
CODE OF CONDUCT

FOR SWEENY COMMUNITY HOSPITAL



SWEENY
COMMUNITY HOSPITAL

You'll Know We Care

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Introduction

Overview

Sweeny Community Hospital is committed to providing high-quality patient and resident care and outstanding customer service in order to be the most trusted and respected healthcare provider in every community, market and integrated market we serve. Sweeny Community Hospital is also committed to full compliance with all federal healthcare program requirements, including a commitment to prepare and submit accurate claims consistent with the requirements of federal healthcare programs. To achieve this goal, we are driven by our commitment to our mission and our values. Our management philosophy is simple: focus on our people, on quality and customer service, and our business results will follow.

Sweeny Community Hospital's Code of Conduct (Code) describes the hospital's values, standards and expectations. The Code outlines the ethics Sweeny Community Hospital strives to maintain in its relationships with our patients, residents, employees, shareholders, customers, contractors and communities. We must make every effort to address any concern of non-compliance. The Code supports these efforts by promoting ethical and legal behavior as well as transparency across all aspects of the organization. It is never acceptable for any Sweeny Community Hospital officer, employee or contractor to ask or to be asked to act in any manner that is not in accordance with these standards of excellence.

Sweeny Community Hospital is engaged in a highly regulated business. Laws and regulations applicable to the Hospital are complex and include rules governing healthcare programs. The Code reviews many areas of potentially unethical and illegal behavior. It is not possible to list all activities that could raise compliance concerns. If you have a question or concern about any potential compliance matter, you should consult a supervisor, manager, director or the Compliance Department to be sure decisions made and actions taken reflect Sweeny Community Hospital's values and commitment to doing the right thing.

This Code of Conduct provides support to all Board Members, officers, employees and contractors so you have a clear understanding of Sweeny Community Hospital's commitment to act with integrity; expectations for acting with integrity inside and outside the workplace; tools for reporting questions and concerns regarding integrity matters; and available resources to learn more about integrity.

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Who Is Covered Under the Code of Conduct?

All Sweeny Community Hospital Covered Persons (employees, officers and Board Members) and all Covered Contractors, (independent contractors, subcontractors and vendors) are required to comply with the Hospital's Code of Conduct and policies and procedures. You must also comply with all applicable laws

and regulations, including all federal healthcare program requirements. Covered Contractors are encouraged to have their own compliance programs and are also expected to comply with the standards of Sweeny Community Hospital's Code of Conduct.

Sweeny Community Hospital's Compliance Program

Sweeny Community Hospital's Compliance Program ("Program") is a comprehensive effort to promote ethical and legal behavior that is in compliance with standards of performance. While detecting and preventing fraud, waste, abuse and policy violations are key components of our program, Sweeny Community Hospital also provides you with resources to help guide your conduct and answer your questions.

To promote compliance with laws, regulations and policies, Sweeny Community Hospital has established systems, processes and compliance committees at every level of the organization, from our facilities and locations to the Board of Directors. The Program is administered by the Compliance Department (Department) and headed by the Chief Compliance Officer. The Chief Compliance Officer reports directly to the Board of Directors, and the Department functions independently of Sweeny Community Hospital's operating divisions. The Department's mission is to maintain a structure and process that promotes ethical behavior and compliance with legal requirements and company policies, enhances quality care, and promotes accurate financial practices and organizational excellence.

Sweeny Community Hospital's Compliance Program is based on the Office of Inspector General's seven elements of an effective compliance program:

- Written Standards of Conduct
- Oversight
- Training and Education
- Monitoring and Auditing
- Performance Improvement
- Reporting Mechanisms
- Internal Response and Corrective Action.

What should I do if I feel that the practices in my location/department are in violation of the Code of Conduct?

You should raise this concern with your manager or supervisor. If you are uncomfortable doing so or if the situation involves your manager or supervisor, you may proceed to the next level of management or use another reporting mechanism discussed in the Code, such as reporting to the Compliance Department or to the Compliance Hotline.

All reported concerns are investigated. An investigation may reveal that there is a need for correction, education or clarification. The investigation may also reveal that other individuals had similar concerns and there is a need to address the matter facility/department wide. Sweeny Community Hospital appreciates an individual's willingness to uphold our mission by allowing us to address questions and concerns and implement appropriate corrective action when necessary.

Addressing Questions and Concerns

Your Obligation to Report

Reporting your concerns is an important part of the effectiveness of Sweeny Community Hospital's Compliance Program. You are required to report any activities that could be harmful to a patient, resident, family member or staff, illegal, unethical, or that violate the Code of Conduct, the employee handbook or any policy or procedures. You must also report suspected violations of any federal or state healthcare program requirements. It is not acceptable to overlook actual or potential wrongdoing. Concerns should be pursued until addressed appropriately. This means if you make a report to someone that is not addressed, you must keep reporting upward until you are confident the concern is being addressed.

How to Report A Concern

Concerns, complaints and potential violations of the Code or other Hospital policies may be reported to the Chief Compliance Officer or to the Compliance Department in various ways:

By mail, sent to:

Sweeny Community Hospital
305 N McKinney
Sweeny, TX 77480
Attn: -Compliance Officer

By emailing: jlane@sweenyhospital.org

By calling: the Compliance Hotline at 888.858.2244

By reporting the concern directly to the Chief Compliance Officer or to a member of the Compliance Department.

Sweeny Community Hospital's Compliance Hotline is available 24 hours a day, 365 days a year. An external vendor operates the Hotline, and calls are not recorded.

Regardless of how you report a concern, you may remain anonymous if you wish. To the extent possible, Sweeny Community Hospital will maintain the confidentiality and anonymity of your reported concern.

All concerns reported to the Hotline are taken seriously and will be addressed to the fullest extent necessary. Therefore, it is important to use the Hotline appropriately. Individuals who intentionally misuse the Compliance Hotline may be subject to disciplinary action.

How a Concern Is Addressed

When appropriate, you may be contacted by the investigator or designee either during or at the conclusion of the investigation to discuss the outcome. If you choose to retain your reference number and check the status of the report via the Hotline, you will be told if the report is currently open or closed. Investigative findings are not available to the Hotline representatives and will not be provided via the Hotline. In order to protect the rights of involved parties, you will not be told if any disciplinary action resulted from the call. You may witness changes, corrections or education taking place within the facility or location as a result of a reported issue.

Protection from Retaliation

Open communication of concerns regarding compliance or business ethics is important to the success of Sweeny Community Hospital's Compliance Program. Retaliation, retribution, intimidation or harassment of anyone who makes a good faith report regarding a possible violation of this Code will not be tolerated. Any supervisor, manager or employee who conducts or condones retribution, retaliation or harassment in any way will be subject to disciplinary action up to and including termination of employment.

What should I do if I feel retaliated against?

Sweeny Community Hospital will not tolerate retaliation in any form. If you experience retaliation, you should report it immediately to a supervisor, to the Compliance Department or to the Compliance Hotline so it may be addressed appropriately.



Your Obligation to Cooperate

All Board Members, officers and employees are required to cooperate with internal investigations. Sweeny Community Hospital prohibits destroying or altering any documents (whether written or electronic) associated with an investigation.

Sweeny Community Hospital prohibits lying to or misleading an investigator or obstructing an investigation by hindering collection of evidence.

Sweeny Community Hospital's policy is to comply with all reasonable and lawful requests for information and documents made by government officials. While Sweeny Community Hospital will comply with these requests, the law does not require disclosure of certain information, which may include, but is not limited to:

- Certain patient or resident information that may be protected by medical record privacy laws;
- Certain quality assurance information compiled by Sweeny Community Hospital in accordance with federal and state requirements; and
- Certain information collected as part of Sweeny Community Hospital's peer review process to review and evaluate the credentials of healthcare providers furnishing services in Sweeny Community Hospital facilities.

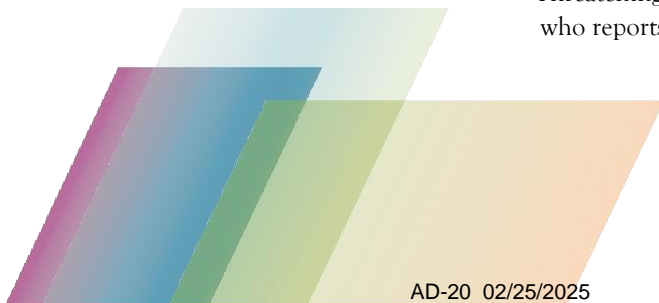
You must notify the Compliance Department immediately if a government agency or other third party is asking you for information regarding a suspected violation of law or if you learn that an agency is conducting an investigation of Sweeny Community Hospital.

Consequences of Non-Compliance

Failure to comply with laws and regulations can lead to serious consequences to you, your coworkers and to Sweeny Community Hospital. These consequences may include termination of employment, licensure actions, individual lawsuits, government investigations and prosecutions, prison, fines against you and Sweeny Community Hospital, exclusion from participating in state and federal health care programs, loss of credibility with investors and loss of respect from your peers.

Because failure to comply with laws and regulations can lead to such serious consequences, disciplinary action, up to and including termination of employment, will be taken against any employee for:

- Participating in or authorizing any violation of laws, regulations, Sweeny Community Hospital's Code of Conduct or Sweeny Community Hospital policies and procedures;
- Failing to report violations;
- Concealing violations;
- Refusing to cooperate with an internal investigation; or
- Threatening or retaliating against a coworker who reports a violation.



Providing Quality Care

Dedication to quality is demonstrated in our goals to understand our patients' and residents' expectations, to provide care and services in a timely and reasonable manner, to be responsive to concerns and to maintain patient and resident rights and dignity at all times while under our care. Each patient and resident is an individual entitled to dignity, consideration and respect. Patient and resident abuse or neglect is not tolerated at Sweeny Community Hospital. We promote ethical, innovative, professional and compassionate care within an environment that nurtures our patients' and residents' physical, social, emotional and spiritual needs.

Sweeny Community Hospital respects the rights of patients, residents and their families to participate in healthcare decisions and must inform them of their rights as required by law. This includes the right to participate in decisions on whether to consent to or refuse treatment. In certain instances, a patient's or resident's decision regarding care may conflict with Sweeny Community Hospital's policies. These kinds of ethical issues should be reviewed under Sweeny Community Hospital's policies and procedures and applicable state and federal laws. We are committed to providing information that will promote knowledgeable decisions.

Protecting Information

Sweeny Community Hospital is committed to ensuring the privacy and security of all protected health information (PHI) and personal information (PI) maintained on its patients, residents and employees. Federal and state laws, such as the Health Insurance Portability and Accountability Act (HIPAA) protect information we maintain on our patients, residents and employees. Sweeny Community Hospital has developed policies and procedures to ensure information is maintained confidentially.

Patient and Resident Information

All Sweeny Community Hospital officers, employees and contractors are required to maintain the confidentiality of patient and resident information. All patient and resident information, including names, social security numbers, diagnoses, treatment information, and other information related to patients and residents constitutes protected health information (PHI), regardless of whether the information is verbal, written or electronic. You should treat information entrusted to you as you would treat your own private information.

To ensure information security, Sweeny Community Hospital has implemented safeguards including:

- Encrypting mobile devices containing PHI
- Requiring passwords for Sweeny Community Hospital systems
- Limiting access to information to the minimum necessary based on job role
- Prohibiting unauthorized software on Sweeny Community Hospital devices
- Prohibiting texting PHI

You should never

- Take copies of medical records out of the work place without permission
- Leave PHI unattended and in plain view (including in your vehicle)
- Post PHI on social media without patient or resident authorization

Breaches of Protected Health Information

Any unauthorized acquisition, access, use or disclosure of PHI that compromises the security or privacy of the PHI is a breach that must be appropriately addressed.

If you become aware of a breach or potential breach of any PHI or PI, you should immediately report your concern to your Privacy and Security Contact and to Sweeny Community Hospital's Compliance Hotline. Sweeny Community Hospital may be subject to fines and penalties for failing to respond timely and properly to breaches. The Compliance Department will ensure that all federal and state notification requirements are followed.

Examples of potential breaches include:

- Misdirected faxes containing health information
- Lost or misdirected medical records
- Theft of medical records from a vehicle
- Discussing a patient's or resident's medical condition with a person not authorized to receive the information
- Allowing unauthorized people to sit in on interdisciplinary team meetings
- Posting pictures of patients, residents or their information on social media
- Sending emails to people who are not authorized to receive the information, such as by using the "reply all" feature.

Health Information – Integrated Care Markets

Protecting health information as our patients and residents move across the care continuum is especially important in our integrated care markets. Patients and residents have the right to choose their next level of care and should be provided all options. Patients, residents or their legal representatives must provide written authorization before we share their health information with Sweeny Community Hospital care transition managers.

What do I do if I accidentally send a fax containing protected health information (PHI) to the wrong number?

Any instance of misdirected PHI should be acted upon immediately. If a fax was sent to an unintended recipient, contact the individual by phone or fax to explain that the information was misdirected. Ask the individual to shred all documents received from the facility. You should notify your facility's Privacy and Security Contact and provide him or her with details of the error (subject matter, date, time, fax number used in error) and then follow steps in the potential breach of health information policy, including contacting the Compliance Hotline.

When reporting the breach to the Compliance Department or Compliance Hotline, you should be prepared to provide detailed information about what was contained in the fax so that an appropriate review can be completed. To prevent any future occurrences, regularly used fax numbers should be programmed into fax machines. PHI may be scanned and sent by email as an alternative method.

Proprietary Information

Confidential information about Sweeny Community Hospital's business is a valuable asset and is intended for use only within Sweeny Community Hospital. All information concerning Sweeny Community Hospital's finances, operations, products, policies, customers, development plans, computer programs and related information should be treated as proprietary and confidential. This information should not be released to anyone outside of Sweeny Community Hospital, such as competitors, suppliers, outside contractors or business associates.

Property, Equipment and Supplies

Sweeny Community Hospital resources should be used for authorized business purposes only. Sweeny Community Hospital assets, property, facilities, equipment and supplies should be protected against loss, theft, damage and misuse.

Employee Information

Sweeny Community Hospital employee and personnel files are also confidential. Only individuals authorized by Sweeny Community Hospital policy and state and federal law will have access to employee records.

Compliance with the Law

Sweeny Community Hospital is reimbursed for many services rendered under federal and state programs and, as such, is subject to a variety of regulations and requirements imposed by federal and state legislation designed to combat fraud and abuse and recover losses resulting from fraudulent activity. The Hospital is committed to complying with all health, safety, environmental and employment laws. Sweeny Community Hospital policies and procedures are written in accordance with these laws.

Preventing Fraud, Waste and Abuse

Sweeny Community Hospital is committed to detecting and preventing fraud and financial waste and abuse. Sweeny Community Hospital has developed and implemented policies and procedures to ensure compliance with the laws that govern our operations as a healthcare provider. In addition to written policies and procedures, Sweeny Community Hospital provides regular education to employees, agents and contractors on combating fraud, waste and abuse through general and role-based compliance training on applicable false claims laws including the federal False Claims Act and similar state laws.

The False Claims Act applies to Medicare and Medicaid program reimbursement and prohibits, among other things, billing for services not rendered; billing for undocumented services; falsifying cost reports; billing for medically unnecessary services; assigning improper codes to secure reimbursement or higher reimbursement; participating in kickbacks; and retaining an overpayment for services or items.

Violating the False Claims Act may result in civil, criminal and administrative penalties, including monetary penalties, imprisonment, exclusion from participation in federal healthcare programs and loss of licensure.

What are fraud, waste and abuse, and how can I identify them in my work environment?

FRAUD is a false statement - made or submitted by an individual or entity that knows the statement is false, and knows that the false statement could result in some otherwise unauthorized benefit to the individual or entity. These false statements could be verbal or written.

WASTE generally means overuse of services or other practices that result in unnecessary costs. In most cases, waste is not considered to be caused by reckless actions but rather misuse of resources.

ABUSE generally refers to provider, contractor or member practices that are inconsistent with sound business, financial or medical practices, and that cause unnecessary costs to the healthcare system.

Federal law and some state laws allow private citizens to file a lawsuit on behalf of the government and to share in a percentage of any monetary recovery or settlement. These laws and Sweeny Community Hospital policy prohibit retaliating or discriminating against employees, agents or contractors because of their initiation of, or participation in a lawful false claims investigation, report, claim or proceeding. These laws also provide for certain monetary awards and equitable relief to a prevailing plaintiff, including compensation for lost wages and reinstatement to a former position.

Summaries of these laws are posted on Sweeny Community Hospital's external website and on the Hospital's intranet (Blue Page).

If you have reason to believe that a Covered Person or Covered Contractor is engaging in false or fraudulent business practices or false or improper billing practices, you are required to immediately report that to the Compliance Hotline.

The following are examples of prohibited billing practices:

- Misuse or resident/patient trust funds
- Fraudulent or false accounting/record keeping
- Unauthorized payments of money to any organization or person, including payments or wages not earned
- Billing for services not provided
- Billing for medically unnecessary services
- Fraudulently changing procedure or diagnosis codes
- Billing for services by unlicensed or excluded individuals
- Improper or inaccurate MDS Assessment or other assessments used to determine payment amounts
- Billing for home health services when the patient does not meet homebound criteria

Kickbacks, Referrals and Bribes

Under the Anti-Kickback Statute, it is a crime to knowingly and willfully offer, pay, solicit or receive anything of value (called “remuneration”) to induce or reward referrals of any item or service paid under federal healthcare programs, including Medicare and Medicaid. Things of value take many forms and include kickbacks, bribes and rebates made either directly or indirectly. Prohibited conduct includes not only giving or receiving remuneration for patient and resident referrals, but also for giving or receiving remuneration in exchange for purchasing, leasing or ordering any good or service paid for under any federal health program. Even if there are legitimate business reasons for the remuneration, if one of the reasons you receive remuneration is prohibited, there is a violation of the Anti-Kickback Statute.

To ensure compliance with the Anti-Kickback Statute, Sweeny Community Hospital prohibits accepting or offering anything of value in exchange for the direct or indirect referral of patients or residents or business or in return for buying services or supplies.

Some examples of kickbacks, referrals and bribes may include, but are not limited to:

- Making payments to or receiving payments from referral sources that exceed fair market value
- Providing to or accepting from referral sources any free or discounted goods or services
- Establishing payment arrangements with vendors, suppliers or referral sources where reimbursement is based on the amount of volume of business rather than the value of the services provided
- Making payments or providing courtesies in exchange for referrals

The Physician Self-Referral Law, or Stark law, prohibits physicians from making Medicare and Medicaid referrals to a provider for designated health services when the physician or an immediate family member of the physician has a financial relationship with the provider. A financial relationship can mean ownership of, investment in or compensation from a provider. In addition, Sweeny Community Hospital is prohibited from submitting claims for services provided resulting from a prohibited referral. Unlike the Anti-Kickback Statute, the Stark law can be violated even if you do not have the intent to do so.

To ensure compliance with these laws, Sweeny Community Hospital requires a written agreement with all referral sources and with purchasers of Sweeny Community Hospital’s services when the hospital is the referral source. Contract review by the Compliance Department is not required, but may be requested, before agreements are finalized.

What should I do if I am unsure of whether an agreement with a contractor or a physician is appropriate or legal?

There are “safe harbors” under the Anti-Kickback Statute and “exceptions” under the Stark law that allow certain activities that could otherwise be construed as violating these statutes. If you have questions regarding a matter, you should not enter into the agreement or contract until you have verified with the Compliance Department that the agreement is legal and adheres to Sweeny Community Hospital standards.

Violating the Anti-Kickback Statute may lead to both civil and criminal penalties. Civil fines for violating the Anti-Kickback Statute can be up to \$50,000 for each violation. Criminal penalties include fines up to \$25,000, imprisonment up to five years, or both. In addition to other fines and penalties, you or the Hospital may be excluded from participating in federal healthcare programs.

Keep in mind that even if a service is not being paid under a federal healthcare program, there may be similar state and federal laws that apply to private payor patients and residents. You should contact the Compliance Department if you have questions.

Gifts, Gratuities and Bribes

Sweeny Community Hospital prohibits its employees from giving or receiving (or offering to give or receive) any gift, gratuity or business courtesy from a vendor, contractor or potential business affiliate if the value is more than nominal and is intended to or could be construed to influence business opportunities awarded to the vendor or contractor. Additionally, cash, gift cards or other cash equivalents are strictly prohibited regardless of the purpose of the gift.

Non-monetary gifts of nominal value, such as mugs, pens and calendars, may be given as a token of appreciation for a business relationship; however, these gifts should not be given routinely. Gifts to physicians must be logged on a physician gift log and cannot exceed the annual statutory limit for physician gifts.

Sweeny Community Hospital allows employees to attend social events with business partners in order to develop professional relationships or to discuss the services that Sweeny community Hospital provides. Attendance is acceptable as long as the event is reasonable and customary (such as a meal) and business is discussed. Attendance at the event must not be in exchange for referrals or be a solicitation of business, and attendance at such events must be infrequent.

A vendor that I do business with offered me tickets to a professional football game. I don't plan on using them but wanted to give them to my brother. Is this okay?

No, you may not accept the gift. Although Sweeny Community Hospital encourages establishing positive relationships with our business associates, accepting a gift in excess of nominal value, even if you don't plan to use it yourself, is strictly prohibited. Accepting such a gift, whether intended to do so or not, may create the appearance that Sweeny Community Hospital will be unfairly influenced to do business or continue to do business with that particular vendor. You should thank the vendor and politely decline the offer. Offers of gifts that may exceed nominal value must be disclosed to operations. If there are questions regarding the appropriateness of a gift, please contact the Compliance Department.

An employee, as part of their marketing process, drops off food to a case management office every quarter. Is this an acceptable practice?

No, this is not acceptable. Sweeny Community Hospital encourages positive relationships with business partners, but a case manager is in a position to induce referrals. Additionally, the gifts are seemingly in high frequency, which is against policy.

Further, no employee of Sweeny Community Hospital may solicit or obtain any improper personal benefit by virtue of his or her work or employment with the company. Exceptions may apply under specific laws. If you have any questions, please contact the hospital's Compliance Department.

Gifts and Loans from Patients, Residents and Families


At Sweeny Community Hospital, we help patients, residents and families through difficult periods in their lives. Patients, residents and families sometimes wish to show their appreciation for a job well done by giving gifts to their caregivers. These gestures are well intentioned, but accepting these gifts could have unintended consequences. Accepting gifts from patients or residents could give the impression that you are favoring the patient or resident or giving special treatment. It could also give the impression that you are taking advantage of the patient or resident.

Sweeny Community Hospital policy prohibits receiving cash or cash equivalents from patients, residents or family members. Sweeny Community Hospital policy also prohibits accepting gifts and tips from a patient or resident regardless of amount. If a patient, resident or family member offers you a gift, you should thank them for their generosity and politely decline the gift, citing Hospital policy.

For similar reasons, you must never request or accept personal loans from patients, residents or their families. In some states, accepting loans from patients or residents is against the law. In every case, it is a violation of Sweeny Community Hospital policy and is subject to disciplinary action up to and including termination of employment.

Gifts to Public Officials

As a general rule, federal laws and the laws of most states prohibit giving anything of value to government officials with the intent to influence the decisions of government. In accordance with these laws, Sweeny Community Hospital's policy is that nothing of value may be given to federal or state government officials.



Likewise, there are federal and state laws that define the circumstances in which a corporation can contribute to political campaigns. Sweeny Community Hospital's policy is that the organization will not contribute anything of value to the political campaign of any person running for office unless specifically permitted by law. The Vice President of Government Affairs manages all contributions on behalf of the **Hospital** and manages Sweeny Community Hospital's Political Action Committee (PAC). Questions regarding matters related to these activities should be directed to the Vice President of Government Affairs.

Securities and Use of Insider Information

During the course of your employment, you may become aware of material information not available to the public or information that would be considered important to an investor in deciding to buy, sell or hold securities in certain companies. Material information includes, but is not limited to, information regarding future earnings or other financial issues,, significant acquisitions

or dispositions, material litigation, changes in management or forthcoming articles or analyst reports about Sweeny Community Hospital. Information is considered to be nonpublic until it has been disclosed to the public and there has been sufficient time and opportunity for the financial markets to assimilate the information.

Federal securities laws prohibit you from buying or selling securities based on this nonpublic information that you come to know.

Additionally, you are prohibited from disclosing any nonpublic information you may come to know to any other person, except to those within Sweeny Community Hospital who need the information to perform their job functions.

Antitrust Laws

Sweeny Community Hospital's policy is to comply with the letter and spirit of the antitrust laws of the United States. These laws are designed to foster free and open competition in the marketplace. Sweeny Community Hospital employees should not participate in any discussion, understanding, agreement, plan or scheme – formal or informal – with any competitor or potential competitor that restricts competition. Examples of activities that could violate the antitrust laws include making arrangements or having discussions with competitors about prices, price levels and market territories, or refusing to deal with certain customers to other competitors.

Elder Abuse

Sweeny Community Hospital must report any reasonable suspicion of a crime committed against any individual who is a resident of, or is receiving care from, a long-term care facility, including hospice services provided at a long-term care facility. The suspected crime must be reported to one or more local law enforcement agency and to the Secretary of the Department of Health and Human Services (Secretary) or to the agency designated by the Secretary to receive such reports. The report must be made within two hours of forming a reasonable suspicion that a crime has occurred if there is a serious bodily injury, and within 24 hours of forming a reasonable suspicion that a crime has occurred if there is no serious bodily injury.

Health, Safety and Environmental Laws

Employees should be familiar with Health, Safety and Environmental policies and procedures that relate to their surroundings. This includes requirements designed to protect employees from potential workplace hazards.

Conflicts of Interest

A conflict of interest exists if you have an interest that interferes, or appears to interfere, with your responsibilities at work or may affect your judgment when working on behalf of the hospital. Sweeny Community Hospital's employees, officers and Board Members have a responsibility to put the interests of Sweeny Community Hospital and our patients and residents ahead of any other business interests. Sweeny Community Hospital's employees, officers and Board Members should not engage in any activities that conflict with Sweeny Community Hospital's interests.

Some situations that may give rise to a conflict of interest include, but are not limited to:

- A Sweeny Community Hospital employee accepts outside employment from or contracts with an organization that does business with Sweeny Community Hospital or is a competitor of Sweeny Community Hospital. While certain employees, such as nurses, are not prohibited from working shifts at another facility, this additional work must be disclosed to supervisors and should not interfere with the employee's work commitment to Sweeny Community Hospital or interfere with the employee's job performance at Sweeny Community Hospital.

Health, Safety and Environment Laws function by

- Regulating the handling and disposal of infectious materials, such as syringes.
- Directing the use of medical equipment and related reporting requirements.
- Guiding the use of protective equipment to prevent the spread of infectious diseases.
- Mandating the storage, security, handling and disposal of hazardous materials.
- Enforcing the use of safety and emergency plans.
- A Sweeny Community Hospital employee or an immediate family member has a material financial interest in a firm that does business with Sweeny Community Hospital or is a competitor of the organization where the financial interest

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Potential conflicts of interest must be disclosed to supervisors upon hire or as they occur. All reported conflicts must be reviewed by the Compliance Department. This includes any additional employment accepted while working for Sweeny Community Hospital. Directors and executive officers must disclose any potential conflicts of interest to Sweeny Community Hospital's Board of Directors. Potential conflicts of interest that are not approved or ratified by an employee's supervisor, the Compliance Department, Sweeny Community Hospital's Board of Directors or an appropriate committee of the Board of Directors, may subject the individual to appropriate action, up to and including termination of employment, taking into account appropriate and relevant facts. When in doubt, it is best to disclose.

Document Retention

All business documents and clinical records, in any form or medium, created or received by an employee are to be retained in accordance with applicable law and Sweeny Community Hospital policy. Sweeny Community Hospital has established policies and procedures for retention, preservation and disposal of such documentation. You should refer to these policies for guidance regarding document retention. Contact the Compliance Department with any questions related to Sweeny Community Hospital's retention guidelines.

Contractors and Vendors

Any independent contractor, subcontractor or vendor conducting business on behalf of Sweeny Community Hospital must adhere to all applicable laws and regulations. Entities are encouraged to have their own compliance program and are also expected to comply with the standards of Sweeny Community hospital's Code of Conduct. Contractors providing care on Sweeny Community Hospital's behalf must show proof of licensure, certification or other evidence of provider competency.

Contractors providing care on Sweeny Community Hospital's behalf must also show evidence that he/she does not possess a criminal conviction record or an exclusion that prohibits the contractor from working within Sweeny Community Hospital's criminal background screening policy. All vendors that create, receive, maintain or transmit protected health information while performing certain functions or services on Sweeny Community Hospital's behalf must sign a business associate agreement.

All contracts between Sweeny Community Hospital and vendors should

- Be in writing and for a specific term;
- Be on templates approved by Sweeny Community Hospital's Compliance Department;
- Contain a Fair Market Value assessment, where appropriate;
- Include a Business Associate Agreement, when appropriate;
- Not take into consideration the volume or value of referrals provided;
- Be reviewed by the Compliance Department if it involves physician services or other clinical services; and
- Comply with all provisions of state and federal healthcare programs, laws, and regulations.

Licensure and Certification

Based on your position at Sweeny Community Hospital, you may be required to maintain a license or certification in order to comply with state and federal laws. Each employee is expected to maintain such license or certification in good, active standing. Employees are responsible for renewing, verifying and

validating their information with the respective licensure or certification board. In the event that any disciplinary action is taken against a license or certification, the employee must report the action or potential action to their supervisor.

Exclusions Programs

Sweeny Community Hospital does not employ, contract with, grant privileges to, or enter into any type of arrangement with individuals, entities or vendors currently excluded by the Office of the Inspector General (OIG) or debarred by the General Services Administration (GSA) from participating in federal programs, including Medicare or Medicaid. In addition to federal exclusion programs, some states have enacted Medicaid exclusion lists. Sweeny Community Hospital does not employ individuals excluded under state exclusion lists. Before employing or conducting business with any person or vendor, the individual or business must be screened against both federal and state exclusion lists.

As an employee of or vendor for Sweeny Community Hospital, you are expected to immediately notify Sweeny Community Hospital if you receive notice that you have been placed on an exclusion list.

A list of those states that have enacted exclusion lists is available on the Compliance website on The Blue Page, Sweeny Community Hospital's intranet site.

Discrimination-Free and Harassment-Free Workplace

Sweeny Community Hospital operates as an equal opportunity/ affirmative action employer and prohibits all forms of discrimination and harassment due to a person's race, color, religion, gender, sexual orientation, military duty, age, national origin, disability or veteran's status, or any other basis protected by federal, state or local law. All Board Members, officers, employees and contractors share in the responsibility of preventing discrimination and harassment and should report any witnessed instances of this conduct.

To deliver on Sweeny Community Hospital's commitment to quality, we work toward the highest degree of performance, behave professionally at all times, and promote high standards and integrity. This includes communicating respectfully and behaving properly at all times.

Policies and Procedures

Sweeny Community Hospital's policies and procedures, along with this Code of Conduct, provide guidance on how to perform job responsibilities ethically and legally. Each employee must be aware of the policies and procedures that apply to his or her role within the Hospital.

What should I do if I experience or witness discrimination or harassment in the workplace?

You are encouraged and expected to report such occurrences through one of the methods Sweeny Community Hospital has provided to you. You may, as you find appropriate, report incidents to:

- your supervisor or manager
- a department director or CEO
- Human Resources
- Compliance Hotline (888.986.7962)

If you feel the matter has not been taken seriously, you are encouraged to continue pursuing the matter through the next level of management. For more information regarding this topic, please refer to the Sweeny Community Hospital Employee Handbook.

How can I be sure I am following the most current policies and procedures?

Enterprise and division-specific policies and procedures are found under the appropriate heading on The Blue Page. Employees can locate compliance reporting procedures are found on the Compliance Department website.

Commitment to Education and Training

Sweeny Community Hospital recognizes that education and training are critical to providing quality care and services, to providing accurate billing practices, and to conducting ethical and legal business operations. Sweeny Community Hospital has established training programs to provide detailed guidance on compliance issues and to ensure that each Hospital representative receives the information needed to perform his or her job functions appropriately.

As an employee, you will receive education about our Code of Conduct and our Compliance Program within 30 days of hire and annually thereafter through General Compliance Training. You are also expected to participate in job-specific (role-based) training requirements that provide education of state and federal law, regulations and requirements based on your specific line of business or role.

Minimum training requirements are established through the Compliance Program and the lines of business and must be completed and documented. Sweeny Community Hospital monitors training requirements in the Learning Management System (LMS). The LMS is available on The Blue Page and employees may log in to view their own specific required training, training in progress, completed training, a training catalog and license certification history. For specific requirements, please see the applicable policy on the Compliance website.

Role-Based Training Programs focus on:

- Fraud, waste and abuse
- Ethics and appropriate billing
- Documentation guidelines to support the requirements of participation in Medicare and Medicaid program
- Privacy and security of health information
- Patient/resident rights
- Interdisciplinary team process/care planning
- Anti-kickbacks, stark law and gifts

Certificate of Compliance

1. I have read the entire Code of Conduct. I have had the opportunity to ask any questions with regard to its contents, and I understand fully how the policies relate to my position.
2. I hereby acknowledge my obligation and agreement to fulfill those duties and responsibilities as set forth in the Code of Conduct and to be bound by these standards.
3. I further certify that, throughout the remainder of my association with the Hospital, I shall 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 discharge.

Signature

Date

Printed Name

Title/Position within the Hospital

Facility Name

Business Telephone Number (with Area Code)

The first copy is to be retained by the employee/officer/Board Member/contractor. The second copy is to be retained for the employee/officer/Board Member/contractor's record.

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