HEALTHQUEST

Health Quest Systems, Inc.

Corporate Compliance Program Manual

January 2019

HEALTHQUEST

Table of Contents

I. Introduction

The purpose of Health Quest Systems Inc's., ("HQ") Corporate Compliance Program (the "Compliance Program") is to promote the highest ethical standards and to conduct our business in compliance with all Federal and state health care program rules, regulations and standards, as well as other applicable laws, statutes, and regulations, with particular reference to the standards established by the Office of Inspector General ("OIG") of the Department of Health and Human Services ("HHS") compliance program guidance[1] as well as with the obligations of the HQ Corporate Integrity Agreement ("CIA"). This Compliance Program Manual ("Manual") defines the HQ Compliance Program and is applicable to all Workforce Members of HQ and its affiliates.

The HQ Compliance Program strives to create a culture of ethical conduct that promotes the prevention, detection, and correction of instances of behavior that do not conform to Federal and state law or any other health care program requirements. This Manual is not intended to fully address all applicable laws, regulations, or professional standards, but to outline our commitment to the implementation and maintenance of an effective Compliance Program. The Manual will be updated and revised regularly to reflect changes in the regulatory environment.

II. Mission and Values

HQ is committed to furthering its charitable purpose by providing the community with high quality and service excellence pursuant to the highest ethical, business and legal standards. These high standards must apply to all of our patients, other health care providers, companies with whom we do business, government entities to whom we report, and the public and private entities from which reimbursement for services is sought and received. HQ will not tolerate any form of unlawful or unethical behavior by anyone associated with the organization. To ensure that these expectations are met, the Compliance Program has become an integral part of our corporate mission and business operations.

III. General Standards

Cooperation with the Compliance Program

All HQ Workforce Members are required to fully support the implementation and on-going maintenance of the Compliance Program. Workforce Members must cooperate with all inquiries concerning possible improper business, documentation, coding or billing practices; respond to reviews or inquiries; and actively work to correct improper practices. Success of the HQ's Compliance Program is the responsibility of all Workforce Members.

Honest, Ethical and Lawful Conduct

HQ further expects all Workforce Members to comply and be familiar with all Federal and state laws, rules, and regulations that govern their job or work, and with HQ's policies, procedures and standards implemented to help ensure compliance with these rules and regulations. All physicians and providers, coders and billing personnel are expected to comply specifically with Federal and state requirements regarding medical necessity, documentation and coding. Workforce Members must avoid any action that they believe may violate laws, rules or regulations, both in business and business-related personal matters. If Workforce Members are unsure whether an action is lawful,

[1] https://oig.hhs.gov/authorities/docs/cpghosp.pdf;
https://oig.hhs.gov/fraud/docs/complianceguidance/012705HospSupplementalGuidance.pdf

they are expected to refrain from taking further action until they check with their supervisor or the Chief Compliance Officer.

IV. Compliance Program Manual

The HQ Compliance Program includes eight (8) core elements developed based on the expectations of OIG, and the New York State Office of the Medicaid Inspector General ("OMIG").

Element I - Written Policies and Procedures and Code of Conduct

Written Policies and Proedures

To help ensure our business is conducted in accordance with Federal, state and local laws, professional standards, and applicable Federal health care program requirements, HQ has implemented many compliance policies, procedures, and standards. Every Workforce Member is expected to be familiar, and comply with, HQ policies, procedures and standards applicable to their job responsibilities. Strict compliance with Compliance policies and procedures is a condition of employment and, therefore, violation of any of these standards may result in disciplinary action up to, and including, termination of employment or severance of our business relationship.

Code of Conduct

To further promote adherence to the HQ Compliance Program and established policies and procedures, HQ has implemented a Code of Conduct. The Code of Conduct is a reference guide that describes HQ's standards and iterates the organization's core values and cultural attributes. All Workforce Members and agents are required to sign a Code of Conduct Acknowledgement at the time of employment or initiation of a business relationship with HQ, and annually, to ensure receipt, comprehension, and adherence to HQ standards.

Compliance Program policies, procedures and the Code of Conduct are available at all times via the HQ internet and intranet websites. Annually, and more frequently as appropriate, HQ will assess and revise, as necessary, policies and procedures and the Code of Conduct in accordance with the Office of Compliance, Internal Audit and Privacy ("OCIAP") "Operating Procedure for Policies and Operating Procedures."

Workforce Members are expected to perform his or her duties in good faith, and with due care that a reasonably prudent person in the same position would use under similar circumstances. Any attempt to circumvent the law by inappropriate means or questionable interpretations is strictly prohibited. Leadership at every level will embrace the obligation to provide training, leadership, guidance, and help to HQ Workforce Members meet the expectations outlined in the Code of Conduct and in written policies and procedures. HQ ethical standards mandate an affirmative duty on the part of all Workforce Members to report any actual or suspected breach of ethical standards. This includes, but is not limited to, fraudulent, unethical, illegal, wasteful, abusive, or questionable behavior in the workplace. This mandate and obligation applies equally to all HQ Workforce Members and leadership positions. Moreover, every HQ Workforce Member has an obligation to be honest in all dealings with clients, patients and their family members, vendors, third-party payors, medical staff members and other providers, and other HQ Workforce Members.

Medical Billing and Coding Policies and Procedures

HQ will take proactive measures to ensure only claims for services that are reasonable and necessary, given the patient's condition, are billed. We take great care to assure all billings to the government, third-party payors, and patients, are accurate and conform to all applicable Federal

and state laws and regulations. Physicians and other providers are expected to exercise sound ethical and professional judgment with regard to recommending and ordering tests to treat and diagnose patients. Documentation to support the submission of claims must be complete, must evidence the delivery of the service, must demonstrate that services were provided at the level billed, and were medically necessary. All services performed and/or ordered must be within the scope of the ordering provider's medical or clinical licensure.

We prohibit any Workforce Member or agent of HQ from knowingly presenting, or causing to be presented, claims for payment or approval that are false, fictitious or fraudulent. HQ monitors and verifies that claims are submitted accurately and appropriately.

Element II - Compliance Officer, Compliance Committee and High-Level Oversight

Chief Compliance Officer

The Chief Compliance Officer ("CCO") has been appointed to maintain and oversee the day-to-day operations of the OCIAP. The CCO is the focal point for compliance activities for all affiliates of HQ and is responsible for the development, implementation and oversight of the daily operation of the Compliance Program.

The CCO has the express authority to review all documents and other information that is relevant to compliance activities, including but not limited to: patient records, compensation documents, billing records, records concerning marketing efforts, and records of arrangements with other parties. The CCO will also be informed of, and have access to, all information concerning overpayments made to HQ and all pertinent audits, reviews or investigations by any state or Federal governmental agency.

The CCO reports directly to the HQ Chief Executive Officer ("CEO") and to the HQ Compliance and Audit Committee of the Board of Trustees ("Compliance and Audit Committee").

Board of Trustees ("Board")

The Board is ultimately accountable for oversight of the Compliance Program, and conducts that oversight through its Compliance and Audit Committee. The Compliance and Audit Committee is composed of members of the Board and includes independent (non-executive) members..

Each member of the Board is required to sign a resolution annually that summarizes its review and oversight of HQ's compliance with the obligations of the CIA and with Federal health care program requirements.

Compliance and Audit Committee

The Compliance and Audit Committee works with the CCO and is responsible to oversee the effectiveness of the Program and ensuring the OCIAP is sufficiently resourced based upon an assessment of risk and the need for program improvement. The Compliance and Audit Committee is further responsible for evaluating the performance of the CCO and Executive Compliance Committee ("ECC").The CCO provides regular reports (at least quarterly) and recommendations concerning compliance and privacy matters to the Compliance and Audit Committee. The Compliance and Audit Committee receives training and education on the structure and operation of the Compliance Program and Board member responsibilities. Its members are expected to be knowledgeable about compliance risks and strategies, to understand the measurements of outcomes, and to periodically assess the effectiveness of the Program. The Compliance and Audit Committee, at its discretion, issues directives concerning compliance matters to the CCO and/or other Senior Leadership, who carries out such directives. The Compliance and Audit Committee

meets at least quarterly and maintains minutes of its meetings and actions (See the "Health Quest Systems, Inc., Compliance and Audit Committee Charter"). Members of Senior Leadership may be invited guests to Compliance and Audit Committee meetings.

Executive Compliance Committee ("ECC")
HQ has established an ECC whose charter outlines executive-level accountability for the oversight of, and guidance to, the HQ Compliance Program and, more specifically, to the CCO and the OCIAP (See the "Health Quest Systems, Inc., Executive Compliance Committee Charter"). The ECC, comprised primarily of Executive Leadership, meets on at least a quarterly basis and has overall responsibility for the continued improvement of the performance of the Compliance Program, supporting a culture of compliance, and, through the CCO, ensuring compliance system-wide. The CCO serves as chair of the ECC.

HQ's executive officers, including the CEO, recognize the importance of having a robust and effective Compliance Program as being critical to the success of the organization across all lines of business. Certifying members of Executive Leadership (as defined by the CIA) are required to sign an annual certification indicating their respective departments are in compliance with applicable Federal health care program requirements and the obligations of the CIA.

Senior Leadership
An effective Compliance Program must have the support of Senior Leadership to be successful. Senior Leadership is expected to be actively engaged in ongoing communications regarding requirements of the Program and to ensure the Compliance Program is implemented in their areas of operational responsibility.

Element III - Effective Training and Education

The CCO, working with Human Resources, Senior Leadership, the ECC, and external resources as necessary, develops and oversees the implementation of organization-wide Compliance Training and Education ("CTE") programs. To help educate Workforce Members and other agents of HQ on policies and procedures, HQ utilizes computer-based training ("CBT") platforms. Senior Leadership is responsible to ensure that online compliance courses are completed by their operational departments. Compliance education for Workforce Members is divided into three general categories:

1) New Hire Orientation;
2) Annual Training; and
3) Specific Education

New Hire Orientation (NHO)
All Workforce Members receive a mandatory introduction to the HQ Compliance Program during NHO. The NHO presentation, at a minimum, includes information on the following aspects of the Compliance Program:

- Explanation of the structure and operation of the Compliance Program, including expectations of Workforce Members to comply with Compliance Program requirements and requirements of applicable Federal and state health care programs;
- HQ's CIA Obligations;
- Promotion of a culture of compliance;
- Code of Conduct, and compliance-related policies and procedures;

- Compliance hotline, and the HQ Compliance Disclosure Program;
- HQ's policies addressing Federal and state false claims act provisions and penalties, and whistle-blower protections;
- Organizational expectations for reporting problems and concerns, and the non-retaliation policy;
- Various other Compliance Program policies, procedures and topics, i.e., the Anti-Kickback Statute, Stark Law, identification and repayment of Overpayments and other areas of high risk for potential fraud and abuse; and
- Privacy and Confidentiality (HIPAA).

Workforce Member Annual Training
Workforce Members are required to complete CTE annually. Completion of Annual Training is mandatory and covers the same topics as noted above in NHO as well as additional key compliance policies and procedures. CTE materials are updated regularly, as needed. Failure to complete the assigned Annual Training can result in suspension until such time as the assigned courses are completed.

Workforce Member Specific Education
Workforce Members also receive specialized compliance education as deemed necessary based on any identified potential non-compliance and may include emerging compliance industry risks identified by the OCIAP.

Medical Staff Training
HQ Medical Staff receive compliance education at the time of their initial appointment and every two years upon re-credentialing.

CIA Management Certification Training
At least annually, Certifying Workforce Members (as defined in the CIA) receive additional education regarding their responsibilities for monitoring and oversight of activities within their areas of authority. Based upon this education, Certifying Workforce Members certify annually that their respective departments are in compliance with applicable Federal health care program requirements and obligations of the CIA.

Board Member Training
All new members of the Board receive compliance training that addresses:
- Corporate governance responsibilities of board members
- The responsibilities of health care Board Members with respect to review and oversight of the Compliance Program, specifically, to include the risks, oversight areas, and strategic approaches to conduit oversight of a health care entity.

Annually, OCIAP, in collaboration with the Legal Services Department, provides updated compliance education to all active Board members.

Vendor Education
Identified vendors who present on-site at an HQ facility, are registered in a third-party vendor credentialing software system. These vendors are required to complete education and attest to the HQ "Vendor Code of Conduct" as part of the credentialing process and annually thereafter.

Vendors considered to be Covered Persons as defined under the CIA, are assigned annual training and are required to submit acknowledgement of the "Vendor Code of Conduct" annually.

Element IV - Effective Lines of Communication

HQ has a Disclosure Program in place to receive, record, and respond to compliance inquiries or reports of potential instances of non-compliance. The Disclosure Program fosters an environment that encourages HQ's Workforce Members to report concerns without fear of retaliation. Further, Workforce Members are required to promptly report, in good faith, suspected or actual violations of HQ's Code of Conduct, compliance program policies and procedures, and/or with applicable Federal and state healthcare program requirements. The OCIAP maintains a confidential Disclosure Log and responds to, and investigates, each contact promptly. The CCO will ensure that documentation of all compliance inquiries and investigations are maintained and that corrective action is implemented, as necessary.

Reporting Methods

Workforce Members may report instances of perceived or actual non-compliance by contacting any of the following:

- Immediate Supervisor
- Department Director
- Compliance Team Member or OCIAP Department
- CCO
- CEO or any other member of Senior Leadership
- Compliance Hotline (allows for anonymous reports as desired)
- email account (compliance@health-quest.org)

Compliance Hotline

The Compliance Hotline ("Hotline") is a confidential resource available to Workforce Members and other interested individuals to report compliance violations, concerns, or questions. The Hotline has trained personnel available to speak with callers at a toll-free number, 24 hours a day, 7 days a week. The Hotline is not set up for caller ID and cannot trace calls. However, callers can offer their identity in order to provide information that may be necessary in an investigation. Information provided remains confidential to the extent circumstances and the law allow.

HQ Compliance Hotline
Confidential Phone Line Available 24/7
Phone: 1-844-Yes-WeComply
1-844-937-9326

The Compliance Disclosure Program is widely publicized through various mediums such as screen-savers on employee computers, internal social medical platforms, flyers, memos, etc.

Confidential, Anonymous and Non-Retaliatory Reporting

All Workforce Member concerns are handled and investigated in a confidential manner. To the extent possible under the law, the CCO will not disclose the identity of anyone who reports a suspected violation of law or who participates in an investigation. Reports can be made without fear of retribution or adverse consequences. Any form of retaliation against a Workforce Members or other interested individuals who made a report in good faith, or otherwise participates in the Program, is strictly prohibited. Annual Education will include detailed information to ensure all Workforce Members are aware of the Disclosure Program and the guarantee that their concerns can be reported confidentially, anonymously and without fear of retaliation.

In addition, to help maintain a compliant workplace, HQ has implemented an Exit Interview process to provide employees who are leaving the organization an opportunity to report compliance-related concerns.

Element V - Well-Publicized Disciplinary Standards

Workforce Members
Any Workforce Members who fails to adhere to the Compliance Program or Code of Conduct, and/or Compliance Policies and Procedures is subject to disciplinary action, up to and including termination of employment. Sanctions range from oral warnings to suspension, privilege revocation, and/or termination.

HQ has established written policies that define the level of disciplinary action that may be taken against Workforce Member when being disciplined for non-compliance. If, after thorough investigation, a compliance violation is confirmed, the CCO, Human Resources and leadership will determine the proper level of sanction. Disciplinary action will be taken on a fair and equitable basis and consistent with Human Resources procedures. The promotion and adherence to compliance is an element in evaluating the performance of all HQ Workforce Members.

Medical Staff
Non-employed credentialed Medical Staff members are evaluated relative to their respective hospital by-laws for failure to adhere to compliance policies and procedures and Code of Conduct.

Vendors
Vendors who fail to adhere to the HQ Compliance Program, Compliance Policies and Procedures, or Code of Conduct, are subject to potential severance of our business relationship.

Element VI - Effective System for Routine Monitoring, Auditing and Identification of Compliance Risks

Compliance Audits
HQ will audit, monitor, and conduct self-assessments to proactively identify and address real or potential issues of non-compliance consistent with OIG guidance.

Annually, the OCIAP will conduct a comprehensive Risk Assessment and Internal review to identify and address risks associated with HQ's participation in Federal health care programs, including but not limited to the risks associated with the submission of claims for items and services furnished to Medicare and Medicaid program beneficiaries.

Compliance and Internal Audits
OCIAP audits are conducted in a systematic and structured approach. This formal process is performed by individuals who are independent of the department being audited. The process involves identifying a risk area; determining the key objectives; detailing the scope and methodology to be utilized; selecting a sample; researching applicable regulatory guidelines; and producing a written report of findings, recommendations, and management responses to those findings and recommendations. Audits require agreement to the appropriateness of the management response by designated management.

Compliance Reviews
The OCIAP conducts Compliance Reviews involve determining compliance with a departmental process/policy or government regulation and may be performed as follow-up to an audit. This can include small random claims reviews, the review of compliance monitoring activities, management or Workforce Members interviews, and policy and procedure reviews. The Compliance Review results in a written communication of findings and recommendations to management and real time management responses.

Compliance Monitoring
The process of monitoring is typically performed by operational department Workforce Members, though the OCIAP is available to provide guidance and support to such efforts. Monitoring involves daily, weekly or other periodic spot checks to verify that essential functions are being adequately performed and that processes are working effectively. Monitoring may be conducted subsequent to an audit or review. Departments performing their own monitoring may be asked to share their findings with the OCIAP.

Independent Review Organization
In addition to the monitoring and auditing noted above, HQ will engage an Independent Review Organization to conduct a Claims Review annually, as outlined in the CIA.

OMIG Annual Certification
In addition, OMIG requires HQ, as a covered provider, to adopt and implement an effective Compliance Program that aligns closely to OIG guidance regarding the seven (7) elements, but requires implementation of an eighth element to specifically address non-retaliation, non-retribution and non-intimidation. HQ evaluates, and certifies to OMIG annually, that we have adopted and implemented an effective Compliance Program.

Corrective Action and Discipline Following Internal Compliance Audits
In response to audits, reviews or investigations that have identified issues of non-compliance, a corrective action plan may be required. Corrective actions may include, but are not limited to, the following:

- Informing and discussing with relevant Workforce Members both the violation and how it should be avoided in the immediate future;
- Suspending all billing of the services provided by a physician or provider, as necessary;
- Providing formal training and education to ensure that they understand the applicable rules and regulations;
- Conducting routine monitoring to ensure that the problem is not recurring;
- Refunding any past payments that resulted from improper bills and when applicable, voluntarily disclosing to an appropriate governmental agency;
- Imposing discipline, as necessary, consistent with OCIAP policy.

Reporting Corrective Actions
The CCO presents corrective action plans developed to the members of the ECC on a regular basis. The CCO should discuss any barriers identified in fulfilling the actions outlined in the plan to ensure proper support from Executive Leadership to address the barriers.

Element VII - Procedures and System for Prompt Response to Detected Offenses

Investigation of Potential Offenses

Violations of policies, procedures and standards of conduct have the potential to threaten HQ's status as reliable, honest and trustworthy amongst the Federal healthcare programs and to the community which it services. Upon notice of potential non-compliance, the CCO will initiate an investigation into the reported concern. The objective of such an inquiry will be to determine first whether a non-compliant issue exists or if there has been a violation of the Code of Conduct or applicable policies or legal rules. If an issue or violation does exist, the inquiry will attempt to determine its cause, so that appropriate and effective corrective action can be instituted. The investigation will be initiated as quickly as possible.

HQ will pay particular attention to instances of potential Overpayments, as outlined in the CIA. All identified or reported potential Overpayments will be immediately investigated. If an Overpayment could potentially be determined to be a Substantial Overpayment, the CCO will be notified and a further determination of whether the Overpayment is a Reportable Event will be made. Overpayments will be repaid consistent with established HQ policies and procedures.

Reportable Events

The CCO, in collaboration with the HQ Legal Services Department, will make a determination if any reports of noncompliance are determined to be a Reportable Event as defined in the CIA. Reportable Events must be reported to the OIG in writing per the obligations in the CIA. Additionally, appropriate steps may include an immediate referral to criminal/civil law enforcement authorities, a submission of identified overpayments to the appropriate payor, and/or a corrective action plan.

Remedy of Harm

Corrective or disciplinary action to immediately cease all current and future violations will be taken as appropriate following a thorough investigation. The CCO will take reasonable steps, as warranted under the circumstances, to remedy harm that may have resulted from inappropriate or criminal conduct. This may include, where appropriate, providing restitution to identifiable victims, offer forms or remediation and self-reporting and cooperation with governmental authorities. Further, in consideration of the nature of the event, HQ should assess the Compliance Program and make modifications necessary to ensure the program is effective in preventing further similar criminal conduct.

Ineligible Persons

HQ conducts screening against the OIG List of Excluded Individuals/Entities upon hire of new Workforce Members or at initiation of a business relationship with vendors, and monthly, to ensure that any Workforce Member, Board Member, provider or vendor has not been excluded from participation in any Federal health care program nor has been convicted of a criminal offense. If it is discovered that an individual or entity has become ineligible, as defined by the CIA, HQ will immediately remove them from any position for which compensation or items or services furnished, ordered, or prescribed by the individual or entity, are paid in whole or in part by a Federal health care program.

Further, Workforce Members and vendors have an obligation to disclose to HQ immediately if they become an Ineligible Individual or Entity.

Element VIII - Policy of Non-intimidation and Non-retaliation

HQ's non-intimidation and non-retaliation policy provides Workforce Members who makes a report, complaint, or inquiry in good faith, with protection from retaliatory action, including with respect to reporting of False Claims Act complaints and/or reporting to appropriate officials. HQ has a no-tolerance policy for intimidation of, or retaliation taken against, individuals making such good faith reports, complaints or inquiries and shall take disciplinary action against individuals who are determined to have intimidated or retaliated against such individuals.

V. Other Focus Areas of Compliance

Below are listed issues of concern and appropriate standards applicable to each area of concern.

Claims Development and Submission
HQ has an obligation to their patients, third party payors, and the Federal and state governments to exercise diligence, care and integrity when submitting claims for payment for services rendered. To uphold this obligation, HQ shall maintain honest, fair, and accurate billing practices. All individuals involved in the billing functions, including physicians, shall have experience and knowledge, and billing personnel shall be appropriately trained to perform all billing functions in accordance with Federal, state and local law.

Documentation
In addition to facilitating high quality patient care, HQ shall maintain a properly documented medical record that precisely documents what services were actually provided. The medical record may also be used to validate: (a) the site of the service; (b) the appropriateness of the services provided; (c) the accuracy of the billing; and (d) the identity of the care giver.

Medical Necessity: Reasonable and Necessary Services
HQ shall ensure that claims are submitted to a payor only for services that are medically necessary and that were ordered by a physician or other appropriately licensed individual. Upon request, HQ should be able to provide documentation to support the medical necessity of a service (or recertification) that was provided. If the patient requests or consents to a service that is not covered by insurance, the patient would be informed the service is not covered prior to the furnishing of such service.

Financial Accounting Records: Integrity and Accuracy
All financial reports, accounting records, research reports, expense accounts, time sheets, and other financial documents shall accurately represent the performance of operations. Workforce Members shall be trained, and their work shall be monitored to assure proper maintenance of information to comply with HQ's policy, accreditation standards, and any other such laws, statutes or regulations.

Retention of Records
All billing records that demonstrate HQ's right to receive payment from third-party payors, and all medical and other records that disclose the nature and extent of services furnished and the medical necessity for those services, will be retained in accordance with applicable Federal and state law. (Refer to the HQ "Document Retention and Destruction Policy" on *dimensions*.)

Compliance with Licensure and Competency Requirements
All physicians and other providers employed by HQ must be properly licensed pursuant to applicable state requirements, and HQ will take steps on a regular basis to ensure compliance and

basic competency. HQ will not submit any bill to a third-party payor for services provided by a physician or other provider who is not properly licensed.

Gifts, Payments, Loans and Entertainment

It is the policy of HQ and its Affiliates to maintain the highest standards of ethical conduct in its relationships with patients, visitors, suppliers and other agencies, firms and individuals with whom HQ has dealings. The solicitation of gifts, gratuities, favors or kickbacks by a Workforce Member is also prohibited. (Refer to the HQ "Gifts and Business Courtesies From Vendors Policy" and "Patient Gifts Policy" on *dimensions*)

Standards Relating to Confidentiality

Workforce Members are expected to treat confidential information obtained through their employment or service to HQ with the utmost confidentiality. Information learned about a patient's medical treatment or condition is considered confidential as a matter of law and should be treated with particular care. Various state and Federal laws and regulations further protect certain types of information about a patient, in particular, the Privacy and Security Rules under the Health Insurance Portability and Accountability Act ("HIPAA"). It is essential, therefore, that Workforce Members adhere to all applicable laws regarding the confidential and privileged status of medical records and communications. This information should be shared within HQ only as appropriate to ensure the optimum patient care and as provided in established policies regarding matters such as medical records, quality assurance, risk management, utilization review, administration, human studies and research. (Refer to the HQ Privacy and Security Policies on *dimensions*)

Conflict of Interest

HQ recognizes that Workforce Members associated with HQ have varied professional, financial and personal interests. HQ expects that these interests and commitments will be managed in a manner that does not harm HQ operations or reputation. A conflict of interest may exist in a variety of situations, including whenever a Workforce Member has an opportunity to use his or her position at HQ for personal gain or the gain of a family member or a friend; or when a person or group not associated with HQ might influence the work decisions of Workforce Members. A conflict of commitment exists when outside consulting or other relationships keep an individual from devoting appropriate amounts of time, energy, creativity or other personal resources to his or her HQ responsibilities. (Refer to the HQ "Conflict of Interest Policy" on *dimensions*)

Document History:

Original Implementation: November 29, 2017
Date Revised: January 9, 2019