



Code of Conduct



Vision, Mission, Values

Vision

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

Mission

To compassionately serve each customer with quality care and excellence.

Values

Compassion, Accountability, Relationships and Excellence are the core values for Hickory Creek Healthcare. These words not only form the acronym CARE, they are our guiding principles and create the framework of all of our relationships with customers, team members, families and the community at large.

- **Compassion:** *We treat individuals with kindness, empathy and respect.*
- **Accountability:** *We take ownership for our actions and results.*
- **Relationships:** *We build and maintain positive relationships through common purpose and open communication.*
- **Excellence:** *We provide the best service and outcomes possible by going above and beyond to exceed our customers' expectations.*

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

Dear Colleagues:

We believe there is no profession more honorable than the one that cares for individuals who are elderly, ill, injured or in a weakened state. We support them during tough times and create joyful moments in the lives of these friends and neighbors we call customers. In our daily service to both our customers and each other, remember the Company's vision to always do the right thing, at the right time, the right way for the right reason. In short, do all things ethically and with integrity.

This Code of Conduct covers a variety of topics to equip employees with the information they need to uphold Company policy and comply with key state and federal regulations and laws. It does not, nor is it intended to, cover every regulation. It does, however, focus on important areas that you will encounter every day. The Code extends to all areas of our business, including customers, vendors, profession partners, volunteers and the government.

It is your responsibility to speak up if you know of a situation or issue that is in violation of the law, Company policy or our core principles. Utilizing an outside third-party vendor, the Company offers a hotline to which you can report concerns related to customer care, employee conduct or business operations. Hotlines are designed to facilitate open communications confidentially. The hotline phone number is 1-888-788-2502. Anyone who uses the hotline is protected from retaliation of any kind.

Read the Code thoughtfully. When you sign it, make or renew a personal commitment to practice and promote it every day. If there are any questions, please don't hesitate to ask your supervisor. Our reputation belongs to all of us. I ask for your help in maintaining it and making it stronger. Thank you for the service you provide so well and thank you for choosing to serve with us.

Respectfully,



DONNA KELSEY, CHIEF EXECUTIVE OFFICER



MARK JACKSON, CHAIRMAN, BOARD OF MANAGERS



MINDY SHAPIRO, CHIEF COMPLIANCE OFFICER

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Introduction

Purpose

Hickory Creek Healthcare (the Company) is committed to compassionately serving each Resident with quality care and excellence. All business operations must be conducted in accordance with the highest ethical standards, state and federal healthcare requirements, and Company policy.

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

The Code should be used as a guideline for ethical standards to support and maintain relationships with all residents, employees, customers, vendors, volunteers, contractors and the communities the Company serves. This Code is not intended to be an all-inclusive rule book. Employees may contact a supervisor, manager, Regional Vice President, the Compliance Department, the Chief Compliance Officer or the Compliance Hotline with questions or concerns.

Accountability under the Code

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

If an employee is ever faced with a situation not covered in the Code of Conduct or in a Company policy, reference these questions:

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

Compliance at the Company

The Company's Compliance Program supports doing the right thing, at the right time, the right way, for the right reason.

The Company's Compliance Program is supported by the following:

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

Obligation to Report

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

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

- Suspected or known incidents of abuse or harm to a resident, family member or employee
- Violations of state or federal healthcare programs
- Conduct that violates the Code, employee handbook, or any Company policy or procedure
- Harassment, discrimination or retaliation
- Falsified information and documentation or questionable billing practices
- Unsafe work environment

**Any employee may report any concern to the Compliance Hotline anonymously 24/7/365.
1-888-788-2502 • www.ASCHotline.com**

Communication Process

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

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

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

No Retaliation Policy

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

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

If an employee believes they are experiencing retaliation, it should be reported immediately to management, HR, the Compliance Department or the Compliance Hotline to be appropriately addressed. For the complete No Retaliation Policy, please reference the Employee Handbook.

Prohibited retaliation includes, but is not limited to:

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

The Compliance Hotline

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

Anyone can submit a report by using the toll-free number to speak with a Hotline representative or by visiting the online Hotline portal to submit a report independently. Each report will be assigned a case number and a personal identification number (PIN). Reporters may use the PIN to call or log into the case to receive updates, or check the status throughout the investigation. Note: if a reporter chooses to be anonymous and does not wish to receive a PIN, there will be no way to receive updates or communication regarding concerns reported to the Hotline.

1-888-788-2502 • www.ASCHotline.com

When should an employee contact the Compliance Hotline?

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

Interaction with the Government

When interacting with any government agencies, employees must always conduct themselves in an ethical manner. The Company must maintain compliance with all applicable laws and regulations, including guidelines that apply to government contracts and transactions. During interactions with the government, employees should be mindful of the following:

Honesty - Employees should always be open and honest. If there is ever doubt about what information should be presented, the employee should politely decline and speak with a supervisor or manager for further instructions.

Bribery/Quid Pro Quo - Never offer or exchange any gifts, gratuities or favors with, or pay for meals, entertainment, travel or other similar expenses for government employees.

Questions? - Contact the Legal Department or Compliance Department if you have any questions concerning the presence of local, state, or federal officials in your facility.

Protecting Resident Privacy

Protecting resident information is an important responsibility for all Company employees. The privacy and security of all protected health information (PHI) maintained on behalf of our residents is one of the Company's top priorities.

What is Protected Health Information (PHI)?

Protected Health Information, or PHI, is any personal health information that can potentially identify an individual, that was created, used, or disclosed in the course of providing healthcare services. Examples of PHI include:

- Full names or last name and initial
- All geographic identifiers smaller than a state
- Dates (other than year) directly related to an individual such as birthday or treatment dates
- Phone numbers including area code
- Email addresses
- Social security numbers
- Medical record numbers
- Full face photographs and any comparable images that can identify a person

The Health Insurance Portability and Accountability Act (HIPAA) requires us to protect information the Company obtains for resident care. You should:

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

Did you know...

If one employee uses another employee's password or log-in information to update or change any resident information, both employees will be held accountable. If you need a new password or username, contact your supervisor or manager immediately.

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

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

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

Did you know...

Communication about a resident's condition or diagnosis in a hallway or public area could be a PHI/HIPAA disclosure if another resident or visitor overhears that conversation.

- Verify email recipients and fax numbers before hitting send.
- Double check the resident's name and date of birth prior to giving receipts, discharge summaries, lab reports, etc.
- Do not take PHI out of the workplace without permission.
- Never post a resident's picture or PHI to social media without a signed Company media consent. Failure to adhere to this policy could lead to termination.

Disclosures of Protected Health Information (PHI)

Incidents of PHI that has been compromised must be reported immediately. Disclosures are to be reported to the Executive Director/General Manager, Administrator, RVPO and the Compliance Department. Reports can also be made through the Hotline. All disclosures will be investigated and reported to the proper state and federal entities as appropriate. Failing to report disclosures in a timely manner could result in fines to the Company and discipline up to and including termination of employees involved in or aware of a breach.

Examples of PHI disclosures:

- An email with PHI was sent to the wrong email address and the information was not password protected.
- Laptop or medical records stolen out of a vehicle.
- Posting resident information or photos on social media.
- Giving resident information to an individual who does not have permission to receive it.

Compliance with the Law

Prevention of Fraud, Waste and Abuse

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

Fraud: Is the intentional deception made by an individual knowing the deception could result in unauthorized benefits.

Waste: The overutilization or inappropriate utilization of services and misuse of resources.

Abuse: General practices that are inconsistent with sound financial, business or medical practices. Inconsistencies could result in an unnecessary cost to federal or state programs, or in reimbursement for services that are not medically necessary.

The False Claims Act (FCA)

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

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

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

Examples of false claims or prohibited business practices:

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

Elder Justice Act

Did you know...

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

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

Whistleblower

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

Examples of illegal or dishonest activities are:

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

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

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

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

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

Bribes

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

Gifts, Kickbacks and Referrals

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

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

Gifts, Gratuities or Business Courtesies

Gifts, gratuities or business courtesies may only be offered or received if the Gifts, Gratuities and Business Courtesies Policy is followed. No gift can be given if it is to encourage future referrals or is a reward for past referrals. A gift may not be accepted if it has the capability of raising an actual or perceived conflict of interest.

Example of an unallowable gift:

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

Example of an allowable gift:

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

Acceptance of Gifts from Residents

Residents are entitled to excellent care and all services offered without the exchange of gifts or gratuities. To assure that all residents receive equal consideration and service, employees are prohibited from accepting tips or gratuities of any kind from residents or visitors, even if they are for a service you give the resident on your own time and off the premises.

Under no circumstances may an employee solicit gifts or money from a resident or their representative. Failure to comply with this policy will lead to immediate termination.

If you have any questions about this policy, please contact your supervisor.

Gift Cards

Internal Revenue Service’s regulations provide that “if any employer gives an employee cash, a gift card, gift certificate, vouchers, or similar items that can be used in place of cash or easily exchanged for cash, the value of the gift is additional taxable salary or wages regardless of the amount.” Therefore, the use of gift cards or other similar items can only be used in isolated cases and subject to the approval of the Regional Vice President of Operations, a Senior Vice President or a member of Senior Leadership. *If a gift card is given to anyone and reimbursement is sought, the name of the Staff member or recipient of the gift card must be clearly identified.* Gift cards cannot exceed \$50.00. Under no circumstances are gift cards to be accepted by an employee from a Resident, a Resident’s representative or family member. To accept such a gift will subject an employee to disciplinary action.

Charity Care

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

Use of Company Property

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

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

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

Examples of how not to use Company property:

- Checking your bank account from a Company laptop or computer
- Using a Company email address for personal matters

Media Relations

Company employees, on occasion, may be contacted by media about matters related to the organization. Only authorized employees can respond to media requests. Employees not specifically authorized to do so should not speak to the media on the Company's behalf. Media inquiries requesting the company's statement or position are to be directed to the Vice President of Sales, PR & Marketing.

What to do if the Media calls:

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

Social Media

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

Charitable and Political Activities

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

Guidelines Relating to Charitable Activities

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

Guidelines for Political Activities

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

Contractors and Vendors

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

Exclusion Program

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

Reasons the government may exclude an individual or entity:

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

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

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

Commitment to Education and Training

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

Licensure and Certification

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

Certificate of Compliance

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

Signature: _____

Printed Name: _____

Date: _____

Title/Position: _____

Facility Name: _____

If for any reason an employee does not understand or comprehend any part of this Code, contact the Compliance Department for clarity.

