

**JERICO ROAD MINISTRIES INC. d/b/a
JERICO ROAD COMMUNITY HEALTH
CENTER**

**CORPORATE COMPLIANCE
PLAN**

Introduction

Jericho Road Ministries Inc. d/b/a Jericho Road Community Health Center ("JRCHC") has developed this Corporate Compliance Plan ("the Plan") to further its mission, values, and legal duty to promote adherence to all applicable laws and regulations, including but not limited to the Federal and New York State False Claims Acts, the Deficit Reduction Act of 2005, and NYCRR Title 18, Part 521, and all subsequent amendments thereto. Due to the variety of programs and services that JRCHC provides, the Plan is not intended to set forth all of the substantive, compliance policies, procedures, and/or practices of JRCHC. Rather, it is intended to establish and/or facilitate the establishment of internal controls to exercise appropriate due diligence to assure activities are conducted professionally, ethically, and lawfully and to prevent, detect, correct, and report fraud, waste, abuse and other improper activities.

Through implementation of the Plan, JRCHC demonstrates its commitment to legal, honest, ethical, and responsible corporate conduct as it carries out its mission. This message is communicated daily to directors, officers, employees, volunteers, contractors, vendors, patients, clients, and the community at large.

The Plan is available on JRCHC's website www.jrchc.org and through the employee portal. The Plan is also available by contacting the Director of Compliance & Risk Management at fidele.menavanza@jrhc.org or (716) 348-3000, ext. 484.

SCOPE

The Plan applies to all JRCHC facilities, locations, programs, and/or departments and to all JRCHC directors, officers, employees, volunteers, agents, contractors, and vendors (collectively, "JRCHC Associates").

COMPLIANCE PROGRAM RESPONSIBILITY

Proper implementation of JRCHC's compliance program is the responsibility of all JRCHC Associates. JRCHC Associates are responsible for acquiring sufficient knowledge, based on their level of responsibility, to recognize potential compliance issues related to their duties and to seek appropriate advice in dealing with those issues. JRCHC Associates are expected to familiarize themselves with the Plan, including but not limited to the JRCHC Code of Conduct (Attachment "A").

All JRCHC Associates with supervisory duties are responsible for ensuring that the individuals within their supervision are acting in accordance with the legal and ethical duties detailed in the Plan as well as all related compliance policies. Illegal or improper conduct may subject JRCHC and JRCHC Associates to criminal and civil penalties. It is very important that illegal activities or violations of the Plan be brought

to JRCHC's immediate attention in one of the manners stated below. JRCHC will take all reasonable measures to maintain confidentiality of those who report illegal acts or violations.

COMPLIANCE PROGRAM ELEMENTS

As required by NYCRR Title 18, Part 521, JRCHC has established and maintained the following essential elements in its compliance program to assure its goal of lawful and responsible conduct in delivering quality services:

1. Written standards of compliance expectations as embodied in the Code of Conduct (Section I);
2. A Director of Compliance & Risk Management with high-level responsibility to operate and monitor the compliance program and a Compliance Committee to assist in these functions (Section II);
3. Effective, on-going education and training programs for all employees and persons associated with JRCHC, including members of the Board of Directors (Section III);
4. Open lines of communication for reporting compliance issues, including a method for anonymous and confidential good faith reporting (Section IV);
5. Policies and procedures regarding the investigation of potential violations and the implementation of compliance corrective action and remediation (Section V);
6. Policies and procedures to identify and investigate risk areas specific to provider type, including internal audits and evaluation of potential or actual non-compliance (Section VI);
7. Policies and procedures to investigate compliance problems, implement corrective measures, and communicate the results of the investigation (Section VII);
8. A policy of non-intimidation and non-retaliation for good faith reporting of potential or actual misconduct (Section VIII).

I. POLICIES & PROCEDURES

- A. *Code of Conduct.* JRCHC hereby adopts the Code of Conduct attached as Attachment "A." The Code of Conduct is available on JRCHC's website and the employee portal. A copy may be obtained by contacting the Director of Compliance & Risk Management as set forth in the Introduction. Failure to comply with any of the provisions of the Code of Conduct may result in corrective action up to and including termination of employment.
- B. *Other Compliance Related Policies and Procedures.* JRCHC has adopted and will continue to adopt other compliance policies and procedures. The Director of Compliance & Risk Management shall ensure that all such compliance policies and procedures are reviewed annually and amended to ensure compliance with all applicable federal, state, and local laws, statutes, regulations, ordinances,

directives, and/or guidance, as well as all applicable JRCHC policies (collectively, "Applicable Laws and Policies").

II. COMPLIANCE STRUCTURE AND OVERSIGHT

- A. *Director of Compliance & Risk Management (Compliance Officer)*. The Board of Directors shall ensure that an employee will be designated to oversee the compliance program (hereinafter, "Director of Compliance & Risk Management"). The Director of Compliance & Risk Management will report to the Chief Executive Officer - or in the sole discretion of the Director of Compliance & Risk Management - to the Board. All JRCHC Associates should view the position as a resource to answer questions and address compliance concerns. The Director of Compliance & Risk Management shall ensure compliance with all of the essential elements of an effective compliance program as set forth above as well as any other Applicable Laws and Policies. The Director of Compliance & Risk Management shall:
1. Report at least semi-annually to the Board Finance and Audit Committee and at least quarterly to the Compliance Committee. He or she shall meet with the Finance and Audit Committee in Executive Session after each Finance and Audit Committee meeting.
 2. Conduct an annual review of the Plan, the Code of Conduct, and other compliance policies, and make recommendations to the Compliance Committee regarding revisions to same;
 3. Ensure that all JRCHC Associates who directly or indirectly provide, authorize, order, or refer an individual for a service for which JRCHC receives payment from Medicare and/or Medicaid are screened monthly to ensure that they have not been excluded from participating in a federal and/or state funded health care program.
- B. *Compliance Committee*. To further its commitment to compliance with all Applicable Laws and Policies, a Compliance Committee shall be formed to oversee and monitor the operation of the compliance program. The Compliance Committee shall:
1. Be comprised of the Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Chief Medical Officer, Chief Program Officer, Chief of Organizational Strategy and the Director of Compliance & Risk Management. The Director of Compliance & Risk Management shall be the Chair of the Compliance Committee. Members of the Compliance Committee are expected to attend regularly and participate in Compliance Committee meetings and to keep all information discussed at such meetings confidential. A simple majority will constitute a quorum for voting purposes;
 2. Oversee the implementation of the Plan in a way that enables JRCHC to maintain the highest standards of ethical practice and compliance with Applicable Laws;
 3. Meet at least quarterly, but may meet more frequently, to discuss the compliance program, compliance investigations and compliance-related employee corrective actions, reports and analysis of internal

and external monitoring procedures, recently identified risk areas, and proposals to amend the Plan;

4. Have specific authority to review the billing and billing practices of all JRCHC Associates;
5. Take action upon the Director of Compliance & Risk Management's recommendations regarding billing adjustments and compliance corrective action. The Committee may accept, reject, or modify the recommendations and/or request further investigation. The Compliance Committee may, as it deems necessary, consult with outside legal counsel in making its decisions;
6. Ensure adequate resources are available to the Director of Compliance & Risk Management to effectuate his or her duties;
7. Form subcommittees to address specified issues; and
8. Periodically propose amendments of the Plan to the Board to reflect changes in applicable law, governmental enforcement, or oversight agencies' identified risk areas.

- C. *Board of Directors.* The Board of Directors has established a Finance and Audit Committee that has been delegated authority for monitoring the activities of the Director of Compliance & Risk Management and the Compliance Committee as well as the operation of the Compliance program. The Finance and Audit Committee receives reports on the operation of the program directly from the Director of Compliance & Risk Management at least two times every year or as requested. The Director of Compliance & Risk Management may, at his/her discretion, bring matters directly to the Finance and Audit Committee's attention at any time.

III. EDUCATION AND TRAINING

To implement the compliance program successfully, the Director of Compliance & Risk Management, in cooperation with appropriate JRCHC Associates, will design educational and training programs for all JRCHC Associates. All members of the Board of Directors shall receive compliance training within the first 30 days of becoming a member of the Board and annually thereafter. Likewise, all employees shall receive compliance training within the first 30 days of employment and annually thereafter. The educational program will include, but will not be limited to, a description of the respective duties under the Code of Conduct, the federal and state False Claims Acts, whistleblower protections, and reporting obligations. The above trainings are a minimum, and the Director of Compliance & Risk Management may conduct additional trainings as needed or requested. Attendance sheets and all training materials used shall be retained for at least 6 years.

IV. REPORTING & CONFIDENTIAL COMMUNICATIONS

It is a violation of this Plan for JRCHC Associates to not report a compliance related violation or any illegal activity. Failure to report may result in employee corrective action, up to and including termination of employment. If JRCHC Associates have a question about particular acts or conduct, they should contact their immediate

supervisor, the Director of Compliance & Risk Management, or report the potential violation anonymously using the Compliance Hotline. It is JRCHC's policy to investigate all reports of illegal activity or violations. All JRCHC Associates must cooperate with these internal investigations and must not prevent, hinder, or delay discovery of illegal acts or violations. JRCHC Associates who know of or discover the following must immediately make a report using the procedures above:

- a. Any lease, purchase agreement, or order for goods or services for any amount other than fair market value;
- b. Any claim billed for an amount in excess of permitted rates;
- c. Any claim billed for services that are not medically necessary or otherwise authorized;
- d. Any claim billed for services that do not meet statutory, regulatory, or contractual requirements;
- e. Any service that is provided by unqualified JRCHC Associates;
- f. Any service that is provided by providers excluded or suspended from any government or third party payer program;
- g. Misleading or altered documentation;
- h. An inappropriate or unauthorized release of confidential information; or
- i. Any suspected fraud or false billing practices.

The above list is meant only to provide examples and is not all-inclusive. All violations, even if they are not mentioned above, must be reported.

The Director of Compliance & Risk Management shall create and implement a reporting system for anyone to report non-compliance or misconduct without fear of retribution, including but not limited to, maintaining a system of communication whereby anyone may report non-compliance and misconduct anonymously. The Director of Compliance & Risk Management shall also ensure that the reporting system is adequately publicized.

V. ENFORCEMENT AND DISCIPLINE

To encourage good faith participation in the compliance program, JRCHC will develop and implement an Investigations and Corrective Actions policy, by which the Director of Compliance & Risk Management, the Executive Team, and other appropriate JRCHC Associates will implement case-by-case compliance corrective action and remediation. The Director of Compliance & Risk Management will provide the Corporate Compliance Committee a report for each investigation. Corrective action or remediation for any violation may include, but is not limited to, the following:

- a. Additional education;
- b. Employee discipline, up to and including termination of employment;

- c. Corrective billing action, including claim retraction, withdrawal or refund;
- d. Development of new policies and procedures;
- e. Revisions to Compliance Plan and implementing procedures;
- f. Implementation of additional monitoring and auditing; and/or
- g. Reporting to outside agencies upon consultation with outside legal counsel in accordance with the Investigations and Corrective Action policy.

VI. COMPLIANCE AUDIT & RISK IDENTIFICATION

JRCHC desires to identify compliance issues before they become legal problems. To that end, the Director of Compliance & Risk Management shall implement audits, reviews, and other measures to identify areas of risk and instances of noncompliance. The Director of Compliance & Risk Management shall review and track all internal compliance audits and reviews, internal compliance audit tools, and external compliance audits and shall report the findings of audits and reviews to the Compliance Committee.

In addition, the Director of Compliance & Risk Management and the Compliance Committee shall periodically identify potential risk areas by examining (i) relevant initiatives of any applicable state, local, or federal governmental enforcement and oversight agency; (ii) risk areas identified by JRCHC's own internal compliance audits; and (iii) common audit findings or initiatives of relevant governing and accrediting government agencies. From the risk assessment, the Director of Compliance & Risk Management will develop, subject to approval by the Compliance Committee, an annual work plan for conducting audits and implementing other preventative measures.

VII. DETECTION, RESOLUTION, AND RESPONSE

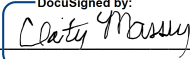
Subject to review and approval by the Compliance Committee, the Director of Compliance & Risk Management shall develop and implement policies and procedures regarding the investigation of any actual or potential violation of this Plan, the Code of Conduct, JRCHC policy, and/or federal or state statute or regulation. The policies and procedures will include, but will not be limited to, the manner in which investigations are conducted, communication of findings, and implementation of follow-up reviews.

VIII. WHISTLEBLOWER POLICY

Subject to review and approval by the Compliance Committee, the Director of Compliance & Risk Management shall develop and implement a Whistleblower Policy that shall prohibit retaliation for good faith reporting of any actual or potential violation of this Plan, the Code of Conduct, JRCHC policy, and/or federal, state, or local law. The Director of Compliance & Risk Management shall ensure that the Whistleblower Policy is included in the Employee Handbook.

The Corporate Compliance Plan was reviewed and approved by the JRCHC Board of Directors.

Board Chair Signature:

DocuSigned by:

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Date: 2/24/2022

ATTACHMENT A

JERICHO ROAD COMMUNITY HEALTH CENTER CODE OF CONDUCT

The following Code of Conduct summarizes the conduct Jericho Road Ministries Inc. d/b/a Jericho Road Community Health Center ("JRCHC") expects from all JRCHC directors, officers, employees, volunteers, agents, contractors, and vendors (collectively, "JRCHC Associates"). This Code does not serve as a substitute for a thorough understanding of all laws and policies that apply to your position with JRCHC. However, it can and should provide useful guidance, make you sensitive to potential problems you may face, and help you to avoid particular pitfalls.

The topics included in the Code of Conduct are as follows:

1. Discrimination in Employment
2. Fraud and Abuse
3. Conflicts of Interest
 - a. Gifts and Gratuities
 - b. Conducting Business with and Competing with JRCHC
 - c. Disclosure Forms
4. Confidentiality and Privacy
5. Billing
6. OSHA
7. Environmental Matters
8. Professional Licensure and Credentialing
9. Quality Assessment and Performance Improvement
10. Controlled Substances
11. Patient Rights
12. Record Retention and Maintenance
13. Financial Reporting
14. Reporting Requirements
15. Wage and Hour Issues
16. Political Activities
17. Copyrights, Patents and Intellectual Property
18. Use of Assets
19. Government Audits and Investigations

1. Discrimination in Employment

JRCHC is committed to equal opportunity and to the respect for human dignity. Unequal treatment or discrimination based upon gender, race, color, national origin, age, religious affiliation or belief, creed, disability, sexual orientation, national origin, marital status, veteran/military status, predisposing genetic characteristics, domestic violence victim status, citizenship, gender identity, familial status, transgender status, or any other category protected by law is prohibited. JRCHC will make all employment and contractual decisions based upon the individual's ability to meet *bona fide* occupational qualifications and to effectively and efficiently discharge their duties. . Similarly, we do not condone and will not tolerate conduct that demeans or undermines our patients or that creates or encourages a hostile or oppressive working

environment.

JRCHC has developed and maintains various employment-related and independent contract-related policies that are available through supervisors. We expect that all employees and independent contractors will be familiar with and will adhere to these policies. Questions or concerns should be directed to a supervisor, the Director of Human Resources, or the Director of Compliance & Risk Management.

2. Fraud and Abuse

Federal and state laws prohibit certain conduct by, and certain business arrangements for, health care providers such as JRCHC. These include arrangements where goods, services, or office space are provided for some amount other than fair market value in return for referring a patient for services or items. These kickbacks and other related practices are generally grouped under the heading "fraud and abuse." While there are many practices that are prohibited or restricted, there are also several exceptions or "safe harbors" that apply under specified circumstances. The most common fraud and abuse issues arise in connection with referral practices and in vendor relationships.

As a general rule, you must avoid relationships with vendors or other third parties that appear to provide financial incentives for the use of their products or for the referral of patient to them. These incentives, moreover, are not necessarily in the form of cash payments, but may include consulting relationships, lease arrangements with vendors for other than fair market value, and gifts. A useful guide is to avoid arrangements that confer personal benefits to you over and above that which ordinarily would be provided for your services. You also should clear with your supervisor any proposed arrangement with clinicians, vendors, contractors or suppliers, or any rebate, bonus or volume discount proposals.

Patient referrals to health care entities in which the referring clinician or a relative has an ownership interest also are prohibited under statutes commonly known as the "Stark" laws. There are several exceptions to the Stark prohibitions, but the appropriate course of action is to raise all issues in this regard with your supervisor. Any concerns regarding this area should be immediately brought to the attention of a supervisor or the Director of Compliance & Risk Management.

3. Conflicts of Interest

- a. **"Gifts" and Gratuities.** Personnel must be free from any undue influence that conflicts with or appears to conflict with their legal duties and responsibilities to JRCHC. With the exceptions noted below, JRCHC Associates may not give or receive any payment, gift, or other personal economic benefit of value from any person, business entity, and/or governmental entity. A JRCHC Associate may give or receive gifts such as (a) t-shirts, pens, trade show bags and other items under \$25.00 that are also provided to members of the public at events such as conferences, trainings, seminars, and trade shows, that are offered equally to all members of the public attending the event; (b) food, beverages, and local meals or tickets to local events that are consistent with good business ethics and practices and do not obligate the recipient to take or refrain from taking any action or decision, except that JRCHC Associates may never accept a gift, food, beverage, meals, or ticket from an employee, agent, or representative of a drug manufacturer; (c) *de minimis gifts given for a special occasion and/or holiday; such gifts shall not exceed \$25.00 in value.* JRCHC Associates may never accept gifts, food, beverages, meals, or tickets to events from any employee, agent, or

representative of a pharmaceutical company. **Gifts of cash may never be accepted.** JRCHC Associates may contact the Director of Compliance & Risk Management if they have a question about whether they can offer or accept a gift, payment, or other personal economic benefit.

- b. **Conducting Business and/or Competing with JRCHC.** A conflict of interest may arise when a JRCHC Associate stands to benefit personally at the expense of JRCHC or when a JRCHC Associate is in a position to put his or her personal interests above those of JRCHC. All JRCHC Associates owe a duty of loyalty to JRCHC and, therefore, should avoid any actual or apparent conflicts of interest. JRCHC Associates will put the interests of JRCHC ahead of their personal concerns and will not seek to benefit themselves at the expense of, or as a result of, their affiliation with JRCHC. Suspected violations must be reported immediately to a supervisor or the Director of Compliance & Risk Management
- c. **Disclosure Forms.** Board members, officers, directors, Executive Team members, Senior Team Members, and other personnel as determined by the Director of Compliance & Risk Management must submit an annual conflict of interest statement disclosure form. If someone discloses a conflict and/or potential conflict of interest, the Board of Directors, at its sole discretion, shall determine the appropriate measure(s) to take to protect JRCHC's best interests, which may include precluding the person from participating in, reviewing, discussing, and/or voting on the matter in which the conflict or appearance of conflict exists.

4. Confidentiality and Privacy

JRCHC Associates are responsible for maintaining and protecting the information received, stored, maintained, and disclosed by JRCHC, including but not limited to confidential business information, trade secret information, and patient information. JRCHC Associates must not record inaccurate information, make inappropriate or unauthorized modifications of information, or destroy or disclose information, except as authorized. Additionally, no current or former JRCHC Associate may, without the prior written consent of JRCHC, use for their own benefit or disclose to others any confidential information obtained during employment or term of engagement.

JRCHC recognizes the paramount importance of confidentiality in the provision of health care services, and it is its policy to keep all information and records pertaining to a patient's treatment confidential in accordance with applicable law. JRCHC Associates who have access to patients' confidential information and records are required to adhere to the confidentiality policies of JRCHC.

If a JRCHC Associate becomes aware of an unauthorized or inappropriate disclosure by another JRCHC Associate, he or she should contact the Director of Compliance & Risk Management immediately.

5. Billing

Many services provided by JRCHC are paid for by government funds. While there are established particular billing requirements, formats, protocols, and practices for each separate department or program at JRCHC, there are certain common requirements that all programs and departments must meet.

JRCHC is prohibited from submitting false claims to obtain payment for the services we provide. False claims include claims for payment which the service provider knows are unwarranted and claims the service provider submits with reckless disregard for their accuracy or "deliberate ignorance" of the applicable guidelines. False claims can result insignificant penalties and costs to JRCHC. Obviously, therefore, JRCHC is committed to ensuring that all claims for payment are proper, that they accurately reflect the services necessarily delivered, and that they comply with existing billing and coding regulations, bulletins, advisories and guidelines. If you are uncertain as to a particular charge or billing practice, or if you believe the documentation supporting a claim for payment may be inadequate, you should contact your supervisor or the Director of Compliance & Risk Management for guidance.

Given the number of patient encounters within our organization and the occasional ambiguous, complex, or conflicting rules, there may be times when you discover an error in a previously submitted claim. In that event, you should immediately report that error to your supervisor so that it may be rectified. If you feel you are unable to make such a report to your supervisor for any reason, or if appropriate corrective action is in your judgment not taken, you should contact the Director of Compliance & Risk Management immediately.

6. Occupational Safety and Health Administration ("OSHA")

JRCHC Associates occasionally encounter potentially harmful situations. JRCHC expects that JRCHC Associates will at all times follow safety procedures. JRCHC is subject to numerous federal and state statutes and regulations related to workplace safety, and JRCHC Associates must comply with all relevant provisions in this area. Should you suspect there may not be compliance, you should contact your supervisor or the Director of Compliance & Risk Management.

7. Environmental Matters

As conscientious members of the Buffalo community, JRCHC recognizes its responsibility to adhere to the laws and regulations governing the generation and disposal of hazardous materials. The laws require that JRCHC obtain and comply with all necessary permits for discharges of particular substances, contract with and adequately document deliveries of such substances to responsible and licensed transporters, and guard against the inadvertent discharge of pollutants into the environment. Suspected leaks or spills, particularly of heating oils, hydrocarbons or hazardous matter, should be reported immediately pursuant to applicable JRCHC policy and appropriate care should be taken in the handling, storage and disposal of any radioactive or hazardous material generated. Suspected violations of any JRCHC policy in this area should be reported to your supervisor or the Director of Compliance & Risk Management.

8. Professional Licensure, Certification and Credentialing

All professionals providing patient services must be fully capable of discharging their clinical responsibilities. No professional will be permitted to provide patient services at or on behalf of JRCHC unless it has been demonstrated that he or she possesses the required education, licensure or certification, and experience necessary to perform his or her clinical responsibilities. All providers affiliated with JRCHC shall be properly credentialed, and JRCHC will maintain a file on each provider that contains documentation of the practitioner's credentials.

In credentialing practitioners, JRCHC shall take steps necessary to document the

practitioner's education, licensure or certification, and competency. In doing so, JRCHC and personnel involved in the credentialing process shall comply with all applicable laws and regulations, and professional standards. If you become aware of any information or documentation indicating that anyone in JRCHC has not adhered to the requirement for credentialing, licensure or certification, you should immediately bring it to the attention of the Director of Compliance & Risk Management.

9. Quality Assurance and Performance Improvement

It is expected that all JRCHC Associates participate as appropriate in our quality improvement efforts. As part of the overall quality assurance and performance improvement plan, it is the responsibility of each of us to familiarize ourselves with the quality improvement activities applicable to our positions and to fully participate in and cooperate with the goal of total quality improvement.

To obtain copies of or information about the overall quality improvement plan and activities, or about your Department's plan and activities, please contact your supervisor.

10. Controlled Substances

JRCHC is required to follow specific requirements in connection with the handling, distribution and administration of controlled substances, such as drugs, medications and pharmaceuticals to patients. Unauthorized distributions are strictly prohibited by federal and state laws, and frequently will constitute a felony, for which imprisonment is mandated. Violations of JRCHC policy in this area can also lead to termination of employment and to potentially adverse licensure actions.

All JRCHC Associates involved in the handling and distribution of prescription drugs or controlled substances must therefore strictly adhere to all applicable laws, regulations and policies. Care also should be taken, at all times, to safeguard the supply of controlled substances, and you will be expected to discharge your obligations carefully in this regard. If you become aware of any potential violation of law or JRCHC policy relating to drugs, you should immediately advise your supervisor or the Director of Compliance & Risk Management.

11. Patient Rights

JRCHC recognizes that each patient and their family are entitled to receive ethical treatment in accordance with accepted standards of care. It should be the express goal of all JRCHC Associates to treat all patients and their families with courtesy, compassion and dignity, while recognizing and honoring the patient's and family's right to privacy and confidentiality. JRCHC Associates shall familiarize themselves with the New York State Patient's Bill of Rights and conduct themselves at all times in a manner consistent with these rights. In addition, all JRCHC Associates involved in patient care activities shall attend periodic in-service training sessions or receive information dealing with patients' rights requirements. Such training shall cover:

- a) informed consent and refusal of treatment;
- b) privacy and confidentiality;
- c) mental hygiene law;
- d) patient complaints; and
- e) access to medical information.

If you become aware of any situation in which a patient's or family's rights are being violated, you should immediately contact a supervisor or the Director of Compliance & Risk Management.

12. Record Retention, Completion and Maintenance

The law requires JRCHC to retain certain records and documents for specified periods of time. Our failure to retain these records as required could result in substantial monetary penalties, prevent us from having the documentation to prove what services were provided to a particular patient, and raise questions about our organization's ethics. In order to comply with these obligations, JRCHC has implemented systems of controls and policies to assure proper maintenance, retention and destruction of records. You are expected to follow these policies. You are not, however, to destroy or discard any records if you know that they may be the focus of a pending investigation, or subject to a pending request. You should contact your supervisor or the Director of Compliance & Risk Management in the event you learn of a potential violation of our policies.

Patient records must also be timely completed and accurately maintained. These records provide a basis for future treatment decisions and support for billing, as well as an important historical account of the actions taken by JRCHC personnel that is critical to respond to claims made against us. Patient records are confidential and must carefully and accurately document the services provided. There are specific protocols on the completion, maintenance, and modification of these records, and you are expected to comply fully with those protocols. A failure to do so can result in internal sanctions as well as professional licensure action. Should you suspect any violation of recordkeeping protocols, you should contact your supervisor or the Director of Corporate Compliance Committee member immediately.

13. Financial Reporting

JRCHC has established and maintains a high standard of accuracy and completeness in its financial records. These records serve as the basis for managing the business, for measuring and fulfilling JRCHC's obligation to patients, employees, suppliers and others, and for compliance with tax, regulatory and financial reporting requirements.

It is the policy of JRCHC to comply with the recording requirements of applicable law, established financial standards and generally accepted accounting principles.

All employees or other agents will maintain all financial information in a confidential manner.

JRCHC will prepare and maintain company records and reports accurately and honestly. This includes reporting of time worked, business expenses incurred, revenues and costs, and other business or service related activities. All contracts entered into on behalf of JRCHC will accurately specify the services to be provided or services to be received.

Under no circumstances, will records be falsified, backdated, intentionally destroyed or otherwise tampered with to gain a real or perceived advantage for JRCHC. However, unnecessary or outdated documents may be purged in accordance with JRCHC policy and procedures.

14. Reporting Requirements

JRCHC Associates must adhere to all reporting requirements under federal and state law relating to their position with JRCHC, and it is the policy of JRCHC to comply with all reporting requirements. Without limitation, reports to various governmental bodies are required to be made in certain circumstances in connection with the following:

- a) medical incidents;
- b) medical devices;
- c) environmental incidents;
- d) professional misconduct by licensed health care professional;
- e) outbreaks of infection;
- f) diversion or loss of narcotics;
- g) suspected child or nursing home resident abuse, mistreatment or neglect;
and
- h) threats to community safety.

If you are aware of any incident or situation that may require reporting to a governmental agency, you should report it directly, according to the obligations of your profession, or bring it to the attention of the person who is responsible for making such report. If you have any questions or concerns regarding our reporting responsibilities, you should contact your supervisor or the Director of Compliance & Risk Management.

If any employee or independent contractor intentionally fails to make a required report to a governmental body or attempts to cover up facts that would warrant such a report, he or she will be subject to internal disciplinary action, including termination, and could also face criminal charges and the loss of his or her professional license or certification.

15. Wage and Hour Issues

JRCHC is required to comply with all applicable wage and hour laws, and other laws governing the employment relationship. You are entitled to receive fair and equitable wages in connection with your services to JRCHC, and you may receive overtime pursuant to applicable federal and state wage and hours laws as well as JRCHC policies. You should report any suspected violation of the wage and hour laws, or other related provisions, to your supervisor or the Director of Compliance & Risk Management; and you will not be subject to retaliation or adverse employment action for making such a report.

16. Political Activities

As a non-profit organization, and Federally Qualified Health Center, JRCHC is prohibited from engaging in any political campaign, substantial lobbying activities and making any campaign donations. JRCHC funds and resources, including work time, may not be used for political contributions or activities. In expressing personal political views or support or opposition to a candidate for public office, it must be very clear that such views are personal and not the view of JRCHC. There are allowances for JRCHC to advocate its position on public issues. To assure that JRCHC does not violate any laws or regulations, or risk losing its tax-exempt status, the Compliance Committee must approve any lobbying activities.

17. Copyrights, Patents and Intellectual Property

It is unlawful for anyone to use or reproduce copyrighted work without permission or to misappropriate or disseminate patented or trademarked properties, products or developments without a license to do so. Should you have any questions about your ability to use, modify, reproduce, expand upon or incorporate any work potentially subject to a copyright, patent or trademark, or that otherwise might be considered proprietary and sensitive business information, you should immediately consult your supervisor. Should you find a potential misuse or copyrighted, patented or trademarked information, or of a potential unlicensed use of computer software, you should immediately report the issue and the circumstances to the Director of Compliance &

Risk Management. Finally, theft or unauthorized use of protected JRCHC intellectual property is strictly prohibited; such behavior is not only criminal and may lead to significant civil liability, but it also constitutes grounds for immediate termination.

18. Use of Assets

JRCHC personnel shall use JRCHC property only for JRCHC business, including facilities, equipment, software, supplies and personnel time. JRCHC property will be disposed of, sold or otherwise removed in accordance with JRCHC policy.

19. Government Audits and Investigations

There may be times that JRCHC is asked to cooperate with an investigation of fraud by a federal, State or local governmental agency, or to respond to a request for information. A request may be formally addressed to JRCHC or an individual within JRCHC. Staff must report any requests for information or cooperation with an investigation to the Director of Compliance & Risk Management immediately. Personnel may not alter, destroy, mutilate, conceal, cover-up, falsify or make false entries in any record with the intent to impede, obstruct or influence the investigation of any governmental department or Organization.