

Exhibit F

**Staten Island University Hospital
Annual Compliance Training
Self-Learning Booklet and Code
of Ethical Conduct
2013 - 2014**

Introduction

Welcome to Staten Island University Hospital's 2012-2013 compliance training program. As you know this program is mandatory for everyone associated with Staten Island University Hospital and is also required by law. In order to receive credit, you must review the entire program, complete the quiz and fill out the certification on the last page of this booklet. Please give your completed certification to your supervisor so that it can be kept in your departmental personnel file.

Every year state and federal governments increase their enforcement of the health care fraud and abuse laws by means of audits, investigations and information obtained from whistleblowers. The number of government audits continues to grow and the fines and penalties for violations have been increased dramatically.

Because we participate in the Medicaid and Medicare programs, it is more important than ever that everyone associated with the Staten Island University Hospital and the Health System knows the rules and plays by them at all times. This is not only a financial issue. It is a matter of protecting Staten Island University Hospital's and the Health System's reputation for providing excellent patient care in an environment that is open, honest and fair.

Thanks for taking the time to review this material.

A Message from Anthony Ferreri, President and CEO Staten Island University Hospital

As members of the Staten Island University Hospital community, one of our more important responsibilities is compliance. Health care is a complicated business with lots of government regulation. We have to understand and follow the law at all times. Compliance with the law helps us to achieve our mission of quality patient care and service excellence. In order to maintain our reputation for honesty and integrity we have to play by the rules and comply with all applicable laws.

Compliance is everybody's responsibility. One of the ways we measure your success as an employee is how well you carry out your compliance responsibilities. I urge you strongly to review this training program carefully and to ask questions if you do not understand any part of it.

At the end of the program you will be given the telephone number for our employee compliance help line. This help line is available 24/7 and you can make your complaint anonymously if that is more comfortable for you. I want you to use the help line to report any violations of law or any concerns you may have. You cannot be retaliated against for using the help line.

Staten Island University Hospital is committed to investigating and resolving every complaint we receive.

Thank you for helping us to achieve our mission.

**A Message from Greg Radinsky, Vice President, Chief
Corporate Compliance Officer, North Shore-LIJ Health
System, Inc.**

Thank you and welcome to our program. As many of you already know, one aspect of the new health care legislation is increased funding for governmental enforcement activities that are designed to reduce waste, fraud and abuse in the provision of health care.

Concerns over fraudulent and inaccurate reimbursement remain at the forefront of the regulatory landscape. The federal government, through the Office of the Inspector General of the Department of Health and Human Services, and the New York State government, through the Office of the Medicaid Inspector General and the New York Attorney General, are working hard to reduce fraud as a critical component of the overall reduction of cost of health care in the United States. Even though billing accuracy under the Medicare system has improved dramatically, Medicare still ranks second among all government divisions for fraud and abuse. Every part of our Health System will feel the effects of this increased enforcement in the coming year.

Compliance serves as a valuable control mechanism for the Health System. Think of it this way. You know how you can be driving down a highway and you see a car coming in the opposite direction which is flashing its headlights? That's because the other driver is trying to warn you that there is a speed trap ahead. That's what Compliance does. We act as a warning that unless we fix the problems we find, the government will take action. And that action can include fines and penalties, exclusion from the federal and state healthcare programs, and other serious consequences that can cost us money and our time and damage the Health System's reputation for quality and integrity.

So I hope that you will work with Compliance in the coming year to help identify and remedy waste, fraud and abuse in the Health System. Doing this will also increase the quality of the patient care we deliver and help us to continue to be a leader in the provision of effective and efficient health care.

Thank you.

The Code of Ethical Conduct

Within the Code of Ethical Conduct you will find the basic elements of Staten Island University Hospital's compliance program. This booklet is a guide to our program and provides you with important information about federal and state laws that govern fraud, waste and abuse in health care programs.

The Code contains the following commitments:

- A commitment to compliance and an explanation of our duty to comply with all applicable laws and our obligation to report any actual or suspected violations of the Code, Staten Island University Hospital and Health System policies and procedures and/or federal and state law. Staten Island University Hospital provides a confidential HelpLine that anyone can call to report a problem. Staten Island University Hospital will not permit retaliation against anyone who makes a good faith report to the HelpLine. All of the Compliance policies and procedures can be found on the Corporate Compliance page of Vital Stat, the Staten Island University Hospital's internal website. Certain of these policies and procedures will be highlighted during this program.
- A commitment to our patients, to provide high quality care, to ensure patient choice and the other rights guaranteed by the New York Patient's Bill of Rights, to make patient records that are accurate, complete and confidential, to comply with the requirements of the Emergency Treatment and Active Labor Act (known as EMTALA), to conduct research properly, to ensure that our credentialing process allows only appropriate providers to work in our facilities and to investigate and promptly report all adverse events.

- We also make a commitment to the government regulators. Perhaps the most important aspect of this is to ensure that our coding and billing result in claims that are accurate in all respects. Staten Island University Hospital can only bill for those goods and services that are actually provided to patients and that are medically necessary. We also are committed to full compliance with the Anti-Kickback Statute, which prohibits giving or receiving payments or any other benefit in return for patient referrals, purchases, leases or orders. Staten Island University Hospital also is committed to responding promptly and appropriately to all government inquiries, including preserving all records that may be required for them.
- The Code also describes the commitment we owe to each other as colleagues at Staten Island University Hospital and the Health System to avoid conflicts of interest and the use of confidential Staten Island University Hospital and Health System business data for personal gain. We must always put Staten Island University Hospital and the Health System's interests ahead of our own personal interests. We do not use our positions or confidential business information obtained in the course of our work for personal gain. We make sure that any outside jobs or positions do not conflict with our work at Staten Island University Hospital.
- Finally, in the Code we commit to working with our business partners in a fair and ethical manner. The Health System selects our vendors, suppliers and other contractors based on the quality, price, delivery and supply of their goods and services. We obtain these services only when there is a legitimate need for them. We do not accept any form of compensation that is designed to influence the selection process.

Provisions of the Policy on Gifts and Interactions with Industry

The following summarizes the Gift policy:

- Prohibits all gifts from industry, regardless of value, including food;
- Prohibits industry-sponsored meals in connection with educational programs, unless the program complies with the ACCME Standards for Commercial Support;
- Requires that all consulting and other engagements with industry be conducted according to the standards set forth in the policy, such as that the agreement for the work is in writing, the compensation is at fair market value and the work reflects one's own views, not those of the industry sponsor;
- Prohibits participation in industry-sponsored speakers' bureaus unless the academic investigator making the presentation is presenting the results of his research to peers and there is an opportunity for critical exchange;
- Requires industry representatives to visit our facilities by invitation only and only in non-patient care areas, with certain exceptions;
- Requires that industry support for research can only be accepted if the support will not influence purchasing decisions or research outcomes and is otherwise compliant with the policies of the Feinstein Institute for Medical Research and the Office of Grants and Contracts; and,

- Prohibits payment of industry support to individuals for Staten Island University Hospital and/or Health System projects; instead the payment must be made to Staten Island University Hospital and/or the Health System for the purpose of furthering an educational or charitable purpose of Staten Island University Hospital and/or the Health System.
- Co-marketing arrangements with Industry are now prohibited. Other arrangements with industry may be permissible, but they are often complicated. You must obtain an opinion from Compliance before providing services pursuant to such an arrangement.
- Finally, employees and others associated with Staten Island University Hospital and the Health System should never solicit gifts or grants from industry representatives.
- And you should know that in 2013 all health care providers will be required to publicly disclose all payments made to providers.

If you have any questions about the policy, please contact the Office of Corporate Compliance at 718-226-4355.

Conflicts of Interest

As an employee of Staten Island University Hospital, you have a duty to avoid conflicts of interest. You also owe a duty of loyalty to Staten Island University Hospital and the Health System.

What is a conflict of interest? You have a conflict if you or a member of your family is an owner, a part-owner, an employee of or is otherwise receiving compensation from a company that does business with Staten Island University Hospital and/or the Health System, seeks to do business with Staten Island University Hospital and/or the Health System, competes with Staten Island University Hospital and/or the Health System or solicits employees of Staten Island University Hospital and/or the Health System.

Another conflict of interest arises in the following situation. You are employed by an entity that competes with Staten Island University Hospital and/or the Health System unless the Chief Corporate Compliance Officer of the Health System or the Board approves the outside employment.

Our policy requires that if you have a conflict of interest you must disclose that conflict to the Chief Corporate Compliance Officer and allow him to make a decision as to whether the conflict should prevent you from participating in any decisions regarding that matter. You also must recuse yourself from making any decisions on that matter unless and until the Compliance Officer approves your participation in the matter.

Also, Staten Island University Hospital and Health System physicians and certain other key executives are required to fill out an annual conflict of interest disclosure form. You will be notified if you are required to do so.

It is important to remember that even if you are not required to fill out the annual conflict of interest disclosure form, you must disclose to the Chief Compliance Officer any situation that may create a conflict of interest. Please contact the Compliance Office for more information.

Finally, if you conduct research, you also must comply with Staten Island University Hospital's policy on conflicts of interest in research. Please review Staten Island University Hospital's policy on conflicts of interest and conflicts of interest in research if applicable.

The Deficit Reduction Act and the False Claims Acts

The Deficit Reduction Act of 2005 requires Staten Island University Hospital and the Health System to train our employees on the federal and state False Claims Acts and other laws that protect whistleblowers against retaliation.

The federal and state False Claims Acts establish liability when any person or entity receives payments from the government. Anyone who has direct and independent knowledge of false claim activity can file a lawsuit on behalf of the government to recover money paid for the false claim. The person who files the suit is known as a whistleblower. If the lawsuit is successful, the whistleblower receives a share of the money the government recovers.

It is illegal to retaliate against anyone who files a False Claims Act lawsuit by, for example, firing the whistleblower. Staten Island University Hospital and the Health System have a strong no retaliation policy. Please refer to the policy ADM I 61.5 “Non-Intimidation and Non-Retaliation Policy” and “Detecting and Preventing Fraud, Waste and Abuse” for more details.

Examples of false claims include:

- Billing for a higher level of services than were actually performed
- Billing for services that were not medically necessary
- Submitting a claim under one patient’s name when services were provided to another person
- Altering claims forms or medical records
- Billing for services provided by an unlicensed provider
- Submitting false or inaccurate pricing or rebate information on pharmaceuticals to a federal health care program

- Enrolling a beneficiary in a Medicare Advantage program without the beneficiary's consent

The new federal health care legislation amended the federal False Claims Act to add a new basis for liability. If an organization fails to return an overpayment within 30 days of identification, this can now constitute a false claim.

This means that any time Staten Island University Hospital knows that it has received an overpayment, the money must be returned to the government no later than 30 days after the overpayment was identified. If not, Staten Island University Hospital could be subject to false claims liability. This means that not only must the amount of the overpayment be returned, but the court can triple that amount and also impose additional monetary penalties and other sanctions.

The Anti-Kickback Statute

This law prohibits payments by Staten Island University Hospital to any referral source for the purpose of receiving referrals of patients, products or services that are reimbursed by Medicare, Medicaid or any other federal or state health care program.

Here at Staten Island University Hospital we do not pay for referrals and we do not accept payment of any kind for making or receiving patient referrals from other health care providers.

We accept patient referrals and admissions based solely on the patient's medical needs and on our ability to render the medically necessary services.

The prohibited kickbacks include not just giving money to physicians or other referral sources, but also any kind of gift or benefit or anything of value.

If you have a question about the Anti-Kickback Statute, please consult your supervisor, the Office of Legal Affairs or the Office of Corporate Compliance.

The Stark Law

This law prohibits physicians from referring patients to certain health care entities in which the physician or physician's family member has a financial interest. There are certain exceptions contained in the law. If a financial relationship with a physician is not properly structured and administered, legal violations for Staten Island University Hospital, and/or the Health System and the individual employee involved may result.

All Staten Island University Hospital employees who interact with physicians must know and understand the legal requirements for these arrangements. In particular, please note that Staten Island University Hospital cannot provide more than \$359 per year in non-monetary compensation or cash equivalents to non-employed physicians. Non-monetary compensation includes such items as meals at restaurants, gift cards, golf outings and condolence or congratulatory gifts.

If you work on physician employment, recruitment or other business relationships, you need to review the following policies. ADM I 52.2, "Business Courtesies to Potential Referral Sources." ADM II 27.1, "Office Space and Equipment Leases with Physicians and Others" and ADM I 52.1, "Compensation Valuation Methodology".

Emergency Treatment and Active Labor Act

The Emergency Treatment and Active Labor Act, known as EMTALA. EMTALA applies to all individuals presenting to a dedicated emergency department. Anyone presenting to an emergency department and requesting treatment for a medical condition is entitled to a medical screening examination. This examination must be of sufficient scope to conclude, with reasonable clinical confidence, whether an emergency medical condition does or does not exist. The examination cannot be delayed while the patient's health insurance coverage and/or method of payment are verified. If the facility cannot treat the patient, the patient must be stabilized before being transferred to another facility. And that facility must have the capacity and the ability to provide the needed medical treatment.

The Emergency Department also must maintain certain records, including a central log, an on-call list of physicians and records of patient transfers, for at least five years. Failure to follow these rules can result in fines and other penalties.

Accurate Medical Documentation

In addition to potential False Claims Act liability, many federal and state laws and regulations make it illegal to submit claims for payment that do not accurately reflect the services rendered, the identity of the person who rendered the service, the site where the service was provided or any other material fact stated on the claim.

Staten Island University Hospital requires every provider to maintain accurate and complete medical documentation.

The following billing and coding guidelines should be followed at all times:

- Medical records must provide reliable documentation of the services rendered
- The records must accurately reflect the service provided, the name and signature of the provider and the correct site where the service was provided
- All individuals who contribute to medical records must provide legible, complete, timely and accurate information
- Information considered to be part of the official medical record cannot be destroyed
- The documentation and coding of each good and service provided to the patient must match
- All errors must be identified and corrected

Accurate documentation, billing and coding is not just a financial issue. Good medical records are an essential part of providing high quality patient care.

Proper documentation is so important. Under the federal and state false claims acts, if a claim is submitted to the government for payment and the documentation and other rules haven't been followed, this can be found to constitute a false claim.

Office of the Medicaid Inspector General and Office of the Inspector General

The laws against fraud and abuse in health care are enforced by the Office of the Inspector General of the U.S. Department of Health and Human Services (known as the OIG) and the Office of the Medicaid Inspector General for New York (known as the OMIG).

The OMIG succeeded in avoiding costs of \$1.91 billion through various initiatives in 2010. The OMIG recovered approximately \$454 million in improper Medicaid payments as a result of their program integrity activities.

The OMIG's enforcement program is very active. In addition OMIG excluded 861 providers from participating in the Medicaid program and terminated 78. In addition, the OMIG created the Bureau of Compliance to assist providers with compliance issues.

The OMIG and the OIG are concerned with ensuring quality patient care. Failure to meet recognized standards for health care or providing services beyond the scope of the provider's professional qualifications are grounds for False Claims actions and/or other sanctions under the Medicare and Medicaid programs.

Both the OIG and the OMIG have voluntary self-disclosure processes where providers can disclose Medicare or Medicaid overpayments they have received and arrange to return those overpayments without being severely penalized. At Staten Island University Hospital and the Health System, we work to quickly identify inadvertent overpayments in order to rectify them and avoid fines and other penalties. Staten Island University Hospital must notify the payor within 30 days after identification of the overpayment and implement a corrective action plan within 60 days of identification of the overpayment.

Responding to Government Inquiries

Staten Island University Hospital has a policy concerning responding to government inquiries. The policy provides guidance on what to do when a government investigator, auditor or other government representatives ask for medical records, staff interviews or other information from Staten Island University Hospital or the Health System.

Here at Staten Island University Hospital, we cooperate with all lawful requests from government agents to examine records or interview staff in the course of an inquiry. However, we need to ensure that the inquiries are proper and that we provide appropriate responses to them.

The most important thing to know is this: you must notify the Office of Legal Affairs whenever you receive notice of a government inquiry that relates to Staten Island University Hospital. Certain routine inquiries, such as audit notices (which should be referred to the Chief Financial Officer) and routine unannounced site visits by the New York Department of Health regarding patient complaints (which should be referred to Quality) are treated differently. However, in general, you should notify Legal Affairs whenever you receive a request from government for Staten Island University Hospital records or staff interviews. Legal will handle it for you.

HIPAA Privacy

The Health Insurance Portability and Accountability Act (HIPAA) is one of the hottest issues in Compliance today. The government is very serious about health care providers and their employees complying with HIPAA. Non-compliance can result in serious fines and employees can even be sent to jail for merely looking at a medical record that employees were not authorized to view.

Additional laws have been enacted to further strengthen this law. All health care providers are now required to notify the federal government when confidential patient information is viewed or taken by individuals who are not authorized to see it and the data could be used to harm the patient. The fines and penalties for violations of HIPAA are now enormous – up to \$1.5 million per violation.

The media routinely publicizes instances where patient data is lost, stolen or otherwise improperly acquired. These media reports hurt health care providers' reputations. Here at Staten Island University Hospital we have to re-double our efforts to ensure that all patient information is kept confidential and is used only for appropriate purposes by authorized individuals.

The HIPAA Privacy Rule imposes restrictions on the uses and disclosures of Protected Health Information (PHI). It is important that you know and understand these restrictions so that you can do your job correctly.

Under the HIPAA Privacy Rule patients have certain rights with respect to their PHI. (All of these rights can be found in the Notice of Privacy Practices)

These rights are as follows:

- The right to access, inspect and copy a patient's own medical records

- The right to request restrictions on the release of a patient's medical records
- The right of the patient to opt-out of the patient directory while in the hospital
- The right to request an accounting of the disclosures made of the patient's medical records to outside entities
- The patient's right to request an amendment of his or her medical records and to receive a response to this request within 60 days
- The right to receive a Notice of Privacy Practices at the first treatment encounter
- The right to request and receive confidential communications concerning their PHI by alternative means
- The right to file a complaint with the Office for Civil Rights of the U.S. Department of Health and Human Service if they believe HIPAA is violated

PHI is all individually identifiable information about a patient's health care services or payment rendered for those services. PHI comes in many forms, including oral, written and electronic. Any communication of PHI is covered by HIPAA.

Examples of PHI include:

- The patient's name
- The patient's Social Security Number
- The physician's personal notes on a patient
- The patient's billing information (including health insurance carrier)
- The patient's date of birth
- The patient's medical record number and account number

Patient information should be used or disclosed only when required to perform your job duties. It doesn't matter who you are. If you are not involved in the treatment of the patient, you should not view the patient's medical record. Also, you should never access your own information. Failing to follow patient requests like, opting-out, is a violation of HIPAA. No one can obtain a patient's medical record without a signed authorization. Finally, it is important to always dispose of PHI properly. This means shredding it and disposing of it in locked bins. Do not throw out paper containing PHI in regular wastebaskets or dumpsters.

Employees should not discuss a patient's medical record unless it is necessary for them to perform their job duties. Telling others who do not need to know about a patient's protected health information is a HIPAA violation. Employees who are patients have the same rights as other patients.

Violation of these rules can result in fines and penalties for Staten Island University Hospital, in addition to criminal and civil liability for individual employees who violate HIPAA.

Patients are now much better informed about their rights than they have been in the past. If we violate HIPAA, patients are understandably going to make complaints, not only to Staten Island University Hospital but also to the federal and state governments. These complaints can result in fines and penalties for Staten Island University Hospital, in addition to criminal and civil liability for individual employees who violate HIPAA.

We also are now required to report to the federal government certain instances where patient information is lost, stolen or otherwise acquired by unauthorized persons. These reports can be made public. We do not want Staten Island University Hospital to get a reputation for failing to guard patient information. So please follow the HIPAA rules and when in doubt, consult your supervisor or the Office of Corporate Compliance to make sure you are doing the

right thing with patient information. If you become aware of any loss or other misuse of patient data, please call the Compliance HelpLine or report the matter to the Compliance Office.

In addition to protected health information or PHI, please remember that all Staten Island University Hospital and Health System business information, including employee data, should be treated as confidential at all times.

HIPAA Breach Notification

Certain kinds of improper disclosures of PHI must be reported to the federal government, in addition to notifying the person who's PHI has been disclosed.

"Breach" is defined as "an unauthorized acquisition, access, use or disclosure of unsecured, unencrypted protected health information which violates the HIPAA Privacy Rule and causes a significant risk of financial, reputational or other harm to an individual."

Anyone associated with Staten Island University Hospital who becomes aware of a breach or even a potential breach must notify the Office of Corporate Compliance immediately. Compliance and Legal Affairs will take the lead in making the determination as to whether the breach must be reported and the affected patients notified.

No one other than Compliance and Legal should attempt to make this determination or conduct an investigation into the alleged breach. Your responsibility is to notify Corporate Compliance. Compliance and Legal, along with any other appropriate departments, will handle the rest of the matter.

Please review Staten Island University Hospital's policy on HIPAA Breach Notification for more details.

HIPAA Security

Another aspect of HIPAA that is also very important – the Security rules, which require us to keep our electronic systems safe and secure at all times. That's why you must keep your password confidential and take other steps to ensure the security of our systems and the confidential information they contain.

Here is some additional information to help you comply with the HIPAA Security rules and safeguard patient information:

- Never share your log-on and password with anyone. This includes supervisors, managers, etc.
- Lock your computer or log off if you are going to be away from your workstation, even briefly.
- Store your data on network drives only. If you need to use a portable storage device, be sure to protect it at all times and store only encrypted PHI on the device.
- Finally, notify the IS Help Desk immediately if you lose your cell phone, laptop, Blackberry or other device.

Email, social media networks and programs like Instant Messaging can be a lot of fun and they are also useful. However, you have to be extremely careful when using them in the workplace or when referencing your workplace.

The basic principles for using Staten Island University Hospital's email are:

- Use our email system for Staten Island University Hospital business only.
- Do not forward Staten Island University Hospital email to a personal email account.
- Make sure that your emails are professional in all respects.

- Most importantly, email communication with patients or about patients must be treated with the same confidentiality as the written or electronic medical record.

You need to know and follow the special rules for email communication with patients, such as patient consent.

When emailing PHI outside of Staten Island University Hospital use “XSecure” in the subject line of the email.

No PHI is permitted on the hard drive of any desktop or laptop computer. All PHI must be located on the Network “P” drive for security.

Increasingly, Facebook is becoming a vehicle for business and personal communication. Staten Island University Hospital’s confidentiality Policy and the HIPAA rules apply equally to anything posted on Facebook that is patient health information or confidential business information.

Absolutely, no Staten Island University Hospital information should be posted on your personal Facebook account. This includes protected health information, stories about things that happened in the workplace and confidential business information. Even if it seems harmless or doesn’t identify a patient, you cannot put any Staten Island University Hospital information on your personal Facebook page. The same goes for Twitter and other social media networks.

Think before you act. Protect patient privacy and protect Staten Island University Hospital confidential business information.

Agreement Between Staten Island University Hospital and The New York State Attorney General

In 2005, Staten Island University Hospital entered into an Agreement with the New York State Attorney General in order to settle claims against Staten Island University Hospital.

The Agreement requires Staten Island University Hospital to implement the following:

- Corporate governance reform
- Code of Ethical Conduct
- Compensation reforms, and
- Self-reporting and filing of financial reports with the Department of Health
- Prohibits transactions between Staten Island University Hospital and board members and officers and/or entities in which board members or officers have a greater than 5% interest
- Requires an Independent Monitor to review Staten Island University Hospital compliance with certain terms of the Agreement and to ensure that there is no criminal influence over the operations of Staten Island University Hospital
- Requires prompt repayment of overpayments received for Medicaid claims submitted by Staten Island University Hospital

The Agreement also provides for fines and penalties whenever Staten Island University Hospital fails to comply with the terms of the Agreement. Staten Island University Hospital is committed to full and complete compliance with every requirement of the Agreement.

Corporate Integrity Agreement between Staten Island University Hospital and the Office of the Inspector General of the U.S. Department of Health and Human Services

In 2008, Staten Island University Hospital entered into a Corporate Integrity Agreement (commonly referred to as a “CIA”) with the Office of the Inspector General (“OIG”) of the U.S. Department of Health and Human Services to resolve allegations against Staten Island University Hospital.

The CIA is effective for five years. Staten Island University Hospital is totally committed to complying with every requirement of the CIA and will not tolerate any conduct that violates, or even appears to violate, the Agreement.

The CIA requires the following:

- Written compliance standards, including our Code of Ethical Conduct and policies and procedures. Staten Island University Hospital has policies and procedures to cover specific areas such as graduate medical education, billing, and behavioral science licensed beds. We review our policies annually to ensure they are accurate and up-to-date.
- Provide annual general compliance training for all employees. Staten Island University Hospital must also provide specific training for graduate medical education, billing, and behavioral science licensed beds for those employees who work in those areas.

We should all feel proud that for 2011-2012 the fourth year of the CIA, Staten Island University Hospital trained its workforce as required by the Agreement. Because we need to hit this mark every year, Staten Island University Hospital imposes sanctions on any individual who fails to complete the required training within the timeframe, up to and including termination of

employment. It is very important that you take and complete the training program so that you can avoid these sanctions and Staten Island University Hospital can achieve its goal of 100%.

The CIA also requires Staten Island University Hospital to engage an Independent Review Organization (known as an “IRO”) to perform reviews of billing and other practices.

Under the CIA, Staten Island University Hospital must screen all of its employees, and other individuals associated with Staten Island University Hospital, against the federal lists of providers who have been banned from participation in federal health care programs. An individual who has been banned cannot provide any services to Staten Island University Hospital and cannot bill for these services. Staten Island University Hospital also screens all associated individuals against the NY Department of Health excluded providers lists. These screenings are conducted periodically.

The CIA requires Staten Island University Hospital to self-report any overpayments it receives from the federal health care programs. Staten Island University Hospital must also self-report any probable violations of the CIA and/or the law.

The CIA requires Staten Island University Hospital to file annual reports with the OIG and to certify that the hospital has complied with all the terms of the CIA. Our third annual report was submitted and accepted by the OIG.

The CIA also requires that we evaluate the job performance of all Staten Island University Hospital employees based on their promotion of, and adherence to, the Code of Ethical Conduct. This means that one part of every employee’s job evaluation will assess whether the employee has complied with the Code of Ethical Conduct and Staten Island University Hospital’s compliance-related policies and procedures.

Corporate Integrity Agreement Exclusion Screening

The CIA requires that Staten Island University Hospital review the HHS-OIG and General Services Administration exclusion lists prior to the engagement of any Staten Island University Hospital employee, vendor, physician/dentist as part of the Screened Persons screening requirements referenced in the CIA.

Staten Island University Hospital screens the following Exclusion Lists initially and periodically thereafter:

- Office of the Inspector General (“OIG”) List of Excluded Individuals/Entities (“LEIE”)
- General Services Administration (“GSA”) Excluded Parties List System (“EPLS”)
- New York State Department of Health Exclusion List

Human Resources screens all new employees against the 3 Exclusion Screening Lists prior to employment and the Office of Corporate Compliance and/or its designee shall conduct periodic screenings thereafter.

Medical Staff Office screens all new Voluntary Physicians, Dentists, Nurse Practitioners and Physician Assistants against the 3 Exclusion Screening Lists prior to receiving privileges and in collaboration with Human Resources, and the Office of Corporate Compliance and/or its designee shall conduct periodic screenings thereafter.

The Office of Corporate Compliance will screen all vendors, contractors and agents against the Exclusion Lists **before** a contract or a purchase order is executed and **before** the vendor, contractor or agent provides any services to Staten Island University Hospital. All vendors are initially screened and then periodically thereafter by Corporate Compliance.

Departments engaging a vendor (including the leasing of space for hospital operations) are required to submit a: **“Vendor/Individual Exclusion Screening Request”** to Corporate Compliance prior to engaging any vendor.

In addition, under the Attorney General settlement agreement 2005-2017, vendors are required to complete a vendor oath attesting to the fact that they are not involved in organized crime.

Please contact Corporate Compliance at 718 226-1919 with any questions regarding obtaining a vendor oath for new vendors.

Corporate Integrity Agreement Reporting Requirements

Overpayments

Upon learning of an overpayment from a federal health care program, (other than those identified during a routine reconciliation), Staten Island University Hospital must notify the payor within 30 days after identification of the overpayment and implement a corrective action plan within 60 days of identification of the overpayment.

The corrective action plan should include the repayment and appropriate education where applicable.

Reportable Events

The CIA further requires that Staten Island University Hospital report any suspected violations of law or of the requirements of the agreement to the OIG.

A Reportable Event is defined as any situation that involves: a substantial repayment or; a matter that a reasonable person would consider a violation by Staten Island University Hospital of criminal, civil or administrative laws applicable to any Federal health care program for which penalties or exclusion may be authorized.

These events must be reported to the OIG as required under the CIA.

Corporate Integrity Agreement Requirements

The CIA requires that we evaluate Staten Island University Hospital employees' job performance based on their promotion of and adherence to the Code of Ethical Conduct.

The CIA also requires that we maintain the Employee HelpLine to receive anonymous, confidential reports of compliance problems. Confidential reports also can be made directly to the Compliance Office.

Staten Island University Hospital maintains a strict "no retaliation" policy for all employees who make reports regarding compliance issues.

All Staten Island University Hospital employees and individuals affiliated with Staten Island University Hospital have a duty to:

Immediately inform Human Resources if they are excluded, debarred, suspended, or any other event that makes them ineligible to participate in any health care program that receives federal or state funds.

Report any known overpayments made to Staten Island University Hospital that have not been refunded to the federal or state government – reference Staten Island University Hospital policy ADM I 57.8 "Refunding Overpayments to Federal Health Care Programs, (FHC) pursuant to the CIA".

Report any probable or actual violations of federal or state laws, rules and/or regulations relating to health care to the Office of Corporate Compliance or to the Compliance Help Line – reference Staten Island University Hospital policy ADM I 57.5 “Corporate Integrity Agreement Reportable Events”.

Adhere to Staten Island University Hospital's Code of Ethical Conduct and all compliance-related policies

Complete all applicable compliance training within the stated deadlines.

The hospital's policy entitled “Detecting and Preventing Fraud, Waste and Abuse” requires any employee who is aware of or reasonably suspects the preparation or submission of a false claim or report or any other potential fraud, waste or abuse related to a federal health care program to report this information to his supervisor or to the Corporate Compliance Office.

The CIA provides for stipulated penalties ranging from \$1,000 to \$5,000 per day for each violation of the CIA.

In the event that Staten Island University Hospital commits a material breach of the agreement, the CIA permits the OIG to seek the exclusion of the hospital from federal health care programs.

If the hospital is excluded from the federal health care programs, we would have to close our doors and cease operation.

We owe it to the community we serve to ensure full compliance with every aspect of the Agreement so we avoid these drastic consequences.

Duty to Report Compliance Violations

Everyone associated with Staten Island University Hospital has a duty to report compliance violations. These include: HIPAA, coding and billing issues, EMTALA violations, theft of company assets, Stark and Anti-Kickback violations, gift issues and violations of the Code of Conduct and Staten Island University Hospital and Health System policies and procedures.

There are a number of ways you can report a violation. You can report it to your supervisor, to the Office of Corporate Compliance or to the HelpLine.

The Compliance HelpLine

The HelpLine is a service provided by an outside vendor for Staten Island University Hospital and Health System employees, associates and patients. You can make a report by calling 800-894-3226 or by going online at www.northshore-lij.ethicspoint.com.

This service is available 24 hours a day, seven days a week. You can make an anonymous report or you can use your name or other contact information.

All reports received on the HelpLine are investigated and resolved as appropriate. You cannot be retaliated against for using the HelpLine to make a good faith report of an issue.

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Information about Compliance Issues and Resources

There are many sources of information about compliance issues. You can always consult your supervisor as a first step. You also can consult Staten Island University Hospital's Office of Corporate Compliance. You can review the Code of Ethical Conduct. You also can request a copy of the Code by calling the Corporate Compliance Office at (718) 226-4355.

The Staten Island University Hospital's Administrative, Compliance, Information Systems and Human Resources policies can be found on Vital Stat, Staten Island University Hospital's internal website for employees. Just go to Vital Stat, click on "Departments" on the lower left side of the home page and then on the Department whose policy you want to review.

The Administrative Policy and Procedure Manual for Staten Island University Hospital is located on Vital Stat.

The Staten Island University Hospital Office of Corporate Compliance is another great source of information.

Mike Scognamiglio is the Privacy Officer for Staten Island University Hospital, so you can get information about HIPAA from him as well.

All of the Compliance staff are ready to help you with any Compliance issue. Their contact information is listed below.

Staten Island University Hospital Compliance Staff are:

Regina M. Bergren, Deputy Compliance Officer and can be reached at **718-226-4572**

rbergren@siuh.edu

Michael Scognamiglio, Associate Compliance Officer/Privacy Officer and can be reached at **718-226-4630**

mscognamiglio@siuh.edu

Robert Abramson, Compliance Audit

Manager and can be reached at **718-226-5029**

rabramson@siuh.edu

Michele Bonomo, Compliance Specialist and can be reached at **718-226-4859**

mbonomo@siuh.edu

Elaine Burke, Procurement Associate and can be reached at **718-226-1919**

eburke@siuh.edu

Linda Galante, Compliance Coordinator and can be reached at **718-226-4355**

lgalante@siuh.edu

Members of the Corporate Compliance staff are:

Greg Radinsky, Vice President and Chief Corporate Compliance Officer and can be reached at
(516) 465-8327

gradinsk@nshs.edu

Melissa McCarthy , Director of Compliance Audit and can be reached at (516)-465-8887

malexand@nshs.edu

And here are some other resources:

The Office of Corporate Compliance is located at One Edgewater Plaza, 6th Fl, Staten Island, NY 10305. The Telephone number during business hours is 718-226-4355.

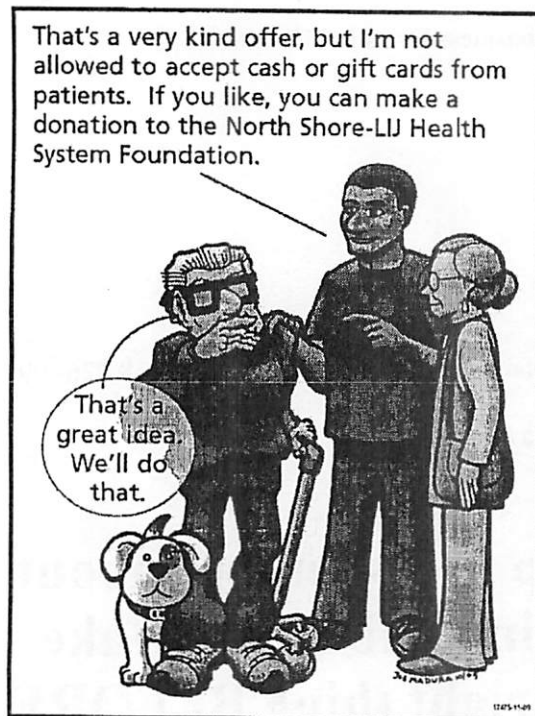
The Security Department can be reached at

- (718) 226-8494- North Site
- (718) 226-2203- South Site

The on-call attorney in the Office of Legal Affairs can be reached by calling 718 226- 9990.
This service is available 24 hours a day, seven days a week.

**The most important tip to remember about
Compliance is: when in doubt, ask. Make
sure you are doing the right thing BEFORE
you do it. Use Staten Island University
Hospital's compliance resources to get
answers and guidance.**

Champ on Gratuities



I'm so proud of you. You did a terrific job with Tom, but health system policy limits the type of gifts you may accept from a patient or family member.



If you have a compliance issue, call the Compliance Help Line at (800) 894-3226.

STATEN ISLAND UNIVERSITY HOSPITAL
CODE OF ETHICAL CONDUCT
“WORKING TOGETHER FOR QUALITY”

Code version 10 – March 1, 2011

Dear SIUH Colleague,

Staten Island University Hospital has a comprehensive Compliance Program that reflects our mission and core values and demonstrates our commitment to providing the highest quality patient care and to acting with absolute integrity at all times. We are committed to full compliance with all federal and state health care program requirements as well as with our own policies and procedures.

This Code of Ethical Conduct sets the foundation that we need to continue to keep the trust of our patients, our communities, our employees and those who do business with SIUH. The Code provides tools that help us to ensure that our work is done in an ethical and legal manner. It also contains resources that can help you to get assistance when you believe the Code may have been violated. You are required as a condition of your affiliation with SIUH to know the provisions of the Code and to report any activity that may constitute a violation of it.

If you become aware of any such activity, you should immediately report it to your supervisor, another member of senior management at your facility, or to the Office of Corporate Compliance at (718) 226-4355. You also can make a confidential report 24 hours a day, 7 days a week to the Compliance Help Line by calling (800) 894-3226, or by visiting www.northshore-lij.ethicspoint.com online. You can make a report anonymously if you choose to do so. No one should suffer any retaliation for asking questions or reporting concerns about the Code or about conduct you have observed in the workplace.

Compliance is the responsibility of every member of the SIUH community. We have a zero tolerance policy for violations of the Code, our policies and procedures and the requirements of state and federal laws relating to health care. We also seek to have a workplace where everyone is respected, treated fairly and valued. We expect everyone's actions to reflect the ethical standards set forth in the Code. I need your help and your commitment to achieving these important goals. I ask you to join me in working to maintain SIUH's reputation as a leader in the health care industry and a model of integrity and compliance.

Anthony Ferreri
President and Chief Executive Officer
Staten Island University Hospital

THE CODE OF ETHICAL CONDUCT

Our success in achieving our mission and vision is dependent upon maintaining our commitment to honesty, integrity, quality service and excellent care. We expect and require everyone affiliated with Staten Island University Hospital (SIUH) to perform their job duties and responsibilities in a law-abiding, honest and trustworthy manner.

SIUH is committed to an ethical environment founded on these principles of conduct:

- ! Treat patients, staff and the public with dignity and respect
- ! Abide by applicable laws, rules, guidelines and procedures
- ! Behave honestly and fairly and be truthful and accurate in all communications
- ! Use good judgment and high ethical standards in all business dealings
- ! Safeguard confidential patient and employee health and other private information
- ! Protect trade secrets, competitive and other business information
- ! Maintain accurate and timely records
- ! Strive for mutual respect and trust in work relationships
- ! Ensure a safe and healthy work environment
- ! Avoid conflicts of interest
- ! Guard against theft and misuse of SIUH property and other assets
- ! When in doubt about a situation, ask before acting

Our Code of Ethical Conduct (Code) provides guidance for you so that you can respond properly when compliance-related issues arise. It is designed to assist you in the performance of your job within appropriate moral, ethical and legal standards. The Code is not intended to cover every situation. Rather, it can help you to make the right decisions or ask the right questions. The Code and the associated SIUH policies and procedures apply to virtually everyone who has a relationship to SIUH, including, but not limited to, Board members, officers, employed and non-employed staff, vendors, volunteers, consultants and contractors.

Everyone must adhere to both the spirit and the letter of the standards of conduct set forth in the Code. Your job performance will be evaluated, in part, based on your compliance with the Code and with SIUH's compliance-related policies and procedures. Anyone who violates the Code or related policies and procedures will be subject to disciplinary action.

Certain SIUH compliance policies are referenced in this Code. SIUH's other compliance policies can be reviewed and downloaded from the SIUH intranet site on the Office of Corporate Compliance web page or obtained from a supervisor in hard copy form. You have a duty to know, understand and comply with the requirements all of these policies, regardless of whether they are referenced in this Code.

OUR COMMITMENT TO COMPLIANCE

The SIUH Corporate Compliance Program

The SIUH Corporate Compliance Program demonstrates our firm commitment to the highest standards of ethics and compliance. The SIUH Office of Corporate Compliance is led by the Chief Corporate Compliance Officer who reports to the President and CEO of SIUH. SIUH has an Administrative Compliance Committee consisting of members of senior management and led

by the Chief Corporate Compliance Officer. This committee provides direction, oversight and guidance to the Compliance Program.

The SIUH Board of Trustees is responsible for monitoring the Compliance Program and for ensuring that corrective actions are taken whenever deficiencies in the Program or in SIUH's compliance with the law are identified. The Chief Corporate Compliance Officer reports to the Audit and Corporate Compliance Committee of the Board, the Executive Committee and to the full Board on a regular basis to ensure that the Trustees are fully informed on compliance issues and that transparency in the program exists at all times.

The Office of Corporate Compliance carries out the day-to-day implementation of the Compliance Program. The staff of our Office is comprised of a team of ethics and compliance professionals who are experienced in the areas of coding, billing, auditing, ethics and quality. The Office of Corporate Compliance is located at One Edgewater Plaza, Sixth Floor, Staten Island, New York 10305, telephone (718) 226-4355. You should feel free to contact the Office of Corporate Compliance whenever you have questions about any compliance-related issue. SIUH's Human Resources Department also may be able to provide guidance on workplace issues arising from the Code of Ethical Conduct and/or SIUH's policies and procedures.

For more information about SIUH's Compliance Program, visit the Office of Corporate Compliance on the SIUH Intranet page.

Supervisors and Managers

SIUH supervisors and managers have a special responsibility to set the right tone. They are responsible for making sure that their work areas reflect SIUH's commitment to compliance and quality healthcare. Supervisors and managers are expected to create a work environment in which concerns can be raised and openly discussed without fear of retaliation. Even if an employee has criticisms or raises an uncomfortable question, supervisors and managers must welcome the communication, always remembering that openness is essential to a healthy work environment.

Discipline

Anyone who violates the Code or related policies and procedures will be subject to disciplinary action. The discipline imposed will be determined on a case-by-case basis and will depend upon the nature, severity and frequency of the violation. The disciplinary policy will be firmly and fairly enforced with respect to all persons affiliated with SIUH. Possible disciplinary actions include: oral warning, written warning, suspension and termination of employment.

Consent Agreement

In 2005, SIUH entered into a consent agreement with the New York State Attorney General to resolve claims against SIUH. This Agreement requires, among other things, having an Independent Monitor review certain aspects of SIUH's operations and controls, mandating upper management oversight and rotating SIUH's outside auditors. The full text of this Agreement is available on our Corporate Compliance intranet site.

Corporate Integrity Agreement

In 2008, SIUH entered into a Corporate Integrity Agreement (CIA) with the Office of the Inspector General of the U.S. Department of Health and Human Services (OIG) as part of a settlement of a federal investigation. The purpose of the CIA is for SIUH to further promote and ensure compliance with the federal health care program requirements. A CIA is a legal agreement that requires SIUH to maintain its existing Compliance Program and to implement additional compliance measures for a period of five years. Among other items, SIUH is required to report certain potential violations of federal healthcare program laws to the government and submit reports to the federal government regarding our Compliance Program. The full text of the CIA is available on our Corporate Compliance intranet site.

DUTY TO COMPLY AND REPORT

Reporting Obligations

It is the duty of every trustee, officer, employee and all other individuals affiliated with SIUH to comply fully with all governing laws, regulations, SIUH policies and procedures, the requirements of the CIA and the Consent Agreement, and the Code. Everyone must offer their complete cooperation with any investigation by SIUH and/or governing authorities.

Ensuring compliance with the many laws, rules, regulations and industry standards that govern the operations of SIUH requires teamwork. For this effort to be successful, everyone who is employed by or affiliated with SIUH must work together. SIUH cannot continue to act with honesty and integrity without your help.

In addition, you are required to report to the Office of Corporate Compliance or the Compliance Help Line any actual or suspected violations of the Code, SIUH's policies and procedures, the requirements of the CIA, the Consent Agreement and/or any federal or state law. You also must report any ethical breaches, conflicts of interest, fraud or other misconduct of any type relating to the operations of SIUH.

Consequences for Not Reporting Potential Compliance Issues

The failure to comply with the laws and/or to report suspected violations of state or federal law can have very serious consequences for SIUH and for any individual affiliated with SIUH who fails to comply or report. The individual may be terminated from employment (or from his/her contractual arrangement with SIUH) or be subject to other disciplinary measures, depending on the nature of the violation.

The consequences for SIUH and any of its employees and agents include, but are not limited to, the imposition of fines and penalties pursuant to the Agreements reached by SIUH with the New York State Attorney General and the OIG and exclusion from the federal and state health care programs.

How to Report Compliance Issues

Reports of suspected compliance problems and perceived violations of the laws can be made to your supervisor or to the Office of Corporate Compliance at (718) 226-4355. You also can call the confidential Help Line 24 hours a day, 7 days a week at (800) 894-3226 or contact the Help Line online by visiting www.northshore-lij.ethicspoint.com to file a report electronically. If you

wish, your report to the Help Line can be made anonymously. To the extent appropriate and possible, SIUH will maintain the confidentiality of all reports unless doing so prevents us from fully and effectively investigating the suspected violation.

Non-Retaliation and Non-Intimidation

We do not permit anyone to retaliate in any manner against an individual who reports any potential compliance problem or violation of law in good faith. SIUH also prohibits anyone from intimidating an employee who discloses a compliance concern. SIUH will immediately investigate and take appropriate action with respect to all suspected acts of retaliation or intimidation. Any individual who is found to have retaliated against an employee or intimidated an employee will be subject to immediate discipline, up to and including termination of employment.

Responding to Potential Compliance Issues

SIUH is committed to investigating all reported concerns promptly, thoroughly and confidentially, to the extent possible and appropriate. The Chief Corporate Compliance Officer directs the investigation of compliance concerns. We expect all colleagues to cooperate with investigative efforts. Where an internal investigation substantiates a reported violation, we initiate corrective actions or other changes that need to be made in order to remedy the problem. These actions can include making prompt repayment of any overpayment amounts, notifying the appropriate government agency, instituting disciplinary action and implementing systemic changes to prevent a reoccurrence of the problem.

Deficit Reduction Act of 2005 - False Claims Acts

Under the Deficit Reduction Act of 2005, any employer who receives more than \$5 million per year in Medicaid payments is required to provide information to its employees about the Federal and New York State False Claims Acts, the rights of employees to be protected as whistleblowers and the employer's policies and procedures for detecting and preventing fraud, waste and abuse.

The Federal and New York State False Claims Acts impose liability on any person who submits a claim to the federal government that he or she knows to be false. The Acts also impose liability on individuals who knowingly submit a false record in order to obtain payment from the government or who obtains money from the federal government to which he or she is not entitled and then uses false statements or records in order to retain the money. The Acts permit private parties to bring actions to recover money on behalf of the United States and to share in a percentage of the proceeds obtained by the government. Persons who bring these actions are protected against retaliation.

Examples of false claims include:

- Billing for a higher level of services than were actually performed
- Billing for services that were not medically necessary
- Billing multiple codes instead of one billing code for a drug panel test to increase reimbursement
- Submitting a claim under one patient's name when services were provided to another person

- Altering claims forms or medical records
- Billing for services provided by an unlicensed provider
- Failing to repay overpayments within 60 days after identification
- Submitting false or inaccurate pricing or rebate information on pharmaceuticals to a federal health care program
- Enrolling a beneficiary in a Medicare Advantage program without the beneficiary's consent

SIUH maintains a vigorous Compliance Program and strives to educate our work force regarding the importance of submitting accurate claims and reports to federal and state governments, as well as regarding the requirements, rights and remedies of federal and state laws governing the submission of false claims, including the rights of employees to be protected as whistleblowers under such laws.

We recognize that questions, concerns or disputes sometimes arise. SIUH believes that it is in the best interest of both its employees and SIUH to resolve those questions, concerns or disputes in a forum that provides the fastest and fairest method for resolving them. As a SIUH employee, you have an obligation to report concerns using the internal methods listed above and to understand the options available should your concerns not be resolved.

Please refer to SIUH policy number ADM I 57.3, "Detecting and Preventing Fraud, Waste and Abuse" for details about these laws.

OUR COMMITMENT TO OUR PATIENTS

High Quality Patient Care

SIUH's number one priority is the delivery of the highest quality of patient care possible. We treat all of our patients equally with compassion, understanding and respect. We provide only care which is medically necessary and appropriate. Our main concern is for the well being, comfort and dignity of our patients. We do not make a distinction in the availability of services or the care we provide based on age, gender, disability, race, color, religion, national origin, actual or perceived sexual orientation, marital status, veteran status or based on the source of payment for the patient's services or the patient's ability to pay. All clinical decisions are based upon identified health care needs regardless of how SIUH compensates or shares financial risk with any individual or entity.

Our commitment to quality of care and patient safety is an obligation of every person affiliated with SIUH. If any circumstance arises where you have a concern about quality or patient safety, you have a duty to raise it through the appropriate channels at your facility or to the Office of Corporate Compliance until it is properly resolved.

Patient Choice

All patient care at SIUH is administered in accordance with the "Patient's Bill of Rights in New York State." Every SIUH patient is provided with a statement of these rights and with a Notice of Privacy Practices. These patient rights include the right to make decisions regarding medical care, the right to refuse or accept treatment, the right to informed decision-making and rights related to how the patient's health information is maintained by SIUH. We listen to and follow the choices made by our patients with respect to their clinical care, as required by law.

We are responsible for informing patients about their proposed plan of care including the risks, benefits and alternatives available to them. We respect patients' rights to make informed decisions about treatment as well as to establish and have followed advance directives. Patients are free to choose their service providers, including but not limited to, physicians and ancillary service providers such as home health, home infusion and durable medical equipment suppliers.

Emergency Treatment

We follow the Emergency Medical Treatment and Active Labor Act (EMTALA) in providing an emergency medical screening examination and necessary stabilization to every person who presents themselves for emergency care, regardless of ability to pay or any other discriminatory factor. We do not delay examination and treatment in order to obtain financial and demographic information for patients in life-threatening situations. Patients with emergency medical conditions are transferred to another facility at the patient's request or if the patient's medical needs cannot be met at SIUH because we do not have the capacity or capability to do so. Patients must consent to any transfer and all transfers are accomplished in strict compliance with state and federal EMTALA regulatory and statutory requirements.

Safeguarding Patient Information

We demonstrate our respect for our patients by protecting the confidentiality of all personal information they share with us for the purpose of receiving quality medical care. This information, known as "Protected Health Information" or "PHI," can include patients' names, addresses, phone numbers, Social Security numbers, medical diagnoses, family illnesses and other personal information. Federal and state laws, as well as quality of care standards, require us to keep this information confidential. SIUH employees who are patients in our facilities also must be accorded the highest level of confidentiality with respect to their medical records and the PHI contained in them.

We must never use, disclose or discuss patient-specific information except as necessary for patient care or as required by law. Subject to emergency exceptions, patient privacy will be protected and patient-specific information will be released only to persons authorized by law or by the patient's written authorization. It is inappropriate to discuss patients or their cases in a public area where conversation may be overheard by others. It also is inappropriate to permit access to a patient's record to individuals who are not involved in legitimate activities relating to the patient. We must remember that these rules apply to employees' medical records when they are receiving medical care at our facilities.

If you are unsure of the rules governing the release of patient-related data, ask and be sure you understand them before you release any information. Anyone affiliated with SIUH who engages in unauthorized disclosure of patient information will be subject to disciplinary action up to and including termination of employment. Individuals also may be subject to civil or criminal penalties. If you become aware of an unauthorized disclosure of patient information, you must report it immediately to your supervisor and the Office of Corporate Compliance. SIUH prohibits retaliation against any person who makes a good faith report of a privacy violation.

Patient Records

We make every effort to ensure that entries we make into patient records are clear and complete and reflect exactly the item or service that was provided to the patient. SIUH strives to ensure that our records never include guesswork, exaggeration, or miscoding.

Research

We conduct research according to the highest ethical standards and in full compliance with federal and state laws and regulations. We do not tolerate research misconduct. Our first priority is always to protect the patients and respect their rights during research, investigations and clinical trials. When we ask patients to participate in research projects we will advise them of all alternative treatments available to them and the risks and benefits of the proposed treatments. We want patients to make informed decisions as to whether or not to participate in research projects.

If you have any questions about the conduct of research with patients, you may contact the Office of the Institutional Review Board at 718-226-6679. The IRB is a committee of people from various backgrounds, including SIUH employees and community members, who are responsible for protecting the rights and welfare of patients who participate in research studies.

If you wish to report a compliance-related concern about any research being conducted at SIUH, you can call the Help Line 24 hours a day, seven days a week at (800) 894-3226 or visit www.northshore-lij.ethicspoint.com online. If you wish, your report to the Compliance Help Line can be made anonymously. To the extent appropriate and possible, SIUH will maintain the confidentiality of all reports unless doing so prevents us from fully and effectively investigating the suspected violation.

Credentialing

One important aspect of our commitment to high quality patient care is the proper credentialing of all health care providers associated with our institution. We ensure that our providers are appropriately credentialed and that their work is within the parameters of their respective licenses. We conduct credentialing reviews not only for permanent hospital employees who are deemed licensed independent practitioners, but also for temporary and non-employed staff, such as voluntary physicians, visiting or locum tenens physicians and allied health professional staff. Credentialing reviews occur before the relationship between SIUH and an individual commences. We recertify those credentials every two years thereafter. We also conduct background checks on individuals who work in our facilities, regardless of whether their position requires a license, to ensure that they do not have criminal backgrounds.

Adverse Event Reporting

New York State law requires us to report to the Department of Health certain adverse patient events within 24 hours after their occurrence. Our health care providers are required to report such incidents to designated SIUH administrators immediately upon learning of them. Failure to do so constitutes an unacceptable practice and is grounds for discipline. We are committed to the full and prompt investigation of every adverse event and to the implementation of corrective or remedial action where appropriate.

Marketing and Advertising

We market SIUH's services in a fair, truthful and ethical manner. Our marketing materials are designed to reflect only the services available and the level of the provider's licensure and accreditation. SIUH uses marketing and advertising to educate the public, report to our community, increase awareness of our services and to recruit staff members.

OUR COMMITMENT TO GOVERNMENT REGULATORS

Coding and Billing

One of the most important aspects of SIUH's commitment to compliance is our dedication to the preparation and submission of accurate claims for payment to federal and state health care programs. We have a zero tolerance policy with respect to billing for improper claims. All claims for payment for any service provided by SIUH must be supported by complete documentation in the medical record, proper coding based on that record and bills that accurately reflect the coding. We can bill only for those goods and services actually provided and medically necessary.

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

SIUH should always bill accurately for services rendered in accordance with the law and with its agreements with third party payors. When we receive a question from a patient or a third party payor about an invoice or charge, we promptly address the question, if authorized to do so, or refer the matter to the person who is authorized to address it. Unresolved disputes regarding a patient's bill are referred to a supervisor for resolution.

Cost Reports

SIUH receives reimbursement under federal and state health care programs. These programs require us to submit complete and accurate reports of its costs of operation and other information. We comply with all applicable legal, regulatory and program requirements in the preparation of our cost reports. These laws, regulations and guidelines define what costs are allowable and outline the appropriate methodologies to claim reimbursement for the cost of services provided to program beneficiaries.

Anti-Kickback/Bribes

SIUH prohibits its employees and other service providers from offering, paying, asking for, or accepting money or other benefit in exchange for patient referrals, purchases, leases or orders.

Responsible Conduct of Research

Truth, integrity and credibility are critical and distinctive principles of the research conducted at SIUH. These principles are essential for the progress of scientific research and to preserve the trust of the public in the research community. SIUH has set standards and procedures for its researchers in order to preserve truth, integrity and credibility in research, to prevent research

misconduct, and to deal efficiently and fairly with allegations or other indications of research misconduct.

All employees who observe or suspect apparent misconduct in research must report it to the Research Integrity Officer, Dr. Bettie Steinberg, at (516) 562-1159, the Help Line at (800) 894-3226 or online at www.northshore-lij.ethicspoint.com. Any employee who reports such information will be protected against retaliation for making the report.

Not-For-Profit Tax-Exempt Status

SIUH is a tax-exempt entity because of its charitable mission. SIUH provides community benefits that include health care services, medical training, education, research and community outreach activities. SIUH must use its resources in a manner that furthers the public good rather than the private or personal interests of any individual or entity.

Antitrust

SIUH engages in activities that are subject to state and federal antitrust laws. Generally, these laws prohibit competitors from entering into agreements to fix prices or to reduce price competition. We should not provide information about SIUH business to a competitor. In addition, we are to refrain from engaging in unfair practices that might restrict competition.

Record Retention

Accurate and complete records are crucial for the continuity of patient care, appropriate and proper billing, and for compliance with regulatory, tax and financial reporting requirements. Everyone who enters information into a medical record, business record, regulatory or financial report has a responsibility to do so in a truthful, accurate, legible and timely manner. SIUH maintains record retention schedules to ensure that all patient and business records are maintained in accordance with business and legal requirements. Each of us is responsible for knowing the retention schedules for the records with which we work. We never tamper with records, remove them from SIUH property or destroy them prior to the date specified in the relevant retention schedule.

Response to Governmental Inquiries

SIUH cooperates fully with government inquiries and investigations. We do not prevent persons affiliated with us from speaking with government officials. However, you should contact your supervisor and the Office of Legal Affairs before doing so. When we receive a request for documents or a subpoena, we refer it to the Office of Legal Affairs, which will coordinate SIUH's response and ensure that it is appropriate and complete. We never destroy, alter or change SIUH records. When we receive notice of an investigation or lawsuit, a request for documents or a subpoena, we preserve all related records and cooperate with the Office of Legal Affairs in making them ready for evaluation and/or production.

Accreditation and Surveys

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

OUR COMMITMENT TO OUR BUSINESS PARTNERS

Our business partners — suppliers, contractors, physicians, and others with whom we do business — are vital to our success. We always treat them with respect, professionalism and fairness. Our patients and the community we serve frequently associate our business partners' performance with SIUH. We look into the background of our partners before allying with them to ensure they demonstrate high standards of ethical business conduct.

Supplier, Vendor, Subcontractor, Attorney and Consultant Relationships

SIUH selects our suppliers, vendors, subcontractors, attorneys and consultants based on the quality, price, delivery and supply of their goods and services. We obtain these services only when there is a legitimate need for them. We do not accept any form of compensation that is designed to influence the selection process.

Referral of Patients

We do not pay or offer to pay anyone – colleagues, physicians or other persons or entities – for referral of patients. Similarly, we do not accept payments for referrals we make. When SIUH discharges patients and refers them to other providers, we ensure that the referrals are based on the patient's documented need for the referred service and the ability of the referred provider to meet that need. The patient's freedom to choose a service provider must be honored at all times. Financial relationships with providers with whom SIUH has a referral relationship are reviewed to ensure compliance with the relevant laws.

Gifts and Interactions with Industry

Recent scientific evidence suggests that certain business practices of pharmaceutical, medical device and similar companies can negatively influence physician decisions and the educational and training experience of students and trainees. SIUH prohibits all gifts and other forms of compensation from industry representatives. SIUH also prohibits the offering or giving of gifts of any kind to government officials.

Please refer to the SIUH policy number ADM I 31.2, "Gifts and Interactions with Industry" and SIUH policy number ADM I 52.2, "Business Courtesies to Potential Referral Sources" for further guidance regarding your interactions with industry and business associates.

OUR COMMITMENT TO OUR COLLEAGUES

Conflicts of Interest

We have a duty to avoid conflicts of interest and a duty of loyalty to SIUH. Our business conduct must always put SIUH's interests ahead of our personal interests. We are obligated to avoid conduct that could create a conflict of interest or even the appearance of one. We do not use our positions or confidential information obtained in the course of our work for personal gain. We make sure that any outside jobs or positions do not conflict with our work at SIUH and we disclose to our manager and the Chief Corporate Compliance Officer any potential conflict that might.

Examples of potential conflicts of interest include:

- | Acting as a director, partner, consultant or employee of a firm that provides services, supplies or equipment to SIUH or is a competitor of SIUH
- | Having a material financial interest (or a family member having a financial interest) in a firm that is either a competitor of, or a vendor (or potential vendor) to, SIUH
- | Purchasing or leasing real estate that may increase in value based on knowledge that SIUH may have an interest in the property
- | Hiring subordinates or SIUH vendors to perform personal work for yourself or your family without appropriate administrative approval
- | Having your research funded by a company or evaluating a product owned, manufactured, or distributed by a company in which you (or a family member) have a material ownership interest or from which you (or a family member) have received significant compensation

Certain members of the SIUH community must file annual Conflict of Interest Disclosure Forms. You will be notified if you are required to complete a disclosure form.

Confidentiality of Business Data

In addition to patient information, other information created by SIUH in the conduct of business, such as staff data, financial data, development plans, proprietary research data, marketing strategies or information about pending or contemplated business deals, is confidential information that belongs to SIUH. We always keep this information confidential and do not use it as a basis for personal gain. When you receive confidential information in the course of performing your job duties and responsibilities you must not use it for your own or your family's benefit and you may not disclose it to others for their personal use.

Substance Abuse and Impairment in the Workplace

SIUH works diligently to maintain an alcohol and drug-free environment at our facilities. We are expected to perform our responsibilities in a professional manner free from the influence of alcohol, drugs or other substances which may impair our job performance or judgment. If we suspect that you are under the influence of drugs or alcohol, you will be required to submit to appropriate drug or alcohol testing. If you are found to be performing any activity for SIUH while impaired by or under the influence of alcohol or illegal drugs you will be subject to disciplinary action up to and including termination of your employment.

Controlled Substances

Pharmaceutical drugs may be handled only by properly authorized individuals who do so as a part of their job duties and responsibilities. You may not under any circumstances divert pharmaceuticals for personal use or sale. You are expected to protect the integrity of SIUH by safeguarding the drugs entrusted to you. If you become aware of any potential lapses in security, or any actual violation of any law, policy or regulation relating to drugs, you are required to immediately inform your supervisor or the Office of Corporate Compliance.

Non-Discrimination and Equal Employment Opportunity

SIUH promotes diversity in its workforce at all levels of our organization. We are committed to providing a work environment where everyone is treated with respect, dignity and fairness. We are an equal opportunity employer and do not discriminate on the basis of race, color, creed, religion, gender, national origin, actual or perceived sexual orientation, veteran status, marital status, age or disability. We celebrate cultural and other differences because they contribute to the strength of SIUH. We comply with all laws, regulations and policies relating to equal employment opportunity in hiring, reductions in force, transfers, terminations, evaluations, recruiting, compensation, promotions and discipline. We make reasonable accommodations to known physical and mental limitations of qualified individuals with disabilities.

Harassment

SIUH strives to provide a workplace that is free from harassment and disruptive behavior. We do not tolerate harassment by anyone based on diverse characteristics or the cultural backgrounds of those who work with us. Degrading jokes, slurs, intimidation or other harassing conduct are not acceptable at SIUH.

Sexual harassment can be particularly harmful to the work environment and is prohibited. This prohibition includes unwelcome sexual advances or requests for sexual favors in conjunction with your employment. Verbal and physical harassment or abuse and any other behavior that creates an intimidating, hostile or offensive work environment have no place at SIUH. If you engage in this conduct, you will be subject to discipline. If you observe or experience any form of harassment or violence, you must report it to your supervisor, the Human Resources Department, a member of management, the Office of Corporate Compliance, the Compliance Help Line at (800) 894-3226 or by visiting www.northshore-lij.ethicspoint.com online.

Leadership and Professionalism

SIUH is committed to the highest standards of excellence in the practice of medicine, and strongly believes that collaboration, communication and collegiality are essential for the provision of safe and competent patient care. According to the Joint Commission,

“Intimidating and disruptive behaviors can foster medical errors, contribute to poor patient satisfaction and to preventable adverse outcomes, increase the cost of care and cause qualified clinicians, administrators and managers to seek new positions in more professional environments. Safety and quality of patient care is dependent upon teamwork, communication and a collaborative work environment.”

As such, all individuals associated with SIUH must treat others with respect, courtesy and dignity and must conduct themselves in an appropriate, professional and cooperative manner.

Appropriate professional and cooperative behavior means any reasonable conduct intended to advocate for patients, to recommend improvement in patient care and to participate in the operations, leadership or activities of the staff, including the Medical Staff. Inappropriate or disruptive behavior includes, but is not limited to: the use of profanity in the workplace; the refusal to speak or respond to others; inappropriate physical contact; sexual, religious, racial or other unlawful harassment; throwing objects; and/or, the destruction of SIUH property.

Breaches of the Code of Ethical Conduct by any staff member affiliated with or employed by SIUH will be addressed in accordance with SIUH policies. Practitioners credentialed by a medical board, physician trainees and medical students will be addressed by the procedures provided for in the Bylaws, rules and regulations of the Medical Staff and the relevant SIUH policies, including ADM I 68.0, "Professional Behavior". Issues relating to non-credentialed employees will be addressed by the procedures set forth in the Employee Conduct Policy.

Anyone who observes, or is subjected to, inappropriate conduct by any staff member can notify their supervisor, Human Resources, the Chief Corporate Compliance Officer, the Help Line at (800) 894-3226 or online at www.northshore-lij.ethicspoint.com, the relevant Medical Director and/or the Nurse Executive for the facility. Employees who make such reports in good faith cannot be retaliated against for making the report.

Health and Safety

SIUH is committed to providing a workplace that is safe, healthy, smoke-free and in compliance with all applicable laws and regulations. You are expected to know the safety issues and policies that affect your job and to follow those policies at all times. It is important that you immediately advise your supervisor of any workplace injury or any circumstance presenting a danger of injury so that timely corrective action can be taken to resolve the problem.

Environmental Protection

We are to dispose of all waste and other materials and store all chemicals and substances in accordance with applicable laws and regulations. It is important to file all necessary environmental reports accurately and promptly and to cooperate fully with all governmental authorities in the event of an environmental incident.

Political Contributions

We do not use SIUH revenues directly or indirectly for political activities or in support of political campaigns. We do not reimburse personal expenses related to any political activities including money spent in support of any political candidate. You may not solicit political contributions from your colleagues in SIUH facilities. SIUH does not take positions on political elections or campaigns.

Use of SIUH Resources

Each of us is responsible for preserving SIUH's assets including time, material, supplies, equipment and information. All communications systems including, but not limited to, telephones, computers, electronic mail, Intranet, Internet access and voice mail are the property of SIUH and are to be used primarily for business purposes in accordance with our policies. You have no right to privacy with respect to anything you create, store, send or receive on SIUH computer and telephonic systems and we reserve the right to monitor and/or access all communications usage and contact.

Intellectual Property

SIUH is committed to adhering to all applicable intellectual property laws. We will respect the intellectual property and copyright laws regarding books, trade journals, and other applicable resources. All software used in connection with SIUH business must be properly licensed, and used in accordance with that license.

All inventions or improvements, whether patentable or not, which are conceived or first reduced to practice or as to which research or development work is done by employees of SIUH or by others who use research or development facilities owned by or otherwise made available by SIUH, must be disclosed to SIUH in compliance with the SIUH Intellectual Property policy (GR017). The Office of Technology Transfer at the Feinstein Institute for Medical Research is responsible for the evaluation, protection, development and commercialization of inventions and other intellectual property on behalf of the North Shore-LIJ Health System. For more information, contact: Kirk R. Manogue, PhD, Vice President, Technology Transfer, Tel: (516) 562-3404, Fax: (516) 562-2356, Email: kmanogue@nshs.edu.

Screening of Excluded Individuals

SIUH will not knowingly employ, appoint, elect, contract or bill for any individual or entity that has been listed as debarred, excluded or is otherwise ineligible for participation in federal or state health care programs. We routinely search the lists of excluded and ineligible persons provided by the Department of Health and Human Services' Office of Inspector General, the General Services Administration and the New York State Department of Health. You are required to report to us if you become excluded, debarred or ineligible to participate in federal or state health care programs or have been convicted of a criminal offense related to the provision of health care items or services.

Media Relations

All requests from reporters or the general public for information should be referred to the Department of Hospital and Community Relations at (718) 226-2483. Employees should never release information without the permission of the Department. Please refer to SIUH policy, ADM I 15.0, "Information to the Media and Press Relations" for additional information.

COMPLIANCE RESOURCES

The Office of Corporate Compliance

The Office of Corporate Compliance is located at One Edgewater Plaza, Sixth Floor, Staten Island, New York 10305. Office hours are 9:00 AM to 5:00 PM Monday through Friday. Walk-ins are welcome or you can call to make an appointment. The Office can be contacted at (718) 226-4355 or by fax at (718) 226-4698 during regular working hours. Email addresses and telephone numbers for the principal members of the Compliance staff are:

- Greg Radinsky, Chief Corporate Compliance Officer
gradinsk@nshs.edu
(516) 465-8327
- Kim Greene, Deputy Chief Corporate Compliance Officer
kgreene@nshs.edu
(516) 465-8017
- Regina Bergren, Deputy Compliance Officer
rbergren@siuh.edu
(718) 226-4572
- Michael Scognamiglio, Associate Compliance Officer/Privacy Officer
mscognamiglio@siuh.edu
(718) 226-4630
- Robert Abramson, Compliance Audit Manager
rabramson@siuh.edu
(718) 226-5029
- Michele Bonomo, Compliance Specialist
mbonomo@siuh.edu
(718) 226-4859
- Linda Galante, Coordinator
lgalante@siuh.edu
(718) 226-4355

The Compliance Help Line

The Compliance Help Line is available 24 hours a day, 7 days a week. Compliance Help Line callers may remain anonymous and those who choose to give their name will have their identities protected to the extent allowed by law. The Compliance Help Line has multi-lingual operators who can take reports from individuals whose first language is not English. The Help Line can be reached by calling (800) 894-3226 or by visiting www.northshore-lij.ethicspoint.com where individuals can make reports about compliance issues online.

The Office of Research Compliance

The Office of Research Compliance (ORC) is responsible for compliance-related activities directly related to the conduct of clinical research and research grant management. The ORC is located at the Feinstein Institute for Medical Research, 350 Community Drive, Manhasset, New York 11030. Office hours are 9:00 AM to 5:00 PM Monday through Friday. Walk-ins are welcome or you can call (516) 562-2018 to make an appointment during regular working hours.

The ORC Staff members are:

- Cynthia L. Hahn, Administrator, Research Compliance
chahn@nshs.edu
(516) 562-2018
- Emmelyn Kim, Manager, Research Compliance
ekim@nshs.edu
(516) 918-4847
- Cerdi Beltre, Manager, Research Compliance
cbeltre@nshs.edu
(516) 566-0340
- Tammy Manchester, Manager, Research Compliance
tmanchester@nshs.edu
(516) 562-0450

OTHER RESOURCES

<input type="checkbox"/> Human Resources	(718) 226-8116
<input type="checkbox"/> Employee Relations	(718) 226-2891
<input type="checkbox"/> Office of Legal Affairs	(718) 226-9990
<input type="checkbox"/> Quality/Risk Management	(718) 226-9162
<input type="checkbox"/> Patient Accounts	(718) 226-4516 or 4616
<input type="checkbox"/> Health Information Management	(718) 226-9010
<input type="checkbox"/> Hospital and Community Relations	(718) 226-2483
<input type="checkbox"/> Security	(718) 226-9328