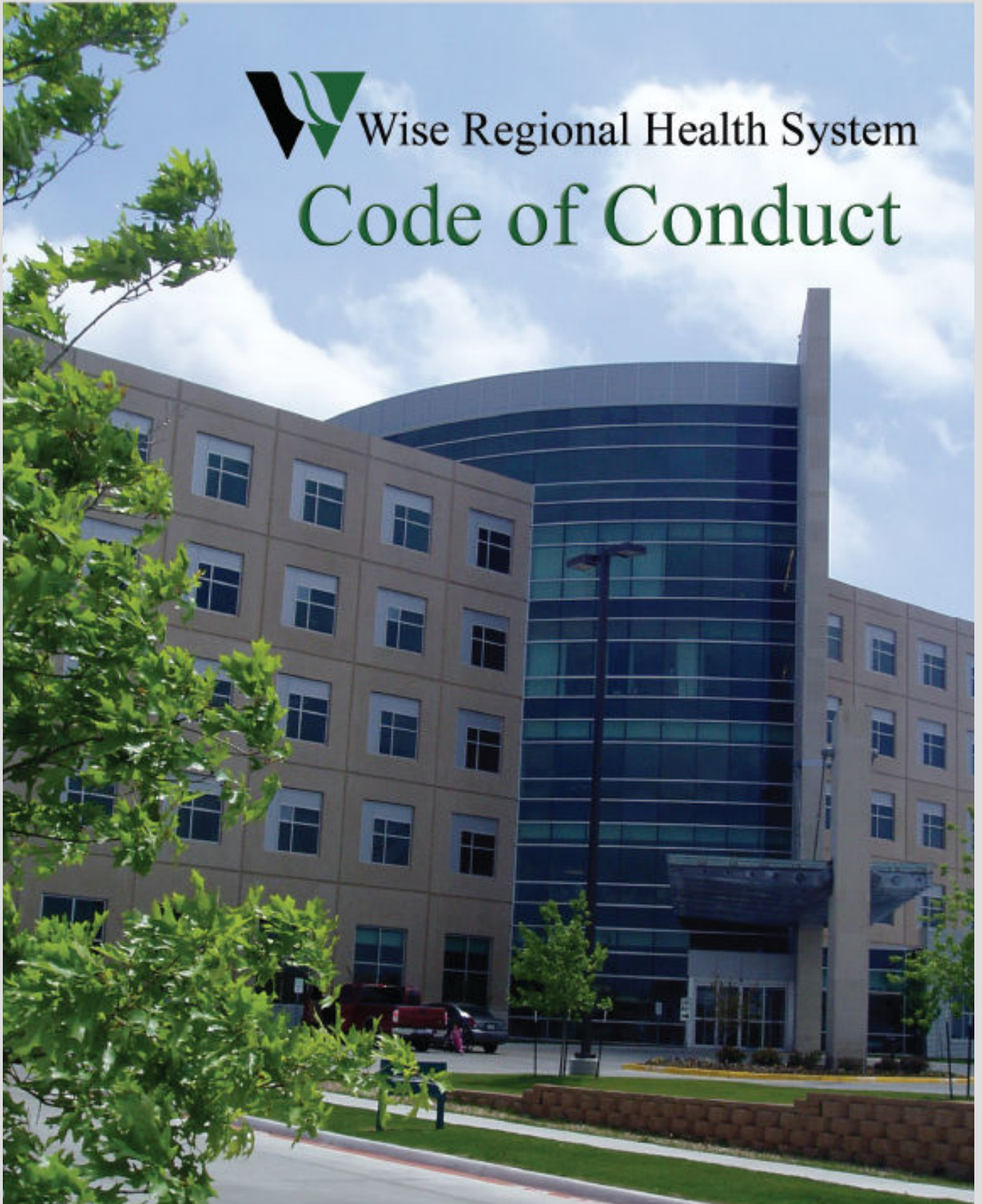




Wise Regional Health System

Code of Conduct



Wise Regional Health System Code of Conduct

Dear WRHS Colleague,

We have a comprehensive, values-based Ethics and Compliance Program, which is a vital part of the way we conduct ourselves at WRHS. Because the Program rests on our Mission and Values, it has easily become incorporated into our daily activities and supports our tradition of caring – for our patients, our communities, and our colleagues. We strive to deliver healthcare compassionately and to act with absolute integrity in the way we do our work and the way we live our lives.

This Code of Conduct, which reflects our tradition of caring, provides guidance to ensure our work is done in an ethical and legal manner. It emphasizes the shared common values and culture which guide our actions. It also contains resources to help resolve any questions about appropriate conduct in the work place. Please review it thoroughly. Your adherence to its spirit, as well as its specific provisions, is absolutely critical to our future.

If you have questions regarding this Code or encounter any situation which you believe violates provisions of this Code, you should immediately consult your supervisor, another member of management at your facility, the Human Resources Director, the Hospital Compliance Officer, or the WRHS Compliance Line (1-877-668-4394). You have our personal assurance there will be no retribution for asking questions or raising concerns about the Code or for reporting possible improper conduct.

No Code of Conduct can substitute for each person's own internal sense of fairness, honesty, and integrity. Thus, in your daily life and work, if you encounter a situation or are considering a course of action that does not feel right, please discuss the situation with any of the resources mentioned above.

We have a rich heritage, which is reflected in our Mission and Values Statement and in this Code of Conduct. We are equally committed to assuring our actions consistently reflect our words. In this spirit, we want this organization to be a community of shared values, and we expect all of our colleagues' actions to reflect the high standards set forth in this Code of Conduct. We ask you to assist us and all of our colleagues in this organization in supporting the values and principles that are critical to continuing our tradition of caring.

Robert Isham
Chairman of The Board of Directors

Stephen M. Summers
Chief Executive Officer

Contents

Mission and Values Statement

Purpose of Our Code of Conduct⁴

Leadership Responsibilities

Our Fundamental Commitment to Stakeholders

Patients

- Quality of Care and Patient Safety
- Patient Rights
- Patient Information
- Emergency Treatment

Physicians

- Interactions with Physicians
- Extending Business Courtesies and Tokens of Appreciation to Potential Referral Sources

Legal and Regulatory Compliance

Accreditation and Surveys

Business and Financial Information

- Accuracy, Retention and Disposal of Documents and Records
- Coding and Billing for Services
- Confidential Information
- Cost Reports
- Electronic Media and Security Requirements
- Financial Reporting and Records
- Intellectual Property Rights and Obligations

Workplace Conduct and

Employment Practices

- Conflict of Interest
- Controlled Substances
- Copyrights
- Diversity and Equal Employment Opportunity
- Harassment and Workplace Violence
- Health and Safety

- Hiring of Former and Current Government and Fiscal Intermediary Employees

- Ineligible Persons

- License and Certification Renewals

- Personal Use of WRHS Resources

- Relationships Among WRHS Colleagues

- Relationships with Subcontractors and Suppliers

- Research, Investigations, and Clinical Trials

- Substance Abuse and Mental Acuity

Marketing Practices

- Antitrust

- Gathering Information about Competitors

- Marketing and Advertising

Environmental Compliance

Business Courtesies

- General

- Receiving Business Courtesies

- Extending Business Courtesies to Non-referral Sources

Government Relations and Political Activities

The Company's Ethics and Compliance Program

- Program Structure

- Setting Standards

- Training and Communication

- Resources for Guidance and Reporting Concerns

- Personal Obligation to Report

- Internal Investigations of Reports

- Corrective Action

- Discipline

- Measuring Program Effectiveness

- Acknowledgment Process

This Code of Conduct is effective July 1, 2007

Note: All references to "WRHS" or the "organization" in this Code of Conduct refer to Wise Regional Health System.

Mission and Values Statement

Above all else, we are committed to the care and improvement of human life. In recognition of this commitment, we will strive to deliver high quality, cost-effective healthcare in the communities we serve. In pursuit of our mission, we believe the following value statements are essential and timeless:

- We recognize and affirm the unique and intrinsic worth of each individual.
- We treat all those we serve with compassion and kindness.
- We act with absolute honesty, integrity and fairness in the way we conduct our business and the way we live our lives.
- We trust our colleagues as valuable members of our healthcare team and pledge to treat one another with loyalty, respect, and dignity.

Purpose of Our Code of Conduct

Our Code of Conduct provides guidance to all WRHS colleagues and assists us in carrying out our daily activities within appropriate ethical and legal standards. These obligations apply to our relationships with patients, affiliated physicians, third-party payers, subcontractors, independent contractors, vendors, consultants, and one another.

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

Leadership Responsibilities

While all WRHS colleagues are obligated to follow our Code, we expect our leaders to set the example, to be in every respect a model. We expect everyone in the organization with supervisory responsibility to exercise that responsibility in a manner that is kind, sensitive, thoughtful, and respectful. We expect each supervisor to create an environment where all team members feel free to raise concerns and propose ideas.

We also expect that they will ensure those on their team have sufficient information to comply with laws, regulations, and policies, as well as the resources to resolve ethical dilemmas. They must help to create a culture within WRHS which promotes the highest standards of ethics and compliance. This culture must encourage everyone in the organization to share concerns when they arise. We must never sacrifice ethical and compliant behavior in the pursuit of business objectives.

In addition, all leaders should be mindful that WRHS supports and utilizes various training mechanisms to ensure that our supervisors have excellent managerial skills. The foundational principles in such tools reflect the basic concepts of our Ethics and Compliance Program. The Ethics and Compliance Program, together with our leadership training efforts, encourages what we refer to as “principled leadership.” Such leadership assumes that those in our organization will lead by example, will confront problems directly and candidly, will be inclusive in making decisions as to who should participate in the decision-making process, will try to give the maximum responsibility to those who work with them, and will

emphasize effective team-building. In addition to these fundamental approaches to principled leadership, we expect those in our organization to understand and care about their colleagues at work. Though WRHS is a large organization, its work is accomplished each day, for the most part, in small team settings. This encourages all leaders to try to ensure that the talents of each member of the organization are utilized to the maximum extent possible and that we give careful attention to the professional development of all of those within WRHS.

Our Fundamental Commitment to Stakeholders*

We affirm the following commitments to WRHS stakeholders:

To our patients: We are committed to providing quality care that is sensitive, compassionate, promptly delivered, and cost-effective.

To our WRHS colleagues: We are committed to a work setting which treats all colleagues with fairness, dignity, and respect, and affords them an opportunity to grow, to develop professionally, and to work in a team environment in which all ideas are considered.

To our affiliated physicians: We are committed to providing a work environment which has excellent facilities, modern equipment, and outstanding professional support.

To our third-party payers: We are committed to dealing with our third-party payers in a way that demonstrates our commitment to contractual obligations and reflects our shared concern for quality healthcare and bringing efficiency and cost effectiveness to healthcare. We encourage our private third-party payers to adopt their own set of comparable ethical principles to explicitly recognize their obligations to patients as well as the need for fairness in dealing with providers.

To our regulators: We are committed to an environment in which compliance with rules, regulations, and sound business practices is woven into the corporate culture. We accept the responsibility to aggressively self-govern and monitor adherence to the requirements of law and to our Code of Conduct.

To our joint venture partners: We are committed to fully performing our responsibilities to manage our jointly owned facilities in a manner that reflects the mission and values of each of our organizations.

*The term "stakeholder" refers to those groups of individuals to whom an institution sees itself as having obligations

To the community we serve: We are committed to understanding the particular needs of the communities we serve and providing these communities quality, cost-effective healthcare. We realize as an organization that we have a responsibility to help those in need. We proudly support charitable contributions and events in the communities we serve in an effort to promote good will and further good causes.

To our suppliers: We are committed to fair competition among prospective suppliers and the sense of responsibility required of a good customer. We encourage our suppliers to adopt their own set of comparable ethical principles.

To our volunteers: The concept of voluntary assistance to the needs of patients and their families is an integral part of the fabric of healthcare. We are committed to ensuring that our volunteers feel a sense of meaningfulness from their volunteer work and receive recognition for their volunteer efforts.

Patients

Quality of Care and Patient Safety

Our mission is to provide high quality, cost-effective healthcare to all of our patients. We treat all patients with warmth, respect, and dignity and provide care that is both necessary and appropriate. WRHS has a comprehensive program to promote the quality objectives of the organization. Quality of care in each WRHS facility has numerous ways of being measured. In promoting a high quality of care, WRHS facilities are focused on the attentiveness and dedication of service to patients, the utilization of evolving technology to ensure quality and patient safety and to create an overall culture that makes patient safety paramount, a comprehensive and effective approach to handling the issues of credentialing and privileging of members of the medical staff, and the creation of effective peer review mechanisms within the medical staff. As a general principle, WRHS aspires to a standard of excellence for all caregivers within its facilities, including the entire facility team, which is committed to the delivery of patient-centered care and services.

There are increasingly numerous measures that relate in some way to the quality of patient care. These include, for example, the Conditions of Participation of the Centers for Medicare and Medicaid Services (CMS), the standards and surveys of The Joint Commission, the consensus measures of the National Quality Forum, the principles of the Leapfrog Group for Patient Safety, and the quality and patient safety initiatives of the Institute for Healthcare Improvement. WRHS is attentive to all of these standards and seeks to establish systems that reflect the best practices required or implied by these various standard-setting efforts.

This commitment to quality of care and patient safety is an obligation of every WRHS colleague. Accordingly, it is a fundamental principle of being part of WRHS that each person dedicates himself or herself to achieving the goals described here. In addition, in any circumstance where a WRHS colleague has a question about whether the quality or patient safety commitments set forth herein are being fully met, that individual is obligated to raise this concern through appropriate channels until it is satisfactorily addressed and resolved. Such channels include the WRHS Compliance Line. In addition to the facility and WRHS channels, WRHS colleagues are provided resources and guidance as to how to solicit intervention or review by external quality partners including the JCAHO, state survey agencies or state quality improvement organizations.

Patient Rights

We make no distinction in the availability of services; the admission, transfer or discharge of patients; or in the care we provide based on age, gender, disability, race, color, religion, or national origin. We recognize and respect the diverse backgrounds and cultures of our patients and make every effort to equip our caregivers with the knowledge and resources to respect each patient's cultural heritage and needs. We are mindful that the populations we serve are becoming even more diverse. Accordingly, we are structuring more formal programs to ensure that WRHS colleagues are equipped to meet these articulated commitments for multi-cultural competency in patient care. The hospital respects the patient's right to and need for effective communication.

Each patient is provided with a written statement of patient rights and a notice of privacy practices. These statements include the rights of a patient to make decisions regarding 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 the facility. Such statements conform to all applicable state and Federal laws, including but not limited to the Health Insurance Portability and Accountability Act of 1996 (hereinafter referred to as HIPAA).

We seek to involve patients in all aspects of their care, including giving consent for treatment and making healthcare decisions, which may include managing pain effectively, foregoing or withdrawing treatment, and, as appropriate, care at the end of life. The hospital addresses the wishes of the patient relating to end of life decisions. As applicable, each patient or patient representative is provided with a clear explanation of care including, but not limited to, diagnosis, treatment plan, right to refuse or accept care, care decision dilemmas, advance directive options, estimates of treatment costs, organ donation and procurement, and an explanation of the risks, benefits, and alternatives associated with available treatment options. Patients have the right to request transfers to other facilities. In such cases, the patient is given an explanation of the benefits, risks, and alternatives of the transfer.

Patients are provided information regarding their right to make advance directives regarding treatment decisions, financial considerations and the designation of surrogate healthcare decision-makers. Patient advance directives or resuscitative measures are honored within the limits of the law and our organization's mission, philosophy, values, and capabilities.

In the promotion and protection of each patient's rights, each patient and his or her representatives are accorded appropriate confidentiality, privacy, security, advocacy and protective services, opportunity for resolution of complaints, and pastoral care or spiritual care. Patients have the right to an environment that preserves dignity and contributes to positive self-image.

Patients are treated in a manner that preserves their dignity, autonomy, self-esteem, civil rights, and involvement in their own care. WRHS facilities maintain processes to support patient rights in a collaborative manner which involves the facility leaders and others. These structures are based on policies and procedures, which make up the framework addressing both patient care and organizational ethics issues. These structures include informing each patient or, when appropriate, the patient's representative of the patient's rights in advance of furnishing or discontinuing care. Patients receive information about the person(s) responsible for their care, treatment and services. Patients and, when appropriate, their families are informed about the outcomes of care, treatment and services that have been provided, including unanticipated outcomes. Patients are also involved as clinically appropriate in resolving dilemmas about care decisions. Facilities maintain processes for prompt resolution of patient grievances which include informing patients who to contact regarding grievances and informing patients regarding the grievance resolution. The hospital addresses the resolution of complaints from patients and

their families. Patients have the right to refuse care, treatment, and services in accordance with the law and regulations. WRHS facilities maintain an ongoing, proactive patient safety effort for the identification of risk to patient safety and the prevention, reporting and reduction of healthcare errors. WRHS colleagues receive training about patient rights in order to clearly understand their role in supporting them.

We strive to provide health education, health promotion, and illness-prevention programs as part of our efforts to improve the quality of life of our patients and our communities.

Patient Information

We collect information about the patient's medical condition, history, medication, and family illnesses to provide quality care. We realize the sensitive nature of this information and are committed to maintaining its confidentiality. Consistent with HIPAA, we do not use, disclose or discuss patient-specific information with others unless it is necessary to serve the patient or required by law.

WRHS colleagues must never use or disclose confidential information that violates the privacy rights of our patients. In accordance with our appropriate access and privacy policies and procedures, which reflect HIPAA requirements, no WRHS colleague, affiliated physician, or other healthcare partner has a right to any patient information other than that necessary to perform his or her job.

Subject only to emergency exceptions, patients can expect their privacy will be protected and patient-specific information will be released only to persons authorized by law or by the patient's written authorization.

Emergency Treatment

We follow the Emergency Medical Treatment and Active Labor Act ("EMTALA") in providing an emergency medical screening examination and necessary stabilization to all patients, regardless of ability to pay. Provided we have the capacity and capability, anyone with an emergency medical condition is treated. In an emergency situation or if the patient is in labor, we will not delay the medical screening and necessary stabilizing treatment in order to seek financial and demographic information. We do not admit, discharge, or transfer patients with emergency medical conditions simply based on their ability or inability to pay or any other discriminatory factor.

Patients with emergency medical conditions are only transferred to another facility at the patient's request or if the patient's medical needs cannot be met at the WRHS facility (e.g., we do not have the capacity or capability) and appropriate care is knowingly available at another facility. Patients are only transferred in strict compliance with state and Federal EMTALA regulatory and statutory requirements.

Physicians

Health care facilities are collaboration between those who are part of WRHS and those who have been credentialed and privileged to practice in WRHS facilities. As in any collaboration, each party has important roles and responsibilities. WRHS is committed to providing a work environment for physicians who practice in our facilities that is excellent in all respects. We know that members of our medical staffs historically have interacted with those who work in our hospitals in a respectful and supportive way. We appreciate this attitude and know that we can expect it to continue. We encourage members of our Medical Staffs to be familiar with this Code of Conduct. There are many portions of this Code of Conduct that pertains to ethical or legal obligations of physicians in hospitals, and this document is likely to be a helpful summary of those obligations for our medical staff members.

Interactions with Physicians

Federal and state laws and regulations govern the relationship between hospitals and physicians who may refer patients to the facilities. The applicable Federal laws include the Anti-Kickback Law and the Stark Law. It is important that those colleagues who interact with physicians, particularly regarding making payments to physicians for services rendered, providing space or services to physicians, recruiting physicians to the community, and arranging for physicians to serve in leadership positions in facilities, are aware of the requirements of the laws, regulations, and policies that address relationships between facilities and physicians.

If relationships with physicians are properly structured, but not diligently administered, failure to administer the arrangements as agreed may result in violations of the law. Any arrangement with a physician must be structured to ensure compliance with legal requirements, our policies and procedures, and with any operational guidance that has been issued. Most arrangements must be in writing and approved by legal counsel. Failure to meet all requirements of these laws and regulations can result in serious consequences for a facility.

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

We do not pay for referrals. We accept patient referrals and admissions based solely on the patient's medical needs and our ability to render the needed services. We do not pay or offer to pay anyone —colleagues, physicians, or other persons or entities — for referral of patients.

We do not accept payments for referrals we make. No WRHS colleague or any other person acting on behalf of the organization is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of patients. Similarly, when making patient referrals to another healthcare provider, we do not take into account the volume or value of referrals that the provider has made (or may make) to us.

Extending Business Courtesies and Tokens of Appreciation to Potential Referral Sources

Any entertainment, gift or token of appreciation involving physicians or other persons who are in a position to refer patients to our healthcare facilities must be undertaken in accordance with corporate policies, which have been developed consistent with Federal laws, regulations, and rules regarding these practices. WRHS colleagues must consult Company policies prior to extending any business courtesy or token of appreciation to a potential referral source.

Legal and Regulatory Compliance

WRHS provides varied healthcare services. These services are provided pursuant to appropriate Federal, state, and local laws and regulations, and the conditions of participation for Federal healthcare programs. Such laws, regulations, and conditions of participation may include, but are not limited to, subjects such as licenses, permits, accreditation, access to treatment, consent to treatment, medical record-keeping, access to medical records and confidentiality, patients' rights, clinical research, end-of-life care decision-making, medical staff membership and clinical privileges, corporate practice of medicine restrictions, and Medicare and Medicaid program requirements. The organization is subject to numerous other laws in addition to these healthcare laws, regulations, and the conditions of participation.

We have developed policies and procedures to address many legal and regulatory requirements. However, it is impractical to develop policies and procedures that encompass the full body of applicable law and regulation. Obviously, those laws and regulations not covered in organization policies and procedures must be followed. There is a range of expertise within the organization that should be consulted for advice concerning human resources, legal, regulatory, and the conditions of participation requirements.

Anyone aware of violations or suspected violations of laws, regulations, the conditions of participation, or Company policies and procedures must report them immediately to a supervisor or member of management, the Human Resources Manager, the hospital's Compliance Officer or the Compliance Line (1-877-668-4394).

Accreditation and Surveys

In preparation for, during and after surveys, WRHS colleagues deal with all accrediting bodies in a direct, open and honest manner. No action should ever be taken in relationships with accrediting bodies that would mislead the accreditor or its survey teams, either directly or indirectly.

The scope of matters related to accreditation of various bodies is extremely significant and broader than the scope of this Code of Conduct. The purpose of our Code of Conduct is to provide general guidance on subjects of wide interest within the organization. Accrediting bodies may address issues of both wide and somewhat more focused interest.

From time-to-time, government agencies and other entities conduct surveys in our facilities. We respond with openness and accurate information. In preparation for or during a survey or inspection, WRHS colleagues must never conceal, destroy, or alter any documents; lie; or make misleading statements to the agency representative. Colleagues also must never attempt to cause another colleague to fail to provide accurate information or obstruct, mislead, or delay the communication of information or records relating to a possible violation of law.

Business and Financial Information

Accuracy, Retention, and Disposal of Documents and Records

Each WRHS colleague is responsible for the integrity and accuracy of our organization's documents and records, not only to comply with regulatory and legal requirements but also to ensure records are available to support our business practices and actions. No one may alter or falsify information on any record or document. Records must never be destroyed in an effort to deny governmental authorities that which may be relevant to a government investigation.

Medical and business documents and records are retained in accordance with the law and our record retention policy, which includes comprehensive retention schedules. Medical and business documents include paper documents such as letters and memos, computer-based information such as e-mail or computer files on disk or tape, and any other medium that contains information about the organization or its business activities. It is important to retain and destroy records only according to our policy. WRHS colleagues must not tamper with records. No one may remove or destroy records prior to the specified date without first obtaining permission from hospital senior management. Finally, under no

circumstances may any WRHS colleague use patient, colleague or any other individual's or entity's information to personally benefit (e.g., perpetrate identity theft).

Coding and Billing for Services

We have implemented policies, procedures and systems to facilitate accurate billing to government payers, commercial insurance payers, and patients. These policies, procedures, and systems conform to pertinent Federal and state laws and regulations. We prohibit any colleague or agent of WRHS from knowingly presenting or causing to be presented claims for payment or approval which are false, fictitious, or fraudulent.

In support of accurate billing, medical records must provide reliable documentation of the services we render. It is important that all individuals who contribute to medical records provide accurate information and do not destroy any information considered part of the official medical record.

Accurate and timely documentation also depends on the diligence and attention of physicians who treat patients in our facilities. We expect those physicians to provide us with complete and accurate information in a timely manner.

Any subcontractors engaged to perform billing or coding services are expected to have the necessary skills, quality control processes, systems, and appropriate procedures to ensure all billings for government and commercial insurance programs are accurate and complete. WRHS requires such entities to have their own ethics and compliance programs and code of conduct or to adopt WRHS's code as their own. In addition, third-party billing entities, contractors, and preferred vendors under contract consideration must be approved consistent with the hospital policy on this subject.

For questions regarding Health Information Management (HIM) Policies and Procedures, contact the HIM Director at extension 1440. For billing questions contact the Revenue Cycle Director at extension 1226.

Confidential Information

The term "confidential information" refers to proprietary information about our organization's strategies and operations as well as patient information and third party information. Improper use or disclosure of confidential information could violate legal and ethical obligations. WRHS colleagues may use confidential information only to perform their job responsibilities and shall not share such information with others unless the individuals and/or entities have a legitimate need to know the information in order to perform their specific job duties or carry out a contractual business relationship, provided disclosure is not prohibited by law or regulation. Confidential information covers virtually anything related to WRHS's operations that is not publicly known, such as personnel data maintained by the organization; patient lists and clinical information; patient financial information; passwords; pricing and cost data; information pertaining to acquisitions, divestitures, affiliations and mergers; financial data; details regarding Federal, state, and local tax examinations of the organization or its joint venture partners; research data; strategic plans; marketing strategies and techniques; supplier and subcontractor information; and proprietary computer software. In order to maintain the confidentiality and integrity of patient and confidential information, such information should be sent through the Internet only in accordance with information security policies and standards, which require, among other things, that the individual and/or entity be validated and the information be encrypted.

Use of due care and due diligence is required to maintain the confidentiality, availability and integrity of information assets WRHS owns or of which it is the custodian. Because so much of our clinical and

business information is generated and contained within our computer systems, it is essential that each WRHS colleague protect our computer systems and the information contained in them by not sharing passwords and by reviewing and adhering to our information security policies and guidance.

If an individual's employment or contractual relationship with WRHS ends for any reason, the individual is still bound to maintain the confidentiality of information viewed, received or used during the employment or contractual business relationship with WRHS. This provision does not restrict the right of a colleague to disclose, if he or she wishes, information about his or her own compensation, benefits, or terms and conditions of employment. Copies of confidential information in an employee's or contractor's possession shall be left with WRHS at the end of the employment or contractual relationship.

Cost Reports

We are required by Federal and state laws and regulations to submit certain reports of our operating costs and statistics. We comply with Federal and state laws, regulations, and guidelines relating to all cost reports. These laws, regulations, and guidelines define what costs are allowable and outline the appropriate methodologies to claim reimbursement for the cost of services provided to program beneficiaries.

The hospital's cost report is prepared by the hospital's outside auditors. All issues related to the preparation, submission and settlement of cost reports must be submitted to the hospital's outside auditors for their annual review.

Electronic Media and Security Requirements

All communications systems, including but not limited to computers, electronic mail, Intranet, Internet access, telephones, and voice mail, are the property of the organization and are to be used primarily for business purposes in accordance with electronic communications policies and standards. Limited reasonable personal use of WRHS communications systems is permitted; however, users should assume these communications are not private. Users of computer and telephonic systems should presume no expectation of privacy in anything they create, store, send, or receive on the computer and telephonic systems, and the Company reserves the right to monitor and/or access communications usage and content consistent with Company policies and procedures.

Colleagues may not use internal communication channels or access to the Internet at work to post, store, transmit, download, or distribute any threatening materials; knowingly, recklessly, or maliciously false materials; obscene materials; or anything constituting or encouraging a criminal offense, giving rise to civil liability, or otherwise violating any laws. Also, these channels of communication may not be used to send chain letters, personal broadcast messages, or copyrighted documents that are not authorized for reproduction.

Colleagues who abuse our communications systems or use them excessively for non-business purposes may lose these privileges and be subject to disciplinary action.

Colleagues shall comply with WRHS' security policies governing use of information systems. Only assigned user IDs shall be used. Passwords and tokens shall never be shared or disclosed. Colleagues shall never use tools or techniques to break or exploit WRHS information security measures, or those used by other companies or individuals. WRHS information systems shall not be used to access inappropriate or prohibited websites.

Financial Reporting and Records

We have established and maintain a high standard of accuracy and completeness in documenting, maintaining, and reporting financial information. This information serves as a basis for managing our business and is important in meeting our obligations to patients, colleagues, suppliers, and others. It is also necessary for compliance with tax and financial reporting requirements.

All financial information must reflect actual transactions and conform to generally-accepted accounting principles. All funds or assets must be properly recorded in the books and records of the Company. WRHS maintains a system of internal controls to provide reasonable assurances that all transactions are executed in accordance with management's authorization and are recorded in a proper manner so as to maintain accountability of the organization's assets.

We diligently seek to comply with all applicable auditing, accounting and financial disclosure laws. Senior financial officers receive training and guidance regarding auditing, accounting and financial disclosure relevant to their job responsibilities. Concerns regarding questionable accounting or auditing matters should be reported by calling the Compliance Line (1-877-668-4394).

Intellectual Property Rights and Obligations

Any work of authorship, invention, or other creation ("Development") created by a colleague during the scope of the colleague's employment with WRHS shall be considered the property of WRHS, including any patent, trademark, copyright, trade secret or other intellectual property right in the Development. Whether something is developed during the scope of a colleague's employment depends on a number of factors, including: the nature of the colleague's work, whether the Development is related to WRHS' business, whether the colleague was directed to produce the Development as part of the colleague's work, whether the colleague utilized WRHS intellectual property or resources at least in part to make the Development, and whether the colleague created the Development while being paid by WRHS. If any Development created is copyrightable, then it will be considered a "Work for Hire" under the United States Copyright Act, with WRHS being considered to be the author and owner of such work.

When creating Developments for WRHS, colleagues shall respect the intellectual property rights of others. Any works or inventions created by colleagues prior to employment by WRHS shall be disclosed to WRHS upon commencement of employment, and management and Legal Department approval shall be obtained prior to any use of these works or inventions in a Development for WRHS.

By signing the acknowledgment card at the end of this Code of Conduct, a colleague specifically agrees to be bound by these provisions of the Code of Conduct. As such, the acknowledgment card serves as an assignment by the named colleague to WRHS of all right, title, and interest in all Developments created by the colleague within the scope of his or her employment, as well as an appointment of the Secretary for WRHS as the colleague's attorney-in-fact to execute documents on his or her behalf for the foregoing purposes. Colleagues shall assist WRHS in obtaining and enforcing intellectual property rights in their Developments, while employed by WRHS and after termination of employment.

Workplace Conduct and Employment Practices

Conflict of Interest

A conflict of interest may occur if a WRHS colleague's outside activities, personal financial interests, or other personal interests influence or appear to influence his or her ability to make objective decisions in the course of the colleague's job responsibilities. A conflict of interest may also exist if the demands of

any outside activities hinder or distract a colleague from the performance of his or her job or cause the individual to use WRHS resources for other than WRHS purposes. WRHS colleagues are obligated to ensure they remain free of conflicts of interest in the performance of their responsibilities at WRHS. If colleagues have any question about whether an outside activity or personal interest might constitute a conflict of interest, they must obtain the written approval of their supervisor before pursuing the activity or obtaining or retaining the interest. Clinical decisions will be made without regard to compensation or financial risk to WRHS leaders, managers, clinical staff, or licensed, independent practitioners.

Controlled Substances

Some of our colleagues routinely have access to prescription drugs, controlled substances, and other medical supplies. Many of these substances are governed and monitored by specific regulatory organizations and must be administered by physician order only. Prescription and controlled medications and supplies must be handled properly and only by authorized individuals to minimize risks to us and to patients. If one becomes aware of inadequate security of drugs or controlled substances or the diversion of drugs from the organization, the incident must be reported immediately.

Copyrights

WRHS colleagues may only copy and/or use copyrighted materials pursuant to the organization's policy on such matters.

Diversity and Equal Employment Opportunity

WRHS actively promotes diversity in its workforce at all levels of the organization. We are committed to providing an inclusive work environment where everyone is treated with fairness, dignity, and respect. We will make ourselves accountable to one another for the manner in which we treat one another and for the manner in which people around us are treated. We are committed to recruit and retain a diverse staff reflective of the patients and communities we serve. We regard laws, regulations and policies relating to diversity as a minimum standard. We strive to create and maintain a setting in which we celebrate cultural and other differences and consider them strengths of the organization.

WRHS is an equal opportunity workforce and no one shall discriminate against any individual with regard to race, color, religion, sex, national origin, age, disability, sexual orientation, or veteran status with respect to any offer, or term or condition, of employment. We make reasonable accommodations to the known physical and mental limitations of qualified individuals with disabilities.

Harassment and Workplace Violence

Each WRHS colleague has the right to work in an environment free of harassment and disruptive behavior. We do not tolerate harassment by anyone based on the diverse characteristics or cultural backgrounds of those who work with us. Degrading or humiliating jokes, slurs, intimidation, or other harassing conduct is not acceptable in our workplace.

Sexual harassment is prohibited. This prohibition includes unwelcome sexual advances or requests for sexual favors in conjunction with employment decisions. Moreover, verbal or physical conduct of a sexual nature that interferes with an individual's work performance or creates an intimidating, hostile, or offensive work environment has no place at WRHS.

Harassment also includes incidents of workplace violence. Workplace violence includes robbery and other commercial crimes, stalking, violence directed at the employer, terrorism, and hate crimes committed by current or former colleagues. Colleagues who observe or experience any form of

harassment or violence should report the incident to their supervisor, the Human Resources Department, a member of management, the Compliance Officer, or the Compliance Line.

Health and Safety

WRHS complies with all government regulations and rules, WRHS policies, and required facility practices that promote the protection of workplace health and safety. Our policies have been developed to protect our colleagues from potential workplace hazards. Colleagues must become familiar with and understand how these policies apply to their specific job responsibilities and seek advice from their supervisor or the Safety Officer whenever they have a question or concern. It is important that each colleague immediately advise his or her supervisor or the Safety Officer of any serious workplace injury or any situation presenting a danger of injury so timely corrective action may be taken to resolve the issue.

Hiring of Former and Current Government and Fiscal Intermediary Employees

The recruitment and employment of former or current U.S. government employees may be impacted by regulations concerning conflicts of interest. Hiring employees directly from a fiscal intermediary requires certain regulatory notifications. Colleagues should consult with the Human Resources Department regarding such recruitment and hiring.

Ineligible Persons

We do not contract with, employ, or bill for services rendered by an individual or entity that is excluded or ineligible to participate in Federal healthcare programs; suspended or debarred from Federal government contracts; or has been convicted of a criminal offense related to the provision of healthcare items or services and has not been reinstated in a Federal healthcare program after a period of exclusion, suspension, debarment, or ineligibility, provided that we are aware of such criminal offense. We routinely search the Department of Health and Human Services' Office of Inspector General and General Services Administration's lists of such excluded and ineligible persons. A number of Company policies address the procedures for timely and thorough review of such lists and appropriate enforcement actions.

Colleagues, vendors, and privileged practitioners at WRHS are required to report to us if they become excluded, debarred, or ineligible to participate in Federal healthcare programs; or have been convicted of a criminal offense related to the provision of healthcare items or services.

License and Certification Renewals

Colleagues, individuals retained as independent contractors, and privileged practitioners in positions which require professional licenses, certifications, or other credentials are responsible for maintaining the current status of their credentials and shall comply at all times with Federal and state requirements applicable to their respective disciplines. To assure compliance, WRHS may require evidence of the individual having a current license or credential status.

WRHS does not allow any colleague, independent contractor or privileged practitioner to work without valid, current licenses or credentials.

Personal Use of WRHS Resources

It is the responsibility of each WRHS colleague to preserve our organization's assets including time, materials, supplies, equipment, and information. Organization assets are to be maintained for business-related purposes. As a general rule, the personal use of any WRHS asset without prior supervisory approval is prohibited. The occasional use of items, such as copying facilities or telephones,

where the cost to WRHS is insignificant, is permissible. Any community or charitable use of organization resources must be approved in advance by one's supervisor. Any use of organization resources for personal financial gain unrelated to the organization's business is prohibited.

Relationships Among WRHS Colleagues

In the normal day-to-day functions of an organization like WRHS, there are issues that arise which relate to how people in the organization deal with one another. It is impossible to foresee all of these, and many do not require explicit treatment in a document like this. A few routinely arise, however. One involves gift giving among colleagues for certain occasions. While we wish to avoid any strict rules, no one should ever feel compelled to give a gift to anyone, and any gifts offered or received should be appropriate to the circumstances. A lavish gift to anyone in a supervisory role would clearly violate organization policy. Another situation, which routinely arises, is a fund-raising or similar effort undertaken by individual colleagues, in which no one should ever be compelled to participate. Similarly, when the Company or a facility determines to support charitable organizations such as the United Way, no colleague should be compelled to contribute to the charitable organization, nor should there be any workplace consequences of such non-participation.

We must manage our consulting, subcontractor, and supplier relationships in a fair and reasonable manner, free from conflicts of interest and consistent with all applicable laws and good business practices. We promote competitive procurement to the maximum extent practicable. Our selection of consultants, subcontractors, suppliers, and vendors will be made on the basis of objective criteria including quality, technical excellence, price, and delivery, adherence to schedules, service, and maintenance of adequate sources of supply. Our purchasing decisions will be made on the supplier's ability to meet our needs, and not on personal relationships and friendships. We employ the highest ethical standards in business practices in source selection, negotiation, determination of contract awards, and the administration of all purchasing activities. We comply with contractual obligations not to disclose vendor confidential information unless permitted under the contract or otherwise authorized by the vendor.

Research, Investigations, and Clinical Trials

We follow the highest ethical standards in full compliance with Federal and state laws and regulations in any research, investigations, and/or clinical trials conducted by our physicians and professional staff. We do not tolerate research misconduct, which includes activities such as making up or changing results, copying results from other studies without performing the clinical investigation or research, failing to identify and deal appropriately with investigator or institutional conflicts of interest, and proceeding without Institutional Review Board (IRB) approval. Our hospitals' first priority is always to protect the patients and human subjects and respect their rights during research, investigations, and clinical trials.

Physicians participating in research investigations and clinical trials are expected to fully inform their patients of the patients' rights and responsibilities of participating in the research or clinical trial. All patients asked to participate in a clinical investigation or research project are given a full explanation of alternative services that might prove beneficial to them. They are also fully informed of potential discomforts and are given a full explanation of the risks, expected benefits, and alternatives. The patients are fully informed of the procedures to be followed, especially those that are experimental in nature. Refusal of a patient to participate in a research study will not compromise his or her access to services. Patient voluntary informed consent to participate in clinical investigations or research is documented and retained pursuant to Company and hospital policies.

Any WRHS facility or colleague applying for or performing research of any type must follow all applicable research guidelines and maintain the highest standards of ethics and accuracy in any written or oral communications regarding the research project. As in all accounting and financial record-keeping, our policy is to submit only true, accurate, and complete costs related to research grants. Any WRHS facility or colleague engaging in human subject research must do so in conjunction with IRB approval and consistent with Company policies regarding human subject research and IRBs.

Substance Abuse and Mental Acuity

To protect the interests of our colleagues and patients, we are committed to an alcohol and drug-free work environment. All colleagues must report for work free of the influence of alcohol and illegal drugs. Reporting to work under the influence of any illegal drug or alcohol; having an illegal drug in a colleague's system; or using, possessing, or selling illegal drugs while on WRHS work time or property may result in immediate termination. We may use drug testing as a means of enforcing this policy.

It is also recognized individuals may be taking prescription or over-the-counter drugs, which could impair judgment or other skills required in job performance. Colleagues with questions about the effect of such medication on their performance or who observe an individual who appears to be impaired in the performance of his or her job must immediately consult with their supervisor.

Marketing Practices

Antitrust

Antitrust laws are designed to create a level playing field in the marketplace and to promote fair competition. These laws could be violated by discussing WRHS business with a competitor, such as how our prices are set, disclosing the terms of supplier relationships, allocating markets among competitors, or agreeing with a competitor to refuse to deal with a supplier. Our competitors are other health systems and facilities in markets where we operate.

At trade association meetings, colleagues must be alert to potential situations where it may not be appropriate to participate in discussions regarding prohibited subjects with competitors. Prohibited subjects include any aspect of pricing, our services in the market, key costs such as labor costs, and marketing plans. If a competitor raises a prohibited subject, colleagues must end the conversation immediately.

In general, colleagues must avoid discussing sensitive topics with competitors or suppliers.

Gathering Information about Competitors

It is not unusual to obtain public information about other organizations, including our competitors, through legal and ethical means such as public documents, public presentations, journal and magazine articles, and other published and spoken information. However, colleagues should avoid seeking or receiving information about a competitor through other non-public means if they know or have reason to believe the information is proprietary or confidential. For example, a colleague should not seek proprietary or confidential information when doing so would require anyone to violate a contractual agreement, such as a confidentiality agreement with a prior employer.

Marketing and Advertising

Consistent with laws and regulations that may govern such activities, we may use marketing and advertising activities to educate the public, provide information to the community, increase awareness of

our services, and to recruit colleagues. We present only truthful, fully informative, and non-deceptive information in these materials and announcements.

Environmental Compliance

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

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

Business Courtesies

General

This part of the Code of Conduct should not be considered in any way as an encouragement to make, solicit, or receive any type of entertainment or gift. For clarity purposes, please note that these limitations govern activities with those outside of WRHS. This section does not pertain to actions between WRHS and its colleagues or actions among WRHS colleagues themselves.

Receiving Business Courtesies

We recognize there will be times when a current or potential business associate, including a potential referral source, may extend an invitation to attend a social event in order to further develop a business relationship. An WRHS colleague may accept such invitations, provided: (1) the cost associated with such an event is reasonable and appropriate, which, as a general rule, means the cost will not exceed \$100 per person; (2) no expense is incurred for any travel costs (other than in a vehicle owned privately or by the host entity) or overnight lodging; and (3) such events are infrequent. The limitations of this section do not apply to business meetings at which food (including meals) may be provided. Prior to accepting invitations to training and educational opportunities that include travel and overnight accommodations at reduced or no cost to a colleague or WRHS, consult our policies and seek appropriate approvals.

WRHS colleagues may accept gifts with a total value of \$50 or less in any one year from any individual or organization who has a business relationship with WRHS. For purposes of this paragraph, physicians practicing in WRHS facilities are considered to have such a relationship. Perishable or consumable gifts given to a department or group are not subject to any specific limitation. WRHS colleagues may accept gift certificates, but may never accept cash or financial instruments (e.g., checks, stocks). Finally, under no circumstances may a WRHS colleague solicit a gift.

This section does not limit WRHS from accepting gifts, provided they are used and accounted for appropriately.

Extending Business Courtesies to Non-referral Sources

No portion of this section, “Extending Business Courtesies to Non-referral Sources,” applies to any individual who makes, or is in a position to make, referrals to a WRHS facility. Such business courtesies are addressed in the Extending Business Courtesies to Potential Referral Sources section of this Code and Company policy.

Meals and Entertainment. There may be times when a colleague wishes to extend to a current or potential business associate (other than someone who may be in a position to make a patient referral) an invitation to attend a social event (e.g., reception, meal, sporting event, or theatrical event) to further or develop a business relationship. The purpose of the entertainment must never be to induce any favorable business action. During these events, topics of a business nature must be discussed and the host must be present. These events must not include expenses paid for any travel costs (other than in a vehicle owned privately or by the host entity) or overnight lodging. The cost associated with such an event must be reasonable and appropriate. As a general rule, this means the cost will not exceed \$100 per person. Moreover, such business entertainment with respect to any particular individual must be infrequent, which, as a general rule, means not more than four times per year. Consult senior management or the hospital Compliance Officer for events that are expected to exceed \$100 or were not expected to but inadvertently do exceed \$100. The organization will under no circumstances sanction any business entertainment that might be considered lavish or in questionable taste. Departures from the \$100 guideline are highly discouraged.

Sponsoring Business Events. Also, WRHS facilities may routinely sponsor events with a legitimate business purpose (e.g., hospital board meetings or retreats). Provided that such events are for business purposes, reasonable and appropriate meals and entertainment may be offered. In addition, transportation and lodging can be paid for. However, all elements of such events, including these courtesy elements, must be consistent with hospital policy on such events.

Gifts. It is critical to avoid the appearance of impropriety when giving gifts to individuals who do business or are seeking to do business with WRHS. We will never use gifts or other incentives to improperly influence relationships or business outcomes. In order to avoid embarrassment, an effort should be made to ensure that any gift we extend meets the business conduct standards of the recipient’s organization. Gifts to business associates who are not government employees must not exceed \$50 per year per recipient. Any gifts to Medicare or Medicaid beneficiaries must not exceed \$10 per item nor total more than \$50 per year per recipient. A WRHS colleague or facility may give gift certificates, but may never give cash or financial instruments (e.g., checks, stocks). The corporate policy on business courtesies permits occasional exceptions to the \$50 limit to recognize the efforts of those who have spent meaningful amounts of volunteer time on behalf of WRHS.

U.S. Federal and state governments have strict rules and laws regarding gifts, meals, and other business courtesies for their employees. WRHS does not provide any gifts, entertainment, meals, or anything else of value to any employee of the Executive Branch of the Federal government, except for minor refreshments in connection with business discussions or promotional items with the WRHS logo valued at no more than \$10. With regard to gifts, meals, and other business courtesies involving any other category of government official or employee, colleagues must determine the particular rules applying to any such person and carefully follow them.

Government Relations and Political Activities

The organization and its representatives comply with all Federal, state, and local laws governing participation in government relations and political activities. Further, WRHS funds or resources are not contributed directly to individual political campaigns, political parties, or other organizations which intend to use the funds primarily for political campaign objectives. Organization resources include financial and non-financial donations such as using work time and telephones to solicit for a political cause or candidate or the loaning of WRHS property for use in the political campaign. The conduct of any political action committee is to be consistent with relevant laws and regulations. In addition, political action committees associated with the organization select candidates to support based on the overall ability of the candidate to render meaningful public service. The organization does not select candidates to support as a reflection of expected support of the candidate on any specific issue.

The organization engages in public policy debate only in a limited number of instances where it has special expertise that can inform the public policy formulation process. When the organization is directly impacted by public policy decisions, it may provide relevant, factual information about the impact of such decisions on the private sector. In articulating positions, the organization only takes positions that it believes can be shown to be in the larger public interest. The organization encourages trade associations with which it is associated to do the same.

It is important to separate personal and corporate political activities in order to comply with the appropriate rules and regulations relating to lobbying or attempting to influence government officials. No use of corporate resources, including e-mail, is appropriate for personally engaging in political activity. A colleague may, of course, participate in the political process on his or her own time and at his or her own expense. While doing so, it is important WRHS colleagues not give the impression they are speaking on behalf of or representing WRHS in these activities. Colleagues cannot seek to be reimbursed by WRHS for any personal contributions for such purposes.

At times, WRHS may ask colleagues to make personal contact with government officials or to write letters to present our position on specific issues. In addition, it is a part of the role of some WRHS management to interface on a regular basis with government officials. If a colleague is making these communications on behalf of the organization, he or she must be certain to be familiar with any regulatory constraints and observe them.

The Company's Ethics and Compliance Program

Program Structure

The Ethics and Compliance Program is intended to demonstrate in the clearest possible terms the absolute commitment of the organization to the highest standards of ethics and compliance. The elements of the program include setting standards (the Code and Policies and Procedures), communicating the standards, providing a mechanism for reporting potential exceptions, monitoring and auditing, and maintaining an organizational structure that supports the furtherance of the program. Each of these elements is detailed below.

These elements are supported at all levels of the organization. Providing direction, guidance and oversight are the Board of Directors, senior management, the hospital Compliance Committee, and the hospital Compliance Officer.

The hospital Compliance Officer is responsible for the day-to-day direction and implementation of the Ethics and Compliance Program. This includes developing resources (including policies and procedures, training programs, and communication tools) for and providing support (including operating the Compliance Line, conducting program assessment, and providing advice) to senior management, the Board of Directors and others.

Another important resource who may be able to address issues arising out of this Code of Conduct is the Human Resources Manager. The Human Resources Manager is highly knowledgeable about many of the compliance risk areas described in this Code of Conduct that pertain to employment and the workplace and are responsible for ensuring compliance with various employment laws. If a concern relates to specific details of an individual's work situation, rather than larger issues of organizational ethics and compliance, the Human Resources Manager is the most appropriate person to contact. Every effort should be made to resolve workplace conduct and employment practice issues through the individual's supervisor and the Human Resources Manager. Experience has shown that this is an effective and productive way to deal promptly with these matters.

All of these individuals or groups are prepared to support WRHS colleagues in meeting the standards set forth in this Code.

Setting Standards

With respect to our Ethics and Compliance Program, we set standards through this Code of Conduct, ethics and compliance policies and procedures and, occasionally, through other guidance mechanisms. It is the responsibility of each individual to be aware of those policies and procedures that pertain to his or her work and to follow those policies and procedures.

Training and Communication

Comprehensive training and education has been developed to ensure that colleagues throughout the organization are aware of the standards that apply to them. Code of Conduct training is conducted at the time an individual joins the organization and annually for all colleagues. Compliance training in areas of compliance risk (e.g., billing, coding, cost reports) is required of certain individuals.

Resources for Guidance and Reporting Concerns

To obtain guidance on an ethics or compliance issue or to report a concern, individuals may choose from several options. It is an expected good practice, when one is comfortable with it and thinks it appropriate under the circumstances, to raise concerns first with one's supervisor. If this is uncomfortable or inappropriate, the individual may discuss the situation with the Human Resources Manager, the hospital's CEO, or another member of management. Individuals are always free to contact the Ethics Line at 1-877-668-4394.

WRHS makes every effort to maintain, within the limits of the law, the confidentiality of the identity of any individual who reports concerns or possible misconduct. There is no retribution or discipline for anyone who reports a concern in good faith. Any colleague who deliberately makes a false accusation with the purpose of harming or retaliating against another colleague is subject to discipline.

Personal Obligation to Report

We are committed to ethical and legal conduct that is compliant with all relevant laws and regulations and to correcting wrongdoing wherever it may occur in the organization. Each colleague has an individual responsibility for reporting any activity by any colleague, physician, subcontractor, or vendor that appears to violate applicable laws, rules, regulations, accreditation standards, and standards of medical practice, Federal healthcare conditions of participation, or this Code. If a matter that poses serious compliance risk to the organization or that involves a serious issue of medical necessity, clinical outcomes or patient safety is reported locally, and if the reporting individual doubts that the issue has been given sufficient or appropriate attention, the individual should report the matter to higher levels of management or the Compliance Line until satisfied that the full importance of the matter has been recognized. If a matter that poses concern regarding the safety or quality of care provided to a patient in the hospital is identified and was reported locally but thought to be unresolved, an additional avenue for reporting is available through notification to the Joint Commission. There will be no retaliatory disciplinary action taken against an employee who reports concerns to the Joint Commission.

Internal Investigations of Reports

We are committed to investigating all reported concerns promptly and confidentially to the extent possible. The hospital Compliance Officer coordinates any findings from investigations and immediately recommends corrective action or changes that need to be made. We expect all colleagues to cooperate with investigation efforts.

Corrective Action

Where an internal investigation substantiates a reported violation, it is the policy of the organization to initiate corrective action, including, as appropriate, making prompt restitution of any overpayment amounts, notifying the appropriate governmental agency, instituting whatever disciplinary action is necessary, and implementing systemic changes to prevent a similar violation from recurring in the future.

Discipline

All violators of the Code will be subject to disciplinary action. The precise discipline utilized will depend on the nature, severity, and frequency of the violation and may result in any or all of the following disciplinary actions:

- Oral warning;
- Written warning;
- Written reprimand;
- Suspension;
- Termination; and/or
- Restitution.

Measuring Program Effectiveness

We are committed to assessing the effectiveness of our Ethics and Compliance Program through various efforts. WRHS conducts self-monitoring, and the Compliance Committee conducts reviews of hospital ethics and compliance programs designed to assess facility implementation of the Code, policies and procedures, Compliance Line and related investigations, and monitoring efforts. These compliance process reviews permit the Compliance Committee to identify and share best practices.

by the reviewers and corrective action plans by the facilities that are reviewed. Through these reviews, we are continuously assessing the effectiveness of the Program and finding ways to improve it.


Acknowledgment Process

WRHS requires all colleagues to sign an acknowledgment confirming they have received the Code, understand it represents mandatory policies of WRHS and agree to abide by it. New colleagues are required to sign this acknowledgment as a condition of employment. Each WRHS colleague is also required to participate in annual Code of Conduct training.

Adherence to and support of WRHS' Code of Conduct and participation in related activities and training is considered in decisions regarding hiring, promotion, and compensation for all candidates and colleagues. New colleagues must receive Code of Conduct training within 30 days of employment.



Wise Regional Health System

 Affiliated with, but not controlled by, Baylor Health Care System or its subsidiaries or community medical centers

Acknowledgment Card

I certify that I have received the WRHS Code of Conduct and “A Supplement to Your Deficit Reduction Act Compliance Training Program.” I further certify that I understand the WRHS Code of Conduct represents mandatory policies of the organization and agree to abide by it.

Signature

Date

Printed Name
(as listed in personnel records)

Department: _____

Please check one of the following statements:

- I do know of a compliance issue/violation at Wise Regional Health System.
- I do not know of a compliance issue/violation at Wise Regional Health System.

Signature

Date