POLICY

Pursuant to its Compliance Program, Jamaica Hospital Medical Center (the “Hospital”) is committed to maintaining compliance with all laws and regulations, including those governing quality of care, documentation, coding, billing and its relationships with other providers.

In furtherance of the Compliance Program and the requirements of Section 715-b of the New York Non-Profit Revitalization Act of 2013, the purpose of this Policy is to ensure that all personnel understand the Hospital’s commitment to prohibiting intimidation, retaliation, harassment, discrimination or other retaliation for good faith participation in the Compliance Program. Retaliatory action in any form by any individual associated with the Hospital is strictly prohibited and is itself a serious violation of the Code of Conduct and this Policy. Prohibited retaliation includes any adverse employment action and any other negative treatment, including intimidation that results from good-faith participation in the Compliance Program.

PROCEDURES - GENERALLY

The adoption and implementation of, and compliance with this Policy shall be overseen by the Board of Trustees. The Board may, in its discretion, authorize certain functions relating to the implementation of, and compliance with, this Policy to one or more Hospital employees, but the Board will, at all times, retain overall responsibility for all aspects of the oversight of this Policy.
PARTICIPATION IN THE COMPLIANCE PROGRAM

Good faith participation in the Compliance Program includes, but is not limited to:

i. reporting actual or potential issues or concerns, including but not limited to, any action or suspected action taken by or within the Hospital that is illegal, fraudulent or in violation of any adopted Hospital policy;

ii. cooperating with or participating in the investigation of such matters;

iii. assisting with or participating in self-evaluations, audits, and/or implementation of remedial actions; or

iv. reporting to appropriate regulatory officials as provided in New York State Labor Law §§ 740 and 741.¹

REPORTING AND CONFIDENTIALITY

As required by the Hospital’s Compliance Program, all Personnel are expected to report suspected misconduct or possible violations of the Compliance Program to the Chief Compliance Officer, at the number or e-mail address below, or to their supervisor. Personnel may also report compliance issues or concerns to the Hospital’s Compliance Hotline at the number below. Personnel may report compliance issues or concerns anonymously, if they wish (whether through the Compliance Hotline or otherwise). The identity of the reporting Personnel will be kept confidential to the extent possible, consistent with the need to investigate the issue(s) raised.

Compliance Program Contact Information

<table>
<thead>
<tr>
<th>Chief Compliance Officer</th>
<th>Email: <a href="mailto:gfatoush@jhmc.org">gfatoush@jhmc.org</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>George A. Fatoush, CHC</td>
<td></td>
</tr>
<tr>
<td>Compliance Hotline</td>
<td>Email: <a href="mailto:corporatecompliance@jhmc.org">corporatecompliance@jhmc.org</a></td>
</tr>
<tr>
<td>718-206-7892</td>
<td></td>
</tr>
</tbody>
</table>

INVESTIGATION OF INTIMIDATION/RETAILIATION COMPLAINTS

- All allegations of intimidation or retaliation resulting from good faith participation in the Compliance Program will be fully and completely investigated. The Chief Compliance Officer, or his/her designee, will oversee any investigations and take all necessary and appropriate actions in connection with any investigation. The Chief Compliance Officer, or his/her designee, will be assisted by internal staff and/or may solicit the support of external resources, as needed.

- All individuals who may have relevant information will be promptly interviewed. At the outset of the interview process, the interviewee will be reminded that retaliation and intimidation is a violation of the Hospital’s Code of Conduct and this Policy, and that under certain circumstance, may be unlawful as well. The interviewee will also be reminded of the Hospital’s disciplinary policy for failure to cooperate in a compliance-related investigation.

¹ For a brief summary of New York State Labor Law §§ 740-741, as of May 2014, please see the appendix to this Policy.
- All documentation related to the investigation will be kept confidential, consistent with the need to investigate the issue(s) raised. Investigative files will be kept secured in a central location under the control of the Chief Compliance Officer or designated staff. Such investigative files will be kept separate from personnel files and will be maintained for no fewer than ten years from the date of the conclusion of the investigation, or the imposition of disciplinary sanctions or corrective actions resulting therefrom, or for such longer period of time as may be required by applicable law.

- If the Chief Compliance Officer, in conjunction with the Chief Executive Officer, determines that an employee was improperly terminated or otherwise disciplined in retaliation for good faith participation in the Compliance Program, the Hospital will promptly seek to re-employ that individual or otherwise remedy the retaliatory disciplinary action. The Board of Trustees will retain oversight of all such corrective action.

- If the Chief Compliance Officer determines that an employee was retaliated against for good faith participation in the Compliance Program, appropriate disciplinary action may be taken against the offending person, subject to the oversight of the Board of Trustees.

- The Hospital may terminate contracts and affiliations based on retaliation or intimidation for good faith participation in the Compliance Program, subject to the oversight of the Board of Trustees.

- In order to prevent retaliation or intimidation against employees who in good faith participate in the Compliance Program, all terminations of employment must be approved by the Hospital’s Chief Operating Officer prior to being effectuated. The Chief Operating Officer or Human Resources Department must be advised of the employee’s participation in the Compliance Program prior to the termination decision or other adverse employment action being made.

**REPORTING TO THE CEO AND BOARD**

The Chief Compliance Officer is designated to administer this Policy and report to the Chief Executive Officer and the Board of Trustees on matters concerning violations and alleged violations of this Policy, both on a periodic and as-needed basis.

**DISTRIBUTION**

This Policy shall be distributed to all trustees, officers and employees of the Hospital, and to volunteers who provide substantial services to the Hospital.
APPENDIX: A BRIEF SUMMARY OF NEW YORK STATE LABOR LAW §§ 740 & 741

New York State Labor Law §§ 740 and 741 are laws that provide protection to “whistleblowers” in certain cases. In general terms:

- **§ 740** prohibits retaliatory action, including discharge, suspension, demotion or other adverse employment action, by an employer against an employee if the employee: (a) discloses or threatens to disclose to a supervisor or to a public body (broadly defined in the law to include various legislative, judicial, regulatory, administrative, public and law enforcement bodies, members, employees and officials) an activity, policy or practice of the employer that is in violation of a law, rule or regulation which creates and presents a substantial and specific danger to the public health or safety, or which constitutes “health care fraud” (as defined under the New York Penal Law), (b) provides information to, or testifies before, any public body conducting an investigation, hearing or inquiry into any such violation of a law, rule or regulation by the employer, or (c) objects to, or refuses to participate in, any such activity, policy or practice.

- **§ 741** prohibits a health care employer from taking retaliatory action, including discharge, suspension, demotion, penalization, discrimination or other adverse employment action, against any employee if the employee: (a) discloses or threatens to disclose to a supervisor or to a public body (broadly defined in the law to include various legislative, judicial, regulatory, administrative, public and law enforcement bodies, members, employees and officials, as well as executive branch departments and any division, board, bureau, office, committee or commission of such bodies) an activity, policy or practice of the employer or agent that the employee, in good faith, reasonably believes constitutes improper quality of patient care, or (b) objects to, or refuses to participate in, any activity, policy or practice of the employer or agent that the employee, in good faith, reasonably believes constitutes improper quality of patient care.

Under both laws, an employee is protected only if he/she first brings the matter to the attention of a supervisor and gives the employer a reasonable opportunity to correct the activity, policy or practice. However, prior disclosure to a supervisor is not required if the matter involves a disclosure or threat to disclose an activity, policy or practice of the employer or agent that the employee, in good faith, reasonably believes constitutes improper quality of patient care that presents an imminent threat to public health or safety or to the health of a specific patient, and the employee reasonably believes, in good faith, that reporting to a supervisor would not result in corrective action.

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2 This appendix is not intended to be a comprehensive description of the law, a legal interpretation or legal advice. This summary is accurate as of May, 2014.