COMPLIANCE PLAN FOR
JERICHO ROAD COMMUNITY HEALTH CENTER

Adopted: November 20, 2014
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OVERVIEW

Jericho Road Community Health Center (“JRCHC”) takes pride in offering high-quality medical care and services to residents of the Buffalo community, regardless of their insurance status. As with any vital and vibrant organization, however, JRCHC cannot be content with the status quo, but rather must focus on the future. To preserve and enhance our well-deserved reputation, everyone associated with JRCHC must share a commitment not only to our patients and our work but also to compliance with the numerous laws, regulations, and policies that govern our conduct.

To assist us in our compliance goals, we have developed JRCHC Code of Conduct. In that Code, we have briefly summarized the internal and external provisions that govern various legal and ethical requirements we must meet. The Code is expected to serve as a useful guide to assist us and you in identifying and addressing those instances where there may not be compliance with the law or with JRCHC policy.

The failure to follow existing law can damage our reputation and threaten our ability to carry out our mission. Unlawful behavior also may result in criminal liability and civil fines and penalties. Individuals who knowingly violate or recklessly disregard this Compliance Plan, the Code of Conduct, or the laws, regulations and policies which govern JRCHC and those who fail to report or who participate in, encourage, direct, facilitate or permit non-compliant behavior will face severe consequences including termination.

We recognize that our ability to achieve compliance with the law depends upon our ability to recognize, avoid and remedy existing problems. Our compliance, therefore, depends not only upon a choice to “follow the rules” but also our obligation to our mission, our organization, each other, and all those who serve JRCHC in any capacity, to comply with the laws and to bring all issues of potential concern to the attention of a supervisor or to a JRCHC Compliance Committee member (see “Discharging Your Obligations,” below). In return, you have our commitment that the issues you raise will be promptly and properly reviewed and that appropriate corrective action will be taken where necessary. Most important, you will not in any way be subject to any adverse consequences for making good faith reports; to the contrary, we view the failure to bring appropriate concerns to our attention to be a serious breach of your obligations that could lead to disciplinary action.

In short, we commend and will support strongly those who make the proper choices at JRCHC, and will hold accountable those persons who make inappropriate choices or those who turn a blind eye toward improper conduct. Through our collective efforts, we are confident that we can and will enhance our existing reputation for excellence.

DISCHARGING YOUR OBLIGATIONS

We recognize that there may be instances where you learn of practices at JRCHC that may be of concern to you. While there are many different ways for you to address those concerns, we recognize that your choice will likely depend upon your relationship with the particular employees, independent contractors or vendors involved in the conduct at issue; upon your relationship with your supervisors; or upon your knowledge of the laws, regulations and policies governing the practice that is of concern to you. We wish to assure you that this Compliance Plan as well as the
Compliance Committee (see “Compliance Committee and Compliance Officer”, below) exist to help you when you are unable, for any reason, to assure yourself that the conduct in question is in fact appropriate, or if you believe that the problem has not been effectively remedied. In those instances, we fully expect that you will promptly inform your supervisor, if appropriate, or the Compliance Committee of the issue. That Committee is composed of senior members of JRCHC administration who are committed to ensuring full compliance with all existing laws, rules, regulations, protocols and policies that govern us.

The Compliance Committee and Compliance Officer

The JRCHC Compliance Committee has been formed to aid in identifying any potential areas of non-compliance through audits, to assist in investigating areas of concern raised by our employees or by others, and to remedy any deficiencies. The Compliance Committee will meet quarterly or more frequently as necessary. The Compliance Committee is responsible for overseeing the development and implementation of policies and procedures for the Compliance Committee, informing employees and independent contractors of this Compliance Plan, ensuring that training is provided regarding specific job responsibilities and requirements, conducting audits and monitoring employees responsible for coding and submitting claims for reimbursement. These policies and procedures will be reviewed at least annually and revised if necessary. The Committee’s work is intended to be and will be confidential and privileged. If requested, the Committee also will make all reasonable efforts to protect the identity of the reporting employee or individual. When the Committee completes any necessary investigation, or implements any necessary steps to address the problems detected, the Committee will, whenever appropriate, inform the reporting employee or independent contractor of the result of the investigation and of any action taken concerning the issue presented. The Committee will review and, if necessary, modify this Compliance Plan and Code of Conduct annually.

The Compliance Officer reports directly to the Board of Directors of JRCHC. The Compliance Officer will chair the JRCHC Compliance Committee. The Compliance Committee members including the Compliance Officer are listed, along with their telephone numbers, in Attachment A to this Compliance Plan document.

The Process

All JRCHC employees and independent contractors are strongly encouraged to bring concerns to the attention of the Compliance Officer or any member of the Compliance Committee. Reports may be made in person, in writing, or over the telephone to the individuals listed in Attachment A. Written communications should be marked “CONFIDENTIAL AND PRIVILEGED MATERIAL PREPARED FOR LEGAL COUNSEL.” Although reports may be made anonymously to the Compliance Hotline (716-348-3030), in order for the Compliance Committee to obtain more information from or respond to the reporting individual, he or she should provide his or her name and work location when the report is made.

All reports and communications received will be confidential and privileged to the extent permitted by law. Counsel for JRCHC and the Compliance Committee will review reports and assist in deciding upon an appropriate investigation. The cooperation of the reporting employee or individual may be sought during any investigation, and such cooperation will be positively noted in the employee’s or individual’s file. Upon conclusion of the investigation, with the advice of legal counsel, the Committee will determine the necessary follow-up action to be taken. Any
concerns about the Compliance Officer, the Compliance Committee members, or the Committee’s actions or determinations may be brought directly to the Board of Directors of JRCHC.

ELEMENTS OF JERICHO ROAD COMMUNITY HEALTH CENTER CODE OF CONDUCT

The following Code of Conduct summarizes the conduct we expect from all our employees and independent contractors, and highlights certain key areas where the potential for concerns may be significant. This Code will not serve as a substitute for a thorough understanding of your job function, your obligations, and the laws and institutional policies that apply to your job. It will not constitute an excuse to avoid training or in-service presentations in your area. However, it can and should provide useful guidance, make you sensitive to potential problems you may face, and help you to avoid particular pitfalls.

Key Areas

Our organization is subject to many federal, state and local laws, together with various internal policies and protocols. We have attempted to summarize below the general obligations arising in key areas of our operations. The key areas are:

1. Discrimination and Employment
2. Fraud and Abuse
3. Conflicts of Interest
4. Gifts and Gratuities
5. Information Systems Issues
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1. **Discrimination and Employment Issues**

JRCHC is committed to equal opportunity and to the respect for human dignity. Unequal treatment or discrimination based upon gender, color, national origin, age, religious affiliation or belief, disability, sexual orientation, or other non-performance or ability-related grounds is unacceptable. We will hire, promote, retain and contract with individuals based upon their ability to meet bona fide occupational qualifications, and to effectively and efficiently discharge the obligations of their job. Similarly, we do not condone and will not tolerate conduct that demeans or undermines our patients, or that creates or encourages a hostile or oppressive working environment.

JRCHC has developed and maintains various employment-related and independent contract-related policies that are available through supervisors. We expect that all employees and independent contractors will be familiar with and will adhere to these policies. Questions or concerns should be directed to a supervisor or Compliance Committee member.

2. **Fraud and Abuse**

Federal and State laws prohibit certain conduct by, and certain business arrangements for, health care providers such as JRCHC. These include arrangements where goods, services, or office space are provided for some amount other than fair market value in return for referring a patient for services or items. These kickbacks and other related practices are generally grouped under the heading “fraud and abuse.” While there are many practices that are prohibited or restricted, there are also several exceptions or “safe harbors” that apply under specified circumstances. The most common fraud and abuse issues arise in connection with referral practices and in vendor relationships.

As a general rule, you must avoid relationships with vendors or other third parties that appear to provide financial incentives for the use of their products or for the referral of patient to them. These incentives, moreover, are not necessarily in the form of cash payments, but may include consulting relationships, lease arrangements with vendors for other than fair market value, and gifts. A useful guide is to avoid arrangements that confer personal benefits to you over and above that which ordinarily would be provided for your services. You also should clear with your supervisor any proposed arrangement with clinicians, vendors, contractors or suppliers, or any rebate, bonus or volume discount proposals.

Patient referrals to health care entities in which the referring clinician or a relative has an ownership interest also are prohibited under statutes commonly known as the “Stark” laws. There are several exceptions to the Stark prohibitions, but the appropriate course of action is to raise all issues in this regard with your supervisor. Any concerns regarding this area should be immediately brought to the attention of a supervisor or Compliance Committee member.

3. **Conflicts of Interest**

A conflict of interest may arise where an employee stands to benefit personally at the expense of JRCHC, or where an employee is in a position to put his or her personal interests above those of JRCHC. We believe strongly that all JRCHC employees, and independent contractors during the term of the contract, owe a duty of loyalty to JRCHC and, therefore, should avoid any actual or apparent conflicts of interest. While conflicts can arise in many different contexts, in general we expect that all employees and, independent contractors during the term of their contract, will put
the interests of JRCHC ahead of their personal concerns, and will not seek to benefit themselves
at the expense of, or as a result of, their affiliation with JRCHC. We expect all JRCHC employees
and independent contractors will become familiar with and obey policies in this area. Suspected
violations should be reported immediately to a supervisor or Compliance Committee member.

4. **Gifts and Gratuities**

You should be aware that the receipt or giving of gifts by JRCHC personnel may raise questions
about relationships with our vendors, governmental officials, or others who interact with JRCHC.
We must always refrain from activities that could possibly be construed as an attempt to
improperly influence these relationships. You should not offer or receive a gift in circumstances
where it could appear that the purpose of the gift is to improperly influence JRCHC’s relationship
with a vendor, regulator, or other person or entity.

It is JRCHC’s policy to reimburse its employees for all reasonable expenses, including meals,
entertainment, and travel that are appropriately incurred while conducting JRCHC business. Rarely,
therefore, will justification exist for you to permit someone else to pay for such items. We are
confident that if you follow JRCHC policy and exercise reasonable judgment and common
sense with respect to gifts and gratuities, you will avoid situations that might bring you or JRCHC’s
integrity into question. If you have any questions in connection with the receipt or offer of gifts
or entertainment, you should consult the applicable JRCHC policy and your supervisor. Any
concerns regarding violations of policy in this area should be brought to the attention of a
supervisor or Compliance Committee member.

5. **Information Systems Issues**

One of our most valuable assets is our body of confidential information. As a JRCHC employee
or independent contractor, you are responsible for maintaining and protecting the information used
by you in connection with your job duties. For example, you must not record inaccurate
information, make inappropriate or unauthorized modifications of information, or destroy or
disclose information, except as authorized. Additionally, no current employee or independent
contractor, or former employee or independent contractor may, without the prior written consent
of JRCHC, use for their own benefit or disclose to others any confidential information obtained
during employment or term of engagement.

Documents containing sensitive data, including information concerning patients, must not be left
in public view or in an unsecured location. You also must be careful when you enter, secure, and
store computer data. Given the widespread use of computers throughout JRCHC, the potential for
a breach of security exists and must be considered at all times. If you observe individuals whom
you do not recognize using terminals in your area, immediately report this to your supervisor or to
security. Any concerns regarding confidential information should be brought to the attention of a
Compliance Committee member.

6. **Billing**

Many services provided by JRCHC are paid for by government funds. While there are established
particular billing formats, protocols, and practices with which all employees involved in the billing
process must become familiar, there are certain common issues that are important to mention.
JRCHC is prohibited from submitting false claims to obtain payment for the services we provide. False claims include claims for payment which the service provider knows are unwarranted and claims the service provider submits with reckless disregard for their accuracy or “deliberate ignorance” of the applicable guidelines. False claims can result in significant penalties and costs to JRCHC. Obviously, therefore, JRCHC is committed to ensuring that all claims for payment are proper, that they accurately reflect the services necessarily delivered, and that they comply with existing billing and coding regulations, bulletins, advisories and guidelines. If you are uncertain as to a particular charge or billing practice, or if you believe the documentation supporting a claim for payment may be inadequate, you should contact your supervisor for guidance. If you seek guidance and you remain concerned about any aspect of our billing, you should immediately bring that concern directly to a Compliance Committee member.

It is our intention to comply with all payor requirements. Where the requirements are unclear, as they occasionally are, you or your supervisor may ask the Compliance Officer to seek guidance from the payor directly. The advice given should be carefully recorded, including the name and title of the payor representative, and the time, date, telephone number and place of the communication. A letter should be sent to the payor representative via receipted mail confirming the advice. Copies of that letter, together with any relevant correspondence, will be maintained by the Compliance Officer.

Given the number of patient encounters within our organization, and the occasional ambiguous, complex, or conflicting rules, there may be times when you discover an error in a previously submitted claim. You should immediately report that error to your supervisor so that it may be rectified. If you feel you are unable to make such a report to your supervisor for any reason, or if appropriate corrective action is in your judgment not taken, you should contact a Compliance Committee member immediately.

7. **Occupational Safety and Health Administration ("OSHA")**

In our various patient encounters, we occasionally encounter potentially harmful situations. JRCHC expects that our employees will at all times follow safety procedures. JRCHC is subject to numerous federal and State statutes and regulations related to workplace safety, and we expect compliance with all relevant provisions in this area. Should you suspect there may not be compliance, you should contact your supervisor or a Compliance Committee member.

8. **Environmental Matters**

As conscientious members of the Buffalo community, JRCHC recognizes its responsibility to strictly adhere to the laws and regulations governing the generation and disposal of hazardous materials. The laws in this are require that JRCHC obtain and comply with all necessary permits for discharges of particular substances, contract with and adequately document deliveries of such substances to responsible and licensed transporters, and guard against the inadvertent discharge of pollutants into the environment. Suspected leaks or spills, particularly of heating oils, hydrocarbons or hazardous matter, should be reported immediately pursuant to applicable JRCHC policy, and appropriate care should be taken in the handling, storage and disposal of any radioactive or hazardous material generated. Suspected violations of any JRCHC policy in this area should be reported to your supervisor or the Compliance Officer immediately.

9. **Professional Licensure, Certification and Credentialing**
All professionals providing patient services must be fully capable of discharging their clinical responsibilities. No professional will be permitted to provide patient services at or on behalf of JRCHC unless it has been demonstrated that he or she possesses the required education, licensure or certification, and experience necessary to perform his or her clinical responsibilities. All providers affiliated with JRCHC shall be properly credentialed, and JRCHC will maintain a file on each provider that contains documentation of the practitioner’s credentials.

In credentialing practitioners, JRCHC shall take steps necessary to document the practitioner’s education, licensure or certification, and competency. In doing so, JRCHC and personnel involved in the credentialing process shall comply with all applicable laws and regulations, and professional standards. If you become aware of any information or documentation indicating that anyone in JRCHC has not adhered to the requirement for credentialing, licensure or certification, you should immediately bring it to the attention of a Compliance Committee member.

10. Quality Assessment and Performance Improvement

Quality service is the hallmark of JRCHC, and each of us must strive to continually improve the quality of the services we provide and/or the job responsibilities we perform. It is expected that all JRCHC personnel and independent contractors, regardless of responsibility, participate as appropriate in our quality improvement efforts. We are each responsible for familiarizing ourselves with the quality assessment and performance improvement activities applicable to our position. To obtain information about JRCHC’s overall quality improvement plans and activities, please contact your supervisor. Concerns about quality assessment or performance improvement issues should be directed to a Compliance Committee member.

11. Controlled Substances

JRCHC is required to follow specific requirements in connection with the handling, distribution and administration of controlled substances, such as drugs, medications and pharmaceuticals to patients. Unauthorized distributions are strictly prohibited by federal and State laws, and frequently will constitute a felony, for which imprisonment is mandated. Violations of JRCHC policy in this area can also lead to termination, and to potentially adverse licensure actions.

All JRCHC personnel involved in the handling and distribution of prescription drugs or controlled substances must therefore strictly adhere to all applicable laws, regulations and policies. Care also should be taken, at all times, to safeguard the supply of controlled substances, and you will be expected to discharge your obligations carefully in this regard. If you become aware of any potential violation of law or JRCHC policy relating to drugs, you should immediately advise your supervisor or the Compliance Officer.

12. Patient Confidentiality

JRCHC recognizes the paramount importance of confidentiality in the provision of health care services, and it is our policy to keep all information and records pertaining to a patient’s treatment confidential in accordance with applicable law. All personnel and independent contractors with access to confidential information and records are required to strictly adhere to confidentiality policies of JRCHC. If you become aware of unauthorized or inappropriate disclosure by a JRCHC employee or independent contractor of confidential information or documents, you should contact your supervisor or a Compliance Committee member immediately.
13. **Patient Rights**

JRCHC recognizes that each patient and their family are entitled to receive ethical treatment in accordance with accepted standards of care. It should be the express goal of all JRCHC personnel and independent contractors to treat all patients and their families with courtesy, compassion and dignity, while recognizing and honoring the patient’s and family’s right to privacy and confidentiality. All JRCHC personnel and independent contractors shall fully familiarize themselves with the New York State Patient’s Bill of Rights and conduct themselves at all times in a manner consistent with these rights. In addition, all JRCHC staff and independent contractors involved in patient care activities shall attend periodic in-service training sessions or receive information dealing with patients’ rights requirements. Such training shall cover:

- a) informed consent and refusal of treatment;
- b) privacy and confidentiality;
- c) mental hygiene law;
- d) patient complaints; and
- e) access to medical information.

If you become aware of any situation in which a patient’s or family’s rights are being violated, you should immediately contact a supervisor or a Compliance Committee member.

14. **Record Retention, Completion and Maintenance**

The law requires JRCHC to retain certain records and documents for specified periods of time. Our failure to retain these records as required could result in substantial monetary penalties, prevent us from having the documentation to prove what services were provided to a particular patient, and raise questions about our organization’s ethics. In order to comply with these obligations, JRCHC has implemented systems of controls and policies to assure proper maintenance, retention and destruction of records. You are expected to follow these policies. You are not, however, to destroy or discard any records if you know that they may be the focus of a pending investigation, or subject to a pending request. You should contact your supervisor or a Compliance Committee member in the event you learn of a potential violation of our policies.

Patient records must also be timely completed and accurately maintained. These records provide a basis for future treatment decisions and support for billing, as well as an important historical account of the actions taken by JRCHC personnel that is critical to respond to claims made against us. Patient records are confidential and must carefully and accurately document the services provided. There are specific protocols on the completion, maintenance, and modification of these records, and you are expected to comply fully with those protocols. A failure to do so can result in internal sanctions as well as professional licensure action. Should you suspect any violation of recordkeeping protocols, you should contact your supervisor or a Compliance Committee member immediately.

15. **Financial Reporting**

JRCHC has established and maintains a high standard of accuracy and completeness in its financial records. These records serve as the basis for managing the business, for measuring and fulfilling JRCHC’s obligation to patients, employees, suppliers and others, and for compliance with tax, regulatory and financial reporting requirements.
It is the policy of JRCHC to comply with the recording requirements of applicable law, established financial standards and generally accepted accounting principles.

All employees or other agents will maintain all financial information in a confidential manner.

JRCHC will prepare and maintain company records and reports accurately and honestly. This includes reporting of time worked, business expenses incurred, revenues and costs, and other business or service related activities. All contracts entered into on behalf of JRCHC will accurately specify the services to be provided or services to be received.

Under no circumstances, will records be falsified, backdated, intentionally destroyed or otherwise tampered with to gain a real or perceived advantage for JRCHC. However, unnecessary or outdated documents may be purged in accordance with JRCHC policy and procedures.

16. **Reporting Requirements**

Health care providers must adhere to many reporting requirements under federal and State law, and it is the policy of JRCHC to comply with all reporting requirements. It is important that you be aware of any reporting requirements applicable to your job responsibilities. Without limitation, reports to various governmental bodies are required to be made in certain circumstances in connection with the following:

- a) medical incidents;
- b) medical devices;
- c) environmental incidents;
- d) professional misconduct by licensed health care professional;
- e) outbreaks of infection;
- f) diversion or loss of narcotics;
- g) suspected child or nursing home resident abuse, mistreatment or neglect; and
- h) threats to community safety.

If you are aware of any incident or situation that may require reporting to a governmental agency, you should report it directly, according to the obligations of your profession, or bring it to the attention of the person who is responsible for making such report. If you have any questions or concerns regarding our reporting responsibilities, you should contact your supervisor or a Compliance Committee member.

If any employee or independent contractor intentionally fails to make a required report to a governmental body or attempts to cover up facts that would warrant such a report, he or she will be subject to internal disciplinary action, including termination, and could also face criminal charges and the loss of his or her professional license or certification.

17. **Reviews and Inspections**

Our organization is reviewed and inspected by government agencies, which impose numerous recordkeeping and other requirements on us. You are expected to become familiar with these requirements as they affect your area, and to ensure compliance with them. Our failure to comply can lead to sanctions, to the implementation of detailed plans of correction and, in extreme circumstances, to the restriction of licensed services.
18. **Wage and Hour Issues**

As an employer, JRCHC is required to comply with all applicable wage and hour laws, and other laws governing the employment relationship. You are entitled to receive fair and equitable wages in connection with your services to JRCHC, and you may receive overtime pursuant to applicable federal and State wage and hours laws as well as JRCHC policies. You should report any suspected violation of the wage and hour laws, or other related provisions, to your supervisor or a Compliance Committee member; and you should not be subject to retaliation or adverse employment action for making such a report. You are encouraged to bring any concerns or dissatisfaction concerning wage and hour issues to a Compliance Committee member.

19. **Political Activities**

As a non-profit organization, JRCHC is prohibited from engaging in any political campaign and substantial lobbying activities. JRCHC funds and resources, including work time, may not be used for political contributions or activities. In expressing personal political views or support or opposition to a candidate for public office, it must be very clear that such views are personal and not the view of JRCHC. There are allowances for JRCHC to advocate its position on public issues. To assure that JRCHC does not violate any laws or regulations, or risk losing its tax-exempt status, the Compliance Committee must approve any lobbying activities.

20. **Copyrights, Patents and Intellectual Property**

It is unlawful for anyone to use or reproduce copyrighted work without permission, or to misappropriate or disseminate patented or trademarked properties, products or developments without a license to do so. This has become a particularly sensitive area given the explosion of new products, concepts and ideas generated in connection with computers and software. Should you have any questions about your ability to use, modify, reproduce, expand upon or incorporate any work potentially subject to a copyright, patent or trademark, or that otherwise might be considered proprietary and sensitive business information, you should immediately consult your supervisor. Should you learn of a potential misuse or copyrighted, patented or trademarked information, or of a potential unlicensed use of computer software, you should immediately report the issue and the circumstances to the Compliance Officer. Finally, theft or unauthorized use of protected JRCHC intellectual property is strictly prohibited; such behavior is not only criminal and may lead to significant civil liability, but it also constitutes grounds for immediate termination.

21. **Regulatory Issues**

JRCHC provides health care services pursuant to federal, State and local licenses and permits; and is subject to numerous laws, rules and regulations, governing areas such as consent to treatment; medical record retention, access and confidentiality; patient rights; and professional licensure.

Like other businesses, JRCHC is subject to federal and State labor laws, discrimination laws, consumer protection laws, tax laws, and general and professional liability laws.

It is the policy of JRCHC that every employee should be familiar with the legal and regulatory requirements applicable to such employee’s area of responsibility. Employees are not expected to become an expert in every legal and regulatory requirement and should consult with their supervisor or the Compliance Officer, who has directed access to outside legal counsel, whenever they face an issue raising possible legal or regulatory concerns.

22. **Marketing Practices**
JRCHC’s marketing and advertising practices will be developed in a manner consistent with our mission as a provider of health care services. Advertising and marketing will be practices with honesty, integrity and accountability and in accordance with applicable laws, regulations and guidelines.

23. **Use of Assets**

JRCHC personnel shall use JRCHC property only for JRCHC business, including facilities, equipment, software, supplies and personnel time. JRCHC property will be disposed of, sold or otherwise removed in accordance with JRCHC policy.

24. **Government Audits and Investigations**

There may be times that JRCHC is asked to cooperate with an investigation of fraud by a federal, State or local governmental agency, or to respond to a request for information. A request may be formally addressed to JRCHC or an individual within JRCHC. Staff must report any requests for information or cooperation with an investigation to the Compliance Officer immediately.

**CONCLUSION**

Jericho Road Community Health Center hopes that this Compliance Plan with a Code of Conduct provide useful and effective guidance to you. We are committed at all levels to ensuring that we comply with existing laws and ethical provisions, and we thank you for your cooperation and ongoing vigilance in this important effort.

Dated: November 20, 2014
ATTACHMENT A

COMPLIANCE COMMITTEE

COMPLIANCE OFFICER:

Barbara Saxon

MEMBERS:

Karen Hardick

Brett Lawton

Yeny Roggie

Krista Schwartzott

Laurie Lee

Effective Date:  November 20, 2014

Revised:  June 11, 2015