violation has occurred?
- What do I do if retaliation occurs when I raise a concern?
- Who can help me if I still have questions?
- How do I contact my local integrity, compliance and privacy representative?



INTEGRITY AND COMPLIANCE

We communicate openly and we act with integrity.



Our Commitment

INHS is committed to acting with integrity in all we do. We require compliance with laws and regulations, this Code of Conduct, and policies and standards. Our Integrity and Compliance Program applies to employees; members and/or affiliates of the Providence system, community and foundation boards; volunteers; trainees; independent contractors; and others under the direct control of INHS. Where INHS has a majority or controlling ownership interest in an entity, INHS expects that entity to have a compliance program and set of standards substantially similar to those established in this Code of Conduct.

The audit and compliance committee of the Providence System Board provides oversight and direction for the Integrity and Compliance Program. The senior vice president/chief risk officer serves as chief compliance officer.

Compliance offices and system integrity are responsible for the day-to-day direction and implementation of the Integrity and Compliance Program. This includes developing resources (policies, procedures, education programs and communication tools) and providing support (managing the Integrity Line and other reporting mechanisms, conducting program assessments and providing advice).

Human resources staff is also highly knowledgeable about many of the employment and workplace compliance-risk areas described in this Code of Conduct. You are encouraged to report any concerns about your work situation to human resources staff. Integrity and compliance professionals work closely with human resources to investigate and resolve matters relating to employment and workplace situations.

Reporting a Concern

INHS expects that integrity, compliance or legal concerns will be reported promptly. Each INHS workforce member has a responsibility to report any activity that appears to violate laws, rules, regulations, standards, federal health care conditions of participation or this Code of Conduct.

If you have a concern that you believe poses a **serious or immediate** compliance risk that can significantly affect licensure, reimbursement, accreditation or may lead to a major legal claim, report these concerns either directly to the system integrity office or to your regional compliance office. Numbers are listed on the back cover. Safety of our patients, customers and employees is of paramount importance to INHS and any safety concerns you have should be reported using your facility's local procedures or any of the following four options.

Other integrity, compliance and legal concerns are reported using any of the following four options:

1. Discuss the matter or concern with your immediate supervisor.
2. Discuss the matter or concern with the department manager.
3. Contact your local or regional compliance or privacy representative or manager.
4. Call the 24/7 Integrity Line at 888-294-8455 or use Integrity Online, our Web-based reporting option. You may report concerns anonymously.

If you have tried any of the options without success or you feel uncomfortable contacting these people call the INHS Integrity Line or use Integrity Online.

The Integrity Line and Integrity Online are answered by a third-party company which sends all reports to the Providence and INHS compliance office for investigation. Reporters receive a tracking number to enable them to retrieve information about the status of their report.

If you report a concern anonymously, it is important to clearly describe the situation, provide a facility or site location and give enough detail so that your concern can be properly investigated and resolved. We may not be able to investigate your concern if you do not provide us with enough factual information.

Confidentiality of Reports

We make every attempt to protect the confidentiality of information provided in connection with a reported concern, to the extent allowed by law, unless maintaining confidentiality could create a significant health or safety risk, or could significantly impair INHS's ability to conduct a complete investigation.

Retaliation Will Not Be Tolerated

INHS prohibits any retaliation directed against an INHS workforce member for reporting a concern in good faith or assisting in the investigation of a concern. A senior leader, executive leader, core leader, employee or other workforce member who engages in retaliation or harassment – directed at a person who raises a concern, is believed to have raised a concern or assists in an investigation – is subject to disciplinary action in accordance with INHS policy.

If you believe that retaliation or harassment is occurring, report it to human resources, your local or regional compliance representative or to the Integrity Line at 888-294-8455.

Corrective Action

Where an internal investigation substantiates a reported violation, INHS will initiate corrective action, including, as appropriate, refunding overpayments, notifying the appropriate government agencies, taking disciplinary action and/or implementing other corrective actions designed to prevent a similar violation from occurring in the future.

Employee Responsibilities

- Follow the INHS Code of Conduct.
- Perform your job duties in accordance with all federal and state laws or regulations that apply.
- Participate in Integrity and Compliance Program training and job-specific compliance education or departmental training as necessary for your job duties.
- Report all concerns or alleged violations promptly.
- Keep information obtained at INHS confidential.
- Whenever you are in doubt about something, ask questions.

Leadership Responsibilities

- Support the INHS commitment by upholding our mission and vision.
- Model ethical behavior and foster a culture of transparency by listening and being receptive to workforce members' and others' concerns about integrity and compliance-related matters.
- Ensure that written compliance policies and procedures specific to your department are developed and followed.
- Provide employees with initial and continuing integrity and compliance education and document that education.
- Monitor and ensure compliance with the Code of Conduct, INHS policies and standards, and federal and state laws and regulations.
- Take appropriate corrective or disciplinary action to resolve matters when necessary.
- Prevent retaliation against any employee who reports, supplies information about or assists in an investigation into an integrity or compliance concern.

REPORTING OPTIONS:

- 1 Contact your immediate supervisor
- 2 department manager
- 3 regional compliance and privacy representative or manager.
- 4 Call the 24/7 Integrity Line at (888) 294-8455.

PATIENT STANDARDS

We nurture the physical and emotional well-being of one another and those we serve.



Quality of Care and Patient Safety

At INHS, we define quality as the degree to which health services increase the likelihood of desired outcomes and are consistent with professional knowledge. We believe all health care should be:

- Safe, as to avoid injuries to patients from the care that is intended to help them
- Timely, to reduce waits and potentially harmful delays for those who receive care
- Effective, in that we match care to science to provide appropriate care
- Efficient, by avoiding waste in order to maximize value
- Equitable, to ensure care does not vary in quality, regardless of patient characteristics
- Patient-and family-centered, to honor the individual and respect choice

We are committed to providing the best care and service at every patient encounter. Quality and safety plans are established throughout INHS. These plans are centered on meeting or exceeding national standards for quality care and patient safety, which is essential to providing the best care every time.

Community Benefit

We provide services and programs for those who cannot afford care and experience difficulty in accessing health care through a wide variety of community benefit programs. Community benefit includes charity care, the unpaid costs of government-sponsored health care programs, community health services, health professional education, subsidized health services and research.

Disruptive Behaviors

Workforce members, medical staff members and allied health professionals are expected to treat others with respect and courtesy, and to conduct themselves in a professional manner. Expected behaviors that contribute to a positive patient care and work environment include:

- Promoting a professional and healing environment in which all patients, families and coworkers are treated with dignity and respect;
- Avoiding behavior that is disruptive to maintaining a safe, healing and educational environment;
- Responding to requests for information in a timely and supportive manner whether related to clinical care delivery, collegial and professional interactions, or to patients and families;
- Caregivers are encouraged to handle conflicts and disagreements through appropriate channels (for example, bringing concerns to your immediate supervisor, manager or Human Resources may facilitate early resolution and may help improve the workplace for all);
- Offering constructive feedback to improve patient care and operations; and
- Practicing in a manner consistent with medical staff bylaws and regulations.

Disruptive behavior is a style of interaction between workforce members, physicians, patients, family members, or others that interferes with patient and customer care. Examples of disruptive behaviors may include, but are not limited to:

- Threatening or abusive comments;
- Profanity or similarly offensive language;
- Demeaning behavior such as name-calling;
- Criticizing other employees in front of patients or other employees;
- Racial or ethnic jokes or comments;
- Inappropriate physical contact, sexual or otherwise;
- Sexual comments or innuendo;
- Refusal to cooperate with other workforce members or medical staff members; and
- Refusal to abide by organizational policies, rules and regulations or medical staff bylaws or to perform patient care responsibilities.

Patient Rights

We inform our patients of their rights. We expect the people of INHS to uphold and respect these rights.

Each INHS patient is provided with a written statement of their rights and a notice of privacy practices. These statements include the rights of a patient to make decisions regarding their medical care, the right to refuse or accept treatment, the right to informed decision-making and a patient's rights related to his or her health information maintained by INHS.

Patient Information and Privacy

INHS treats the protected health information (PHI) of patients with special care. There are numerous federal and state laws that protect the privacy and security of a patient's information, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH).

We collect PHI to provide quality care and service and will protect access to this information whether it is contained in a computer system, medical record or other documents. Consistent with HIPAA and applicable state laws, we do not access, use, disclose or discuss patient-specific information with others unless it is necessary to serve the patient or complete our job duties, is required by law or the patient/authorized representative has authorized the release. If you use or disclose PHI inappropriately, you may be subject to INHS's corrective actions policy. You may also face potential fines from the government and/or jail time.

Questions to ask yourself to ensure you are protecting patient privacy

- Do I have a need to know this information as part of my job?
- Can I get my job done without reviewing all of the patient's information?
- Do I understand the policies and procedures that apply to this information?
- Do I avoid sharing this information in public, including other public venues such as social networking sites?
- Do I protect this information from being viewed or seen by others?
- Have I properly disposed of the patient's information?
- And finally, if I am unsure about accessing information, do I get guidance from my manager, the INHS privacy officer, or the information security officer?

INHS workforce members will not access, use or disclose PHI in a manner that violates the privacy rights of our patients. Under our privacy policies and procedures, no one has a right to access PHI other than the minimum information necessary to perform his or her job.

Report suspected theft, loss or inappropriate uses or disclosures of PHI promptly to your supervisor, the compliance office, system integrity or the Integrity Line at 888-294-8455.

Consult our privacy and security policies and procedures for further information on how to safeguard confidential information and PHI. You may also contact the INHS compliance office or system integrity with questions.

Best Practices for Safeguarding Patient Information

- Do not leave patient information showing on computer screens. Lock your screen or log off your workstation when away.
- Do not leave charts or other confidential information open and visible on desks or counters.
- Shred printed documents containing patient data when you are done with them or place in designated **secure** shred bins.
- Use the minimum necessary information for payment and operations purposes.
- Avoid patient-related discussions in public areas and on social networking sites.
- Avoid informal or casual discussions of patient situations that are not directly related to care.
- Do not leave voice or phone messages containing sensitive information.
- Avoid inadvertent disclosures by taking special care in situations that are not private.
- Follow secure email and fax policies for transmitting PHI and only send to those with a need to know.
- Double-check fax numbers to ensure a fax is directed to the correct recipient. If a fax is sent in error, immediately contact the recipient and request destruction or return of the fax.
- Do not take patient data off-site, except as necessary and in accordance with INHS and department policies.
- Never leave patient data, whether stored on an electronic device or on paper, in an unattended vehicle. It must always be in the possession of an INHS employee or agent, or in a secure location.



REPORTING OPTIONS:

- 1 Contact your immediate supervisor
- 2 department manager
- 3 regional compliance and privacy representative or manager.
- 4 Call the 24/7 Integrity Line at (888) 294-8455.

LEGAL AND REGULATORY COMPLIANCE

We set the highest standards for ourselves and for our facilities.



Licensure, Certification and Excluded Individuals

INHS verifies the qualifications of health care professionals who treat our patients. INHS requires health care professionals to follow all applicable licensing, credentialing and certification requirements.

Federal and state laws prohibit INHS from employing or contracting with organizations or any individual who has been excluded from participation in government programs. We regularly review published information to check for excluded organizations and individuals. While individuals are excluded, they cannot be an INHS employee, provider, volunteer or vendor.

INHS will not bill for services ordered, rendered or supervised by an organization or individual that is excluded, suspended, debarred or ineligible to participate in a federal health program, or has been convicted of a criminal offense relating to the provision of health care items or services and has not been reinstated in a federal health care program.

Workforce members are required to notify human resources, the INHS compliance office or system integrity if they receive notice that they will be or have been excluded from participation in any federal or state program.

Fraud, Waste and Abuse and False Claims

The services provided by INHS are governed by a variety of federal and state laws and regulations. These laws and regulations cover subjects such as false claims, illegal patient referrals, providing medically unnecessary services, violations of Medicare's Conditions of Participation, and submitting inaccurate cost reports. INHS is committed to full compliance with these laws and regulations.

INHS expects that those who create and file claims for payment to Medicare, Medicaid and other payers will file claims that are accurate, complete and represent the services actually provided. Billing for clinical trials will follow clinical trial billing protocols and will be submitted in accordance with federal requirements.

The following principles guide our compliance:

- Charges will be submitted only for services or supplies that are provided to the patient and are accurately and completely documented in the medical record or other supporting documentation.
- Charges will accurately represent the level of service provided to the patient.
- Only those services that are medically necessary and are supported by valid orders will be submitted for payment to Medicare, Medicaid and other payers.
- Under no circumstances will charges or codes be purposely selected to improperly increase the level of payment received.
- Overpayments will be reported and refunded as required by law.
- Cost reports will be accurate and filed in a timely manner.

INHS monitors billing, coding and cost reporting to detect errors and inaccuracies. If you have concerns about coding and billing, report your concern to your supervisor and your local or regional compliance office or to the INHS Integrity Line.

Referrals

Federal and state Anti-Kickback Statute and the federal Stark Law apply to relationships between hospitals and physicians. We structure our relationships with physicians to ensure compliance with these laws, with our policies and procedures, and with any operational guidance that has been issued.

REPORTING OPTIONS:

- 1 Contact your immediate supervisor
- 2 department manager
- 3 regional compliance and privacy representative or manager.
- 4 Call the 24/7 Integrity Line at (888) 294-8455.

Key Principles

- **We do not pay for referrals.** We accept patient referrals and admissions solely on the patient's medical needs and our ability to render the needed services. We do not pay or offer to compensate in any fashion anyone for the referral of patients. For example, we would not offer discounted rent or free office space to a physician.
- **We do not accept payments for referrals we make.** No person acting on behalf of INHS may solicit or receive anything of value, directly or indirectly, in exchange for the referral of patients. When we make patient referrals to another health care provider, we do so based on the best interest of the patient and we do not take into account the volume or the value of referrals that the provider has made or may make to INHS.

If you have questions about a physician relationship, contact the Department of Legal Affairs directly or the compliance office.

Research and Clinical Trials

INHS physicians and professional staff follow the highest ethical standards and comply with all laws, regulations and guidelines that govern human, animal, basic science and applied science research. We participate with other organizations responsible for protecting human subjects, investigators, sponsors and research participants. INHS facilities maintain and communicate accurate information regarding research projects, and submit true, accurate and complete costs related to research grants. We actively promote excellence in all aspects of research.

We do not engage in research misconduct, which includes activities such as falsifying results, failing to deal appropriately with investigator or institutional conflicts of interest, and proceeding without Institutional Review Board (IRB) approval or failing to follow the approved IRB protocols. Our first priority is to fully inform and protect those patients who are enrolled as human subjects and to respect their rights during research, investigation and clinical trials.

Gifts and Entertainment

Accepting gifts and offers of entertainment creates a risk that our judgment and decisions can be influenced. In some cases, acceptance of gifts and entertainment may be considered a violation of federal and/or state laws.

INHS's reputation is based on its commitment to integrity in the delivery of quality patient care and other services. For this reason, INHS employees are expected to keep relationships with patients and their family members, students and their families, vendors, non-employed physicians and their offices and other third parties impartial, and avoid accepting gifts or other items of value including:

- Meals
- Tickets to events
- Special favors or loans
- Discounts or free services
- Tips and gratuities
- Paid travel for spouses

Cash or cash equivalents, such as gift certificates or gift cards, may only be accepted when given to you by INHS or a fellow employee. Gift certificates and gift cards are taxable income regardless of their cash value when paid for by INHS. You may never accept cash or cash equivalents from anyone outside of INHS for activities related to your work at INHS. You may direct anyone offering a gift to one of our services through the foundation.

Any gift, regardless of value, may not be accepted if the gift is given to you in an attempt to influence your behavior or decision-making.

You may accept an occasional gift of nominal value* from a vendor, such as consumable gifts, if shared among employees within your department or unit. Common examples might include a fruit basket or box of chocolates.

Gifts accepted from a vendor with a value over \$50 must be documented and/or disclosed in your Conflicts of Interest statement. If you are not required to file an annual statement or the gift is a perishable or consumable gift shared with others, the individual receiving the gift must document and maintain the information for a period of two (2) years from the date of receipt. For specific details on gifts and entertainment and documentation requirements, please reference INHS 1718 policy.

Infrequent meals of modest value may be accepted by individual INHS workforce members in connection with education or business presentations or discussions. Generally, offers of entertainment should not be accepted. On the rare occasion where entertainment is offered in conjunction with business discussions, both parties must be present and the offer should be infrequent, of modest value and in a setting conducive to discussing business – such as a business dinner in a restaurant and not a sporting event.

Acceptance of invitations made by vendors, suppliers, consultants or other business partners to INHS employees for attendance at an INHS / Providence foundation sponsored charity event exclusive to INHS / Providence are considered acceptable as long as it is understood that it will not influence purchasing decisions and all funds raised benefit an INHS or Providence service. At these events workforce members are encouraged to make a donation to the INHS / Providence charity event equal to the value of the ticket, although doing so is not required. If you accept such an invitation you must complete an INHS Conflicts of Interest statement or add the invitation to your existing statement.

Questions to ask before accepting a gift from a non-INHS entity

- Is this a personal gift?
- Is this a cash gift? A gift card? A gift certificate?
- Would I feel uncomfortable disclosing acceptance of this gift to other INHS employees? Patients? Friends or family members?
- Is this gift being offered to me because my job at INHS might influence a decision in favor of the donor?

If you answered “yes” to any of the above questions, the gift likely does not meet INHS’s ethical standards, our Code of Conduct or legal requirements and should not be accepted. Certain INHS service lines may have more restrictive gift standards. Employees will follow the more restrictive standard. Contact your local or regional compliance representative for questions on gifts.

*Generally, nominal value means the item or service has little or no real value to anyone.

Conflicts of Interest

Conflicts of interest occur when personal interests or activities influence or appear to influence our actions and decisions. They also occur when you allow another activity or financial interest to influence your decisions made on behalf of INHS and its patients and customers.

As INHS workforce members, we must avoid activities and relationships that may impair our independent judgment and unbiased decision-making. We do not use our positions for personal gain or advantage, or to assist others, including family members, in profiting in any way at the expense of INHS.

Conflicts of interest may arise from many sources including, but not limited to, financial interests of yourself or a family member; service, employment or consulting arrangements with a INHS competitor; the receipt of gifts from vendors or others with whom we do business; or use of INHS resources to benefit an outside interest or your own personal interests.

Our Conflicts of Interest policies provide additional guidance to directors, officers, senior managers, researchers and other key employees. These individuals are required to complete and submit a conflict of interest disclosure form annually. Other workforce members are required to disclose – to their immediate manager, to their compliance manager or system integrity – any real or potential conflicts of interest prior to making any decision or taking any action that is or may be affected by the conflict. The interest must also be disclosed in writing by submitting a conflict of interest form.

Potential conflicts of interest are reviewed and acted on as required. Contact the INHS compliance office or system integrity if you have a question about a conflict of interest.

REPORTING OPTIONS:

- 1** Contact your immediate supervisor
- 2** department manager
- 3** regional compliance and privacy representative or manager.
- 4** Call the 24/7 Integrity Line at (888) 294-8455.

Lobbying and Political Activities

As a tax-exempt organization, INHS follows current legal and regulatory requirements for all lobbying and political activities and all federal lobbying activities must be coordinated through the Department of Government and Public Affairs. INHS will not participate or intervene in any political campaign for or against a candidate for public office. INHS employees may not engage in political activities on company time, but may do so on their own time. Likewise, they may not use INHS's email system to support political activities. Employees with questions about lobbying or political activities are advised to contact the Department of Legal Affairs.

Note: INHS employees may support candidates or campaigns as private individuals on their own time, using their own money and resources.

Antitrust

Antitrust laws preserve and protect competition in goods and services. Antitrust violations are serious and may result in criminal charges, substantial fines and imprisonment. INHS will not engage in conduct that is illegal under antitrust laws. Examples of conduct prohibited by the laws include (1) agreements to fix prices, bid rigging, collusion (including price sharing) with competitors; (2) boycotts, certain exclusive dealing and price discrimination agreements; and (3) unfair trade practices including bribery, misappropriation of trade secrets, deception, intimidation and similar unfair practices.

Antitrust is a complex area. If you have any questions or concerns about whether a practice may raise antitrust concerns, contact the Department of Legal Affairs.

Contact by Government Investigators

INHS is committed to responding appropriately to, and not interfering with, any lawful government inquiry, audit or investigation. If you are contacted by a government investigator with a request for information, please follow these steps:

1. If contacted in person, ask the investigator(s) for identification and note the name, title and office location. If contacted by telephone, ask for and note the name, title, office location and a return phone number for the caller.
2. Contact your supervisor and your region's compliance office or the Department of Legal Affairs as soon as possible.
 - You are not required to follow this procedure before participating in a government investigation concerning the terms and conditions of your employment consistent with state and federal laws.

A government investigator may ask you to participate in an interview. You are free to do so, but are under no obligation to do so. If you do grant an interview to a government investigator, you should be aware that anything you say can be used against you in a criminal prosecution or in a civil enforcement proceeding. This is true regardless of whether the officer gives you any Miranda warnings. You may also request that legal counsel be present before you talk with any investigator.

If the investigating officer asks you to participate in an interview, and you would like to do so but would like legal counsel to be present at the interview, we will make counsel available for that purpose – free of charge to you. Contact the Department of Legal Affairs.

WORKPLACE ENVIRONMENT STANDARDS

We strive to care wisely for our people, our resources and our earth.



Protecting Employee Information

During the hiring process, INHS collects personal information about employees. To protect our employees' personal information and right to privacy, INHS will:

- Take measures to safeguard personal information;
- Protect the confidentiality of personal information when dealing with third parties; and
- Restrict access to such information to the employee and those with a legitimate business or legal need.

Discrimination, Harassment and Workplace Violence

INHS is committed to maintaining a workplace free of discrimination, harassment, violence, bullying and other abusive conduct.

Harassment includes unsolicited remarks, gestures or physical contact, displays or circulation of written materials or pictures derogatory to any protected group (i.e., based on gender, race, ethnicity, religion, sexual orientation, disability, etc.). This list is not all-inclusive.

Bullying is the process of intimidating or mistreating somebody weaker or in a more vulnerable situation.

No form of harassment or workplace violence will be tolerated. Any such conduct is prohibited and will result in disciplinary action, up to and including dismissal.

Our employees should promptly report any incident of discrimination, harassment, workplace violence, bullying or other abusive conduct to his or her supervisor, human resources, INHS compliance office or to the INHS Integrity Line.

Health and Safety

INHS facilities comply with government regulations. Our policies and practices also promote the protection of workplace health and safety. We share a responsibility in understanding how these policies and practices apply to our job responsibilities and we seek advice when we have a question or concern.

We have an obligation to report any serious workplace injury or any situation presenting a danger of injury, so timely corrective action may be taken to resolve the matter. Employees should report injuries according to local facility policies.

Stewardship of INHS Resources

INHS is committed to effective stewardship of its resources in support of its patient care and other organizational goals. Our assets should only be used for legitimate business purposes. Incidental and minor personal use of computers is permitted provided such use is not for personal financial benefit or gain, and does not interfere with your job or the ability of others to do their jobs. If you have a question about use of INHS resources, contact your supervisor for guidance.

BUSINESS AND FINANCIAL INFORMATION

We strive to transform conditions for a better tomorrow
while serving the needs of today.



Security, Confidential Information and Electronic Media Use

In addition to safeguarding a patient's protected health information, INHS employees have a responsibility to protect all confidential information. Confidential information includes sensitive internal documents, records or data that could damage INHS if that information were lost or made public. Examples of confidential information include protected health information, social security numbers, foundation data and information subject to federal and state notification laws.

This information is so valuable that loss of this kind of data could harm our patients and our ability to do business. Data losses also have a negative effect on INHS's reputation in the community.

Any confidential information removed from a work location increases our risk. Unless it is part of your job, confidential information should never be removed from a INHS entity without prior authorization from your manager. If you are authorized to remove such information, you are responsible for following the appropriate security procedures required by INHS. Confidential information may never be copied onto a personal or non-INHS computer. If you use a mobile computing device, such as a personal data assistant (PDA) or smartphone, contact your Information Services group for security instructions.

Employees agree to follow INHS's Acceptable Use of Information and Information Systems policy and other security policies and standards. Users of INHS email have no right or expectation of privacy. INHS reserves the right to monitor and access any INHS information system or account. If you have a security-related concern, talk with your manager.

Nothing in this Code of Conduct is intended to restrict employees from discussion, transmission or disclosure of wages, hours and working conditions in accordance with applicable federal and state laws.

Security Best Practices

- Keep your computer and voice mail passwords private and secure. Change your password if you feel it has been compromised.
- Lock your PC when unattended using Ctrl-Alt-Delete | Enter or other key combinations that will lock your PC.
- Install a privacy guard or use automatic timeout to prevent others from seeing your computer screen.
- Employees should never download confidential information onto a home or non-INHS PC, PDA or cell phone.
- Store shared portable devices and electronic media in a secure location and use a sign-in/sign-out procedure.
- Maintain physical control of laptops and other devices at all times when outside of a secure facility – a locked location within INHS facilities and your locked residence are considered secure facilities.
- Shut down your laptop so that encryption can protect confidential data if your laptop is lost or stolen.
- Use secure email when sending confidential information by email.
- Beware of phishing attempts and review emails before responding or clicking on links. If you believe it is phishing, delete it.

INHS employees and other workforce members must immediately report all known or suspected security incidents. Report any incidents to the Engage Help Desk at 800-538-0481 or to the Integrity Line at 888-294-8455.

Social Media Use

INHS recognizes that many of our workforce members use social media in their personal lives. Some examples of social media include Facebook, LinkedIn, YouTube, Twitter, instant messaging and internal and external blogs.

INHS has implemented an Electronic Social Media policy to clarify how INHS will use social media, establish guidelines for the official use of electronic social networking and to clarify the personal responsibilities and legal implications of workforce members' personal use of social media while at work or while posting information about INHS.

INHS policies (e.g., harassment and discrimination policies, privacy and confidentiality policies) are applicable when using any form of social media, whether internally or externally.

As a workforce member, you cannot share patient, confidential or proprietary information, photographs or videos about INHS on personal sites. This restriction does not apply to pictures or videos of INHS's name, logo or premises taken while engaged in concerted activities.

Records Accuracy and Retention

We prepare and maintain accurate and complete documents and records. We do this to comply with regulatory and legal requirements, and to support our business practices and actions. Records include, for example, financial records, claims made for payment, patient records, employees time sheets and expense-related forms and other types of records, whether in paper or electronic formats.

We do not alter or falsify records, and do not destroy records to deny governmental authorities information that may be relevant to a government investigation.

We comply with INHS's Record Retention policy to support the appropriate retention, protection, maintenance and disposition of all records, regardless of their format or media.

If you have questions about records retention, contact system integrity or the Department of Legal Affairs.



REPORTING OPTIONS:

- 1** Contact your immediate supervisor **2** department manager **3** regional compliance and privacy representative or manager.
- 4** Call the 24/7 Integrity Line at (888) 294-8455.

GLOSSARY OF TERMS



compliance:	Acting in accordance with accepted standards and policies, including laws, rules and regulations.
confidentiality:	A set of rules or a promise that limits access or places restrictions on certain types of information. Example: medical information about a patient or financial information about a doctor or hospital.
conflicts of interest:	A situation in which someone in a position of trust has competing professional or personal interests. Such competing interests can make it difficult to fulfill his or her duties impartially. Even if there is no evidence of improper actions, a conflict of interest can create an appearance of impropriety that can undermine confidence in the ability of that person to act properly in his/her position. Example: a purchasing department employee ordering supplies from his brother's business.
ethical behavior:	Doing what is right; acting on the basis of INHS's mission and vision such as acting with integrity and setting the highest standards for ourselves and for our facilities.
false claim:	An inaccurate claim submitted for payment to an insurance payer such as Medicare, Medicaid or a third party. Example: person or organization who knowingly makes a false record or files a false claim with the government for payment. "Knowingly" means the person or organization knows the record or claim is false, seeks payment while ignoring whether the record or claims is false or seeks payment recklessly without caring whether the record or claim is false. False claims violations may result in health care providers being excluded from participation in federally and state-funded health care programs, such as Medicare and Medicaid.
fraud and abuse:	Fraud is distinguished from abuse in that, in the case of fraudulent acts, there is clear evidence that the acts were committed knowingly, willfully, and intentionally or with reckless disregard. Examples: charging for three X-rays when you know only one X-ray was performed or falsifying records. Abuse is engaging in a practice or activity that is not part of generally accepted, sound industry standards that may result in unnecessary costs or the receipt of an improper payment.
integrity:	Honesty in words and actions.
Medicaid:	State-governed health care insurance generally provided to those who meet low-income guidelines.
Medicare:	Federally funded and governed health care insurance provided to people age 65 or older and to younger persons who meet disability guidelines.
retaliation:	Any action that negatively impacts a workforce members because they raised a concern.
referral:	For this Code of Conduct, the act of sending a patient to a doctor, hospital or other health care provider or requesting health care services on behalf of the patient.
regulations:	Rules enacted by a government agency that must be followed by those businesses providing the services covered by the rules.
standards and policies:	Requirements for expected behaviors or actions by INHS workforce members.
system integrity:	A department within Enterprise Risk Management Services responsible for establishing and monitoring the effectiveness of the Integrity and Compliance Program.
workforce members:	Defined as all employees; members of our system, community and foundation boards; volunteers; trainees; independent contractors; and others under the direct control of INHS.

FOR MORE INFORMATION

SENIOR VP/CHIEF COMPLIANCE OFFICER: 503-574-9700

WASHINGTON/MONTANA

Western Washington – Integrity, Compliance and Privacy Office: 206-386-3678

Eastern Washington/Montana – Integrity, Compliance and Privacy Office: 509-474-7320

SYSTEM INTEGRITY, COMPLIANCE AND PRIVACY OFFICE: 425-525-3022

DEPARTMENT OF LEGAL AFFAIRS: 206-233-7338

ENGAGE HELP DESK: 800-538-0481

INTEGRITY LINE: 888-294-8455 (toll free)

Doing the Right Thing Right

INHS Code of Conduct



June 2016

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