



**CORPORATE  
COMPLIANCE  
PROGRAM**

**&**

**STANDARDS OF  
CONDUCT**

## Dear Hallmark Health Colleague:

Hallmark Health Corporation's ("HHC") Compliance Program and Standards of Conduct were designed to help you make ethical and appropriate choices and decisions. HHC has implemented this Compliance Program to demonstrate to those we serve (colleagues, patients, families, members of the community, and others) our commitment to quality, honesty and integrity. It gives me great pride to work at an organization that puts such an emphasis on high quality care, ethical decision making and compliance. I thank each and every one of you for your dedication to HHC's Mission and Vision.

As a provider of health care, much of what we do is reimbursed through federal and state government programs (such as Medicare and Medicaid). Also, as a health care provider, HHC operates in one of the highest regulated industries, if not the highest. There are so many federal and state laws, acts, statutes, regulations, policies and procedures that we are required to adhere to. Putting them all in one document would be close to impossible. Therefore, we have given you these Standards of Conduct as a road map to use whenever you are faced with a difficult decision or whenever you are unsure as to whether or not an activity, policy, process or decision is compliant. It is important to remember, however, that written standards cannot substitute for the good judgment, common sense, and personal commitment to integrity and honesty that is required for each of us to effectively meet the demands of our work responsibilities. If integrity, honesty and ethical behavior is the goal that we all strive towards, these Standards of Conduct are but one tool that we can use to help us reach that goal.

Complying with the laws and regulations that govern our activities is the responsibility of all of us. Dedication to achieving full compliance with these laws and regulations, as well as protecting our proud tradition of responsible, high-quality health care is something we must continue.

Please take the time to read this material carefully. If there is anything in the Compliance Program and Standards of Conduct that you do not understand, please call the Compliance and Integrity **HelpLine** at **1-888-517-8777**, or me, Tessa L. Lucey, Corporate Compliance Officer/Chief Privacy Officer. I can be reached directly at **781-979-3469** or at [tlucey@hallmarkhealth.org](mailto:tlucey@hallmarkhealth.org). We value your cooperation and help in carrying out the mission and vision that are so vital to HHC. We depend on it and we depend on you.

Sincerely,



Tessa L.C. Lucey, MHA, CHC

Corporate Compliance Officer/Chief Privacy Officer

## SECTION I | PURPOSE

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As members of Hallmark Health Corporation’s (“HHC”) workforce, we must be dedicated to supporting the highest ethical standards as we strive towards our Mission of “providing the highest quality health care to Boston’s northern suburbs.” This dedication is important because we all have a responsibility to each other, to our patients and their loved ones and to HHC as a whole to operate ethically and honestly. Not doing so could have a detrimental effect on our mission and on our ability to serve the members of our community.

The purpose of these Standards of Conduct is to provide, in one document, a statement relating to our belief in ethical, legal and professional behavior in all of our dealings inside and outside the organization. These Standards of Conduct are designed to be a point of reference for you whenever you are faced with making a difficult decision.

## SECTION II | APPLICABILITY

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All members of HHC’s workforce are responsible for adhering to these Standards of Conduct. We must not allow ourselves to compromise our compliance to these Standards of Conduct in any way regardless of our position. Employees, physicians (employed and contracted), trustees, students, volunteers, contractors and vendors of HHC are all accountable for complying with these Standards of Conduct. Customary practice, expediency or fear of insubordination should never justify unethical or illegal behavior (see box).

### EXAMPLES:

- **Customary Practice:** “It’s been done this way for years.”
- **Expediency:** “I didn’t have time.” or “My department is short-staffed.”
- **Fear of Insubordination:** “My boss told me to not say anything but to just do it.”

The standards outlined in this document govern our professional and business relationships with those that we serve. They include, but are not limited to, patients, their families, friends and loved ones, members of our communities, physicians and other providers, third-party payers, government regulators, vendors, contractors, consultants, co-workers and colleagues.

As a member of HHC’s workforce, you will be required to participate in education and training related to HHC’s compliance program and these Standards of Conduct. Failure to complete the requisite training will result in disciplinary action. Refusing to participate in compliance training will result in termination. Participating in mandatory compliance education and training is a condition of employment. There are no exceptions.

## **SECTION III | STRUCTURE**

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HHC is committed to high ethical standards in the conduct of its business through compliance with all applicable local, state and federal laws and regulations. To that end, HHC’s Board of Trustees has adopted a formal Compliance Program. These Standards of Conduct serve as an outline of the fundamental policies and elements of HHC’s Compliance Program.

HHC’s commitment to compliance starts at the highest levels of the organization. HHC’s Board of Trustees has pledged its commitment to ethical behavior, to these standards and to the operation of a Compliance Program for the organization. The Board of Trustees has appointed a Corporate Compliance Officer to operate and oversee the Compliance Program. HHC has established a Board-level Audit and Compliance Committee as well as an operational level compliance committee to advise and assist the Corporate Compliance Officer. The Audit and Compliance Committee consists of, but is not limited to, Trustees, Corporators and the Corporate Compliance Officer. The operational level compliance committee consists of senior staff representing various departments and expertise within the organization.

## **SECTION IV | REPORTING & NON-RETALIATION**

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We all have a responsibility to report violations or suspected violations to any laws, acts, statutes, policies, procedure or to these Standards of Conduct. Reports may be made to a manager, supervisor or to a member of the compliance department. Managers and supervisors are further required to report allegations reported to them and to report any known or suspected violations to any laws, acts, statutes or regulations that they discover

in the performance of their supervisory duties. Reports can be made to the Corporate Compliance Officer or to another member of the Compliance Department or can be made via the compliance *HelpLine*.

**Don't take the chance. Ignoring a problem will not make it go away.**

**If you see it, hear it or suspect it, *REPORT IT!!*  
Knowledge without reporting means you are involved.**

***HelpLine*  
1-888-517-8777**

**Anonymous reports are accepted. Anonymity cannot be guaranteed.**

***If you know of a violation but fail to report it, you could be considered a party to the violation.***

This means that if you have knowledge of a violation to a law, act, statute, policy or procedure or to these Standards of Conduct and you fail to report it and the violation is discovered (either

through internal means or through an external audit or investigation by federal or state authorities), you could be held responsible even if you were not the one committing the violation.

You should never fear retaliation or retribution for making a report. Anyone who ever feels retaliated against for making a report should contact the Corporate Compliance Officer immediately. Retaliatory behavior will not be tolerated at any level of the organization.

Contact numbers for the compliance department are located at the back of this booklet, are found on-line in phone directory, and are also available in various publications, announcements and e-mail notices developed by the compliance department.

## **SECTION V | ETHICAL DECISION MAKING MODEL**

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If you are ever faced with a difficult decision, you should always remember the E.T.H.I.C.S. model listed below.

- E** **EVALUATE** the situation. Know all the facts. Identify the real issues.
- T** **THINK** about your motivations. Why does this situation concern you? What are the motivations of all parties involved?
- H** **HELP** is available! Ask your manager, a supervisor, a member of the Compliance Department or call the **HelpLine**. Review your Employee Guidebook or seek guidance from Human Resources.
- I** **IMPACT** of your actions should always be considered. Is your action going to affect HHC's reputation? Your reputation? How will it look on the front page of the paper? How will family & friends feel?
- C** **CLARIFY** by referencing HHC's policies and applicable laws. Refer to these Standards for guidance.
- S** **STANDARDS OF CONDUCT** must be followed. Make the responsible choice, act accordingly. Remember that you are accountable for your actions.

## SECTION VI | RESPONSIBILITY & ACCOUNTABILITY

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As members of HHC's workforce, we are expected to exercise an appropriate level of responsibility. We are all responsible to each other, to the organization, and to those that we serve. We are responsible for what we do as well as for what we fail to do. All decisions we make, whether they be to act a certain way or *not* to act a certain way, will impact the end result. We all must recognize our responsibility and understand that we, as individuals, are all accountable for the choices, decisions, actions or inactions that we make.

We are all expected to conduct business in accordance with HHC's Values and with these Standards of Conduct. We must all exercise sound judgment and make decisions based on the best interests of HHC and of those that we serve.

## SECTION VII | RESPECT & DIGNITY

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HHC is committed to a policy of nondiscrimination and equal opportunity for all qualified applicants and employees, without regard to race, color, gender, religion, age, national origin, ancestry, disability, sexual orientation, pregnancy, physical or mental disability, medical condition, gender identity, ancestry, marital status, citizenship, veteran status or any other characteristic protected by law. We recognize the diversity of HHC’s workforce and we consider such diversity a valuable asset. HHC is committed to creating and maintaining a drug and alcohol-free workplace. We will foster a positive work environment free of abusive conduct, including sexual harassment or harassment on any other basis. We will treat others with respect and dignity. As a provider of healthcare services, HHC serves patients as well as their families and loved-ones. We further recognize that the definition of family may be different for different people. We shall not impose our own beliefs regarding the definition of family. We understand and respect that patients have the right to define family however they choose to define it.

## SECTION VIII | COMPLIANCE WITH LAWS, REGULATIONS, POLICIES & PROCEDURES

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As members of HHC’s workforce, we are responsible for complying with both “every day” laws and regulations as well as those specific laws and regulations that pertain to healthcare and to non-profit entities. We are all responsible and are expected to familiarize ourselves with the laws and regulations that pertain to our areas of responsibility. These Standards of Conduct are not designed to list out each and every law or regulation that

we must comply with. Rather, they provide a guideline for compliance. HHC addresses many, but not all, of the laws and regulations that govern our operations in our policies and procedures. Violating a law or regulation can result in serious consequences for both HHC

### EXAMPLES:

- ***Every Day Law:*** Stealing is stealing regardless of whether it is addressed in a health care specific law or not.
- ***Healthcare Specific Law:*** Some of the laws that govern referrals are specific to healthcare. An auto mechanic can refer a customer to his brother-in-law’s tire store but a physician who refers a patient to a physical therapy clinic owned by his daughter may be violating the law.

and for the person or people involved in the violation. Violations can adversely affect HHC's reputation as well as the reputation of those who violated the law, regulation, policy or procedure. Violations can also affect HHC's ability to provide services to our community. It is for these reasons that we must all conduct HHC business legally, morally and ethically.

HHC's policies and procedures have been designed so that members of the workforce have a point of reference that outlines responsibilities, minimum standards and expectations. Members of the workforce are expected to read and understand the policies and procedures that pertain to their area of responsibility. All HHC business is expected to be conducted in compliance with policies and procedures. You are encouraged to consult these written policies and procedures and to seek clarification from your manager or supervisor whenever you have reason to believe a policy or procedure is outdated, unclear or at odds with HHC's objectives. We are all expected to comply with the intent, as well as the letter, of the policy or procedure. Choosing to ignore a policy or procedure, refusing to comply with a policy or procedure, or purposely avoiding compliance by looking for loopholes in the policy or procedure is unacceptable behavior and goes against the spirit of these Standards of Conduct.

You may further be governed by a professional code of conduct or code of ethics. It is expected that you will also comply with any codes of conduct or codes of ethics that pertain to your profession or discipline.

We are all responsible for reviewing HHC's policies and procedures or seek guidance from a manager, supervisor, or executive or from a member of the Compliance Department whenever unsure about whether a law or regulation is applicable to any given situation. The Office of General Counsel should be contacted whenever an interpretation of legal requirements is necessary.

## **SECTION IX | AVOIDING CONFLICTS OF INTEREST**

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As a member of HHC's workforce, you are expected to avoid all situations which may compromise your judgment or come between your loyalty to HHC and any outside interest. If you have a conflict or a potential conflict, you are required to disclose that. HHC requires disclosure of conflicts so that you and the organization can both avoid even the appearance

of wrongdoing. Disclosure protects yourself and the organization from any charges or claims of misconduct or impropriety.

A conflict of interest is when an individual has other outside employment or business interests that interfere with his or her ability to comply with these Standards of conduct or with his or her ability to properly serve our patients. A

conflict of interest also exists when an individual uses HHC resources for his or her own personal benefit or for personal business purposes.

Acceptance of meals, tickets to shows or sporting events or other non-monetary items or services may violate this standard. There are only specific situations where you are allowed to accept items or services from outside agencies or individuals including vendors or pharmaceutical/ medical device companies or representatives. If you have any questions whether an arrangement violates HHC's conflict of interest policy, you should review your policies and procedures, consult with a manager, supervisor, or contact a member of the Compliance Department.

#### **EXAMPLES OF POTENTIAL CONFLICTS:**

- An employee is in a position to choose a new software vendor. His wife is the local sales person for the software company and gets a commission for sales. He chose her product despite the fact that it was more expensive and did not have all the features that some of the other programs had. This would be a conflict of interest.
- In her free time, an employee makes her own jewelry. She distributes marketing materials and sells her jewelry while on work time. She lists her HHC phone number and email address on her marketing materials. This would be a conflict of interest.

## **SECTION X | ANTI-KICKBACK, SELF-REFERRALS & GIFTS**

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One of the top priorities for federal and state investigators is the prevention of kickbacks and other payments to providers that violate federal and state law. In Massachusetts, we have both a federal and state anti-kickback law. There is another federal law, called Stark. The goal of Stark is to prevent physicians from referring patients to entities that they or members of their immediate families have a financial interest in. Massachusetts has a law that governs relationships with pharmaceutical and medical device companies. It is important to note that kickbacks and payments do not have to be made in cash. They can be made in many different forms. Anything of value can be considered

### EXAMPLES:

- Buying a car from a dealer who promises you free oil changes for a year is acceptable. Buying medical supplies from a vendor who offers you free items in exchange for your purchase might violate these laws.
- A vendor comes in to make a sales pitch for a new piece of medical equipment. He offers to bring in lunch. We cannot accept the lunch.

“payment” which is why we all need to be sensitive to these laws. These laws can become very confusing. HHC has specific policies and procedures that govern all of our relationships with referral sources and potential referral sources. If entering into these types of relationships is part of your job at HHC, you are responsible to know, understand and comply with these policies.

Because of these laws, agreements that in other industries may seem like a good idea, might violate one or more of these laws. Something as simple as accepting pens and pads from a vendor may be fine if you are in another industry. If you are in healthcare in Massachusetts and these items are being given by a pharmaceutical or medical device company, even though they are of nominal value, may result in a violation of the law. Also, because we are providers of healthcare, we can never be in a position where we are accepting tips or gratuities from patients or their family members. Even if the offer is nominal, it is not acceptable to accept a tip or gratuity from a patient or a member of their family ever.

If you are in a position to accept items from a vendor, make sure that it does not violate one of these laws or any of HHC’s policies or procedures. HHC has detailed policies that govern gifts. You should review this policy whenever something of value is being offered to you in your capacity as a HHC employee. Consult with a manager, supervisor or a member of the compliance department before accepting anything. Remember that even food items and meals might be prohibited.

## SECTION XI | FALSE CLAIMS & WHISTLEBLOWER PROTECTIONS

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As a health care provider, HHC receives payment from the federal and state government (i.e., Medicare, Medicaid, Tri-Care). As such, we are required to comply with both the federal and state false claims acts. These acts prohibit knowingly and willfully submitting false claims for payment to the government. The fines and penalties for

violations can very quickly add up and it is not uncommon to see amounts into the millions of dollars.

False claims take on many forms. They can be obvious such as billing for services never provided or billing twice for something that was provided once. They are sometimes not as obvious. A provider who files claims for a covered procedure even though providing a non-covered procedure is submitting a false claim.

We all play a role in ensuring that HHC only submits accurate claims. If you have reason to believe that false claims are being submitted, you have an obligation to report this. You should immediately contact the Compliance Officer or another member of the Compliance Department whenever you suspect false claims. You can also call the **Helpline** at any time.

#### EXAMPLES OF FALSE CLAIMS:

- A provider submits charges for office visits for patients that she never treated.
- A DME company charges for an electronic wheelchair when a manual wheelchair is provided.
- A podiatrist submits claims for specialized surgical services when routine foot care is being provided.

Both the federal and state false claims acts provide whistleblower protections for individuals who report violations of these acts. These are similar to our own internal non-retaliation policies. Basically, anyone who files a false claim report has internal protection against retaliation under HHC's compliance program and has protection under federal and state law.

## SECTION XII | CONFIDENTIALITY & SAFEGUARDING INFORMATION

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We are all custodians of the information that HHC maintains. Being a provider of healthcare, this information is often confidential, private, sensitive or proprietary. Proprietary information is information that is created by HHC for its own personal use such as policies and procedures. With very few exceptions, everything maintained in our medical record is considered private. It is not just the medical information. It also includes name, address, social security number, date of birth and a host of other identifiers. This means that it is not just a violation if information relating to someone's medical condition is

inappropriately disclosed. It means that it is also a violation if it is disclosed that a patient was here if that patient did not want anyone to know.

#### **EXAMPLES:**

- A woman has a seizure while waiting in line at Dunkin' Donuts and an employee there goes home and tells his wife what happened. That does not violate HIPAA since Dunkin' Donuts is not a covered entity under the regulation. If the same thing happened while the woman was waiting in our ED and a hospital employee goes home and tells her husband what happened, she has just violated HIPAA.
- An employee sees his estranged uncle in the ED. The employee calls his father and says, "Hey, Uncle Jimmy is here." The employee is careful not to disclose the uncle's diagnosis or condition. Turns out his uncle didn't want anyone to know he was sick. Even though the employee didn't disclose the uncle's condition, he has still violated HIPAA.

There are both federal and state laws that pertain to the protection of information and often how the information is handled in healthcare is different than how it is handled in other industries. HIPAA, the Health Insurance Portability and Accountability Act, is the most "famous" of these laws but it is not the only one. If you have access to private, protected or proprietary information, you are expected to know and comply with the applicable laws, policies, agreements and directives that govern its use, protection and disclosure. It is important to recognize that this responsibility governs protected

information in any form: paper, electronic, verbal and recorded. If the information is protected, the format is irrelevant.

## **SECTION XIII | QUALITY**

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HHC will provide high quality healthcare that meets the needs of the individual, family and community. We are all responsible for maintaining the integrity and quality of our job performance. As members of HHC's workforce, we are empowered to bring concerns, questions, suggestions for improvement or comments directly to a manager, supervisor or to an administrator without the fear or retaliation or retribution.

We must take note of any errors or problems with operations or systems that impact quality, even those that seem insignificant. Reports that could pose an immediate safety risk or a situation that puts the safety of a patient, co-worker or another individual in jeopardy, should never be made to the Helpline. These reports should be made to a

manager, supervisor or to the security department immediately in order to mitigate the immediate risk.

HHC shall only employ individuals who possess the necessary experience, education, and level of expertise needed to deliver superior quality health care. We will continuously look for ways to improve the services we provide. We will strive to always be sensitive and responsive to the needs of all that we serve. Lastly, we will communicate effectively with all areas of the organization and promote and encourage teamwork.

## SECTION XIV | USE OF ASSETS & RESOURCES

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### EXAMPLES:

- You call home (local call) using your work phone every afternoon to make sure that your kids got home from school safely. This, by itself, would not be a violation.
- You call your son (he is studying abroad in England) using your work phone every afternoon so you can avoid paying for the international call. This would be a violation.

HHC assets and resources are to be used for activities performed on behalf of HHC. Assets and resources must never be used for private reasons or for personal purposes except in limited situations where the use is incidental, it does not create a conflict of interest (as outlined above) and it is reasonable. You must never use HHC's assets and resources for your own personal gain. You are expected to treat HHC

property with care and to always comply with the laws, policies and procedures that have been established relating to the acquisition, use, maintenance, record keeping and disposal of HHC property.

Your work phone and computer are considered hospital property. Usage can be monitored. Your HHC email address is also considered hospital property and this can also be monitored. Using hospital property for your own personal gain or for illegal or unethical purposes would constitute a violation of these Standards of Conduct and, in certain circumstances, could also result in individual liability. If the use is illegal, HHC may be required to report the violation to law enforcement.

## **SECTION XV | AUDITING AND MONITORING**

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The Compliance Department will periodically audit and monitor adherence to these Standards of Conduct. Individual departments, including the Compliance Department, are responsible for performing audits to ensure that HHC business is carried out in accordance with the laws, regulations, policies and procedures that govern our operations. These audits and monitoring programs help HHC operate efficiently, report financial information accurately, protect HHC assets and help promote responsible fiscal management. Each department is responsible to audit and monitor their operations in their respective areas and to report violations or suspected violations to the compliance department. It is a violation of these Standards of Conduct to discover a violation or a potential violation and not report it. More importantly, discovering a violation or potential violation during an audit and failing to report it could put HHC's ability to provide services to its patients in jeopardy and could result in individual liability.

If requested, you are required to participate in any audits initiated by the compliance department. Compliance audits are performed to detect and prevent violations and to keep HHC in good standing. We are all on the same team and we all operate under the same mission and values. Refusing to participate in an audit, providing untruthful information or withholding information are all violations to these Standards of Conduct. Everyone is expected to do their part to ensure that HHC adheres to all of the laws, regulations, acts, statutes, policies and procedures that govern our operations. Performing audits is one tool that we use to make sure we all comply with this directive.

## **SECTION XVI | GOVERNMENT INVESTIGATIONS**

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It is HHC's policy to cooperate with government investigations. If you learn of a government investigation or if you are contacted by a government agency regarding an investigation, you should notify the Corporate Compliance Officer or the Office of General Counsel as soon as possible.

## SECTION XVII | MARKETING & FUNDRAISING

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HHC’s marketing programs and materials provide information about HHC, our physicians and our services to those that we serve. HHC’s marketing programs and materials shall only contain truthful, accurate, informative and non-deceptive information. As such, members of the medical staff, physicians and those responsible for clinical programs that are the subject of marketing materials are required to provide only accurate information and for correcting any inaccurate information that may be contained in any of these materials.

The use of HHC’s logos, trademarks, photographs or other images without permission from HHC’s Marketing and Public Relations Department is a violation of HHC’s policies and procedures and, therefore, a violation of these Standards of Conduct. If you wish to use an image of HHC, a logo, HHC’s name or trademark, contact the Marketing and Public Relations Department. This includes, but is not limited to, any and all marketing and advertising materials as well as any online postings. As a member of HHC’s workforce, you have a responsibility to make sure HHC’s name or other property is only used appropriately.

Similarly, all fundraising activities will be done honestly, fairly and without deception. There are additional regulations that govern fundraising activities for non-profit entities. Using HHC’s name, logos, trademarks, etc. for fundraising activities not authorized by the Fund Development office is prohibited. Attempting to raise funds for a charity using HHC’s name, letterhead, logos, etc. would constitute a violation.

### EXAMPLES:

- An employee uses HHC’s logo and starts a Facebook page without permission. This is a violation.
- An employee uses HHC letterhead and sends letters to area businesses soliciting funds for a charity walk she is doing. This would violate HHC policy and would violate the law. This could put HHC’s status as a public charity in jeopardy.

## SECTION XVIII | VENDORS AND CONTRACTORS

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Vendors and contractors doing business with HHC will be provided a copy of these Standards of Conduct and are expected to adhere to them. HHC uses a vendor

management system that requires registration and badge printing by vendors. All members of HHC workforce are required to verify vendor badges. In the event that a vendor is in your area without a badge, you should either ask them to go register and print a badge or, if you are uncomfortable doing so, you should call Security and let them know that there is a visitor in your area without a badge. It is all of our responsibilities to make sure that vendors have properly registered and have the appropriate clearance to be in one of HHC's facilities.

## **SECTION XIX | CONCLUSION**

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These Standards of Conduct apply to all members of HHC's workforce. Our actions as workforce members indicate our ability to use good judgment as well as our competence to work in the health care field. Members of the workforce who violate the standards outlined herein or who violate any law, act, regulation, statute, policy or procedure that govern our operations will be subject to disciplinary action up to, and including termination. Depending on the nature of the violation, HHC may also be required to involve outside agencies including, but not limited to, law enforcement and government agencies.

Use your judgment and make the right decision. Whenever the right decision is unclear, consult with these Standards or with HHC's policies and procedures. Involve a manager or supervisor whenever needed. Contact the compliance department or call the compliance **HelpLine** if you need guidance. We are all in this together. Adherence to these Standards of Conduct will ensure that HHC continues to be the system of choice in our region, with demonstrated service to and support from area residents and physicians.

## **CONTACT INFORMATION:**

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Compliance Officer  
(781) 979-3469

Compliance Manager  
(781) 979-6763

Compliance Specialist  
(781) 979-3582

 **Hallmark Health**  
**CORPORATE COMPLIANCE PROGRAM**  
**&**  
**STANDARDS OF CONDUCT**

**EMPLOYEE ACKNOWLEDGMENT FORM**  
**(PLEASE PRINT)**

I, \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Position)

an employee of \_\_\_\_\_  
(Campus)

hereby certify that I have received and read a copy of the Hallmark Health Corporation Corporate Compliance Program & Standards of Conduct. I understand my obligations to report any suspected violations of this program and these standards to my immediate supervisor, manager, a member of the Compliance Department, or the Compliance Helpline.

I further acknowledge that I have never been excluded, suspended, debarred, or otherwise deemed ineligible to participate in any and all Federal and/or State health care programs: and understand that while an employee, Hallmark Health Corporation will utilize pertinent government databases and other third party resources to ensure my eligibility status as required by relevant State and Federal mandates.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)