

# Sparks Family Medicine, Ltd/MediTask, LLC/SLMS, LLC Colleague Policy Handbook

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## Opening Statement

Welcome to your position at the Sparks Family Medicine, Ltd office, where lay staff is provided by MediTask, LLC and SLMS, LLC and providers are contracted with Sparks Family Medicine. These companies work as a team to provide patient care and uphold the policies and procedures of this Handbook. We hope that you will enjoy your time in the office and become a productive and successful member of our "family." Our goal is to provide professional service of the highest quality for patients while maintaining an environment that fosters the professional and personal growth of the individual staff member. To achieve such goals, it is necessary to work together with everyone accepting a fair share of the workload through individual dependability, integrity, responsibility and pride in accomplishment. Each job is important; a productive, cooperative atmosphere is beneficial to the employees as well as to the patients.

Remember to be kind, sympathetic, and understanding with all patients and other staff, no matter how trying the circumstances may be. People who are ill or uncomfortable are under added stress and may be depressed or unable to respond with good humor. While tolerance of trying patients is required of MediTask employees, no employee of MediTask is asked to suffer from abusive patients. These patients should be referred to the Office Manager.

This Handbook describes, in summary form, the personnel policies and procedures that govern the relationship between the Companies and their owners, officers, employees and contractors. The policies stated in this Handbook are subject to change at any time at the sole discretion the Companies. The Handbook supersedes any prior handbooks or written policies that are inconsistent with its provision. You may receive updated information concerning changes in policy from time to time, and those updates should be kept with your copy of the Handbook. If you have any questions about any of the provisions in the handbook, please ask the Office Manager.

This Handbook does not create a contract of employment between you and the Companies. Although we hope that your relationship with will be long-term, either you or the Company you work for may terminate this relationship at any time, for any reason, with or without cause or notice, unless a separate contractual relationship is established. The relationship remains at-will notwithstanding any provision in this Handbook to the contrary. No supervisor, manager, or representative of the Companies other than the Owners below has the authority to enter into any agreement with you regarding the terms of your relationship that changes the at-will relationship or deviates from the provisions in this handbook.

Sincerely,



Amy R. Sparks, MD, President  
Sparks Family Medicine, Ltd

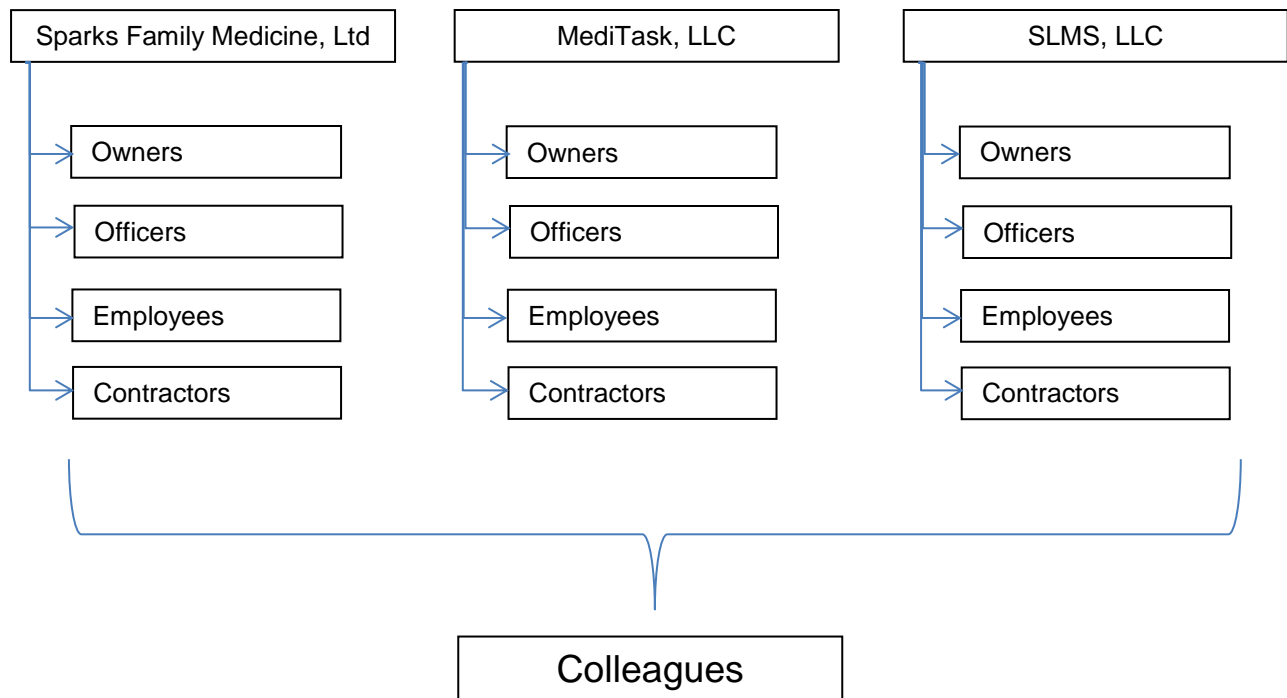


Brett Sparks, President  
MediTask, LLC



Korin Schippers, President  
SLMS, LLC

## Organization Chart



Sparks Family Medicine, LTD/MediTask, LLC/SLMS, LLC  
Colleague Policy Handbook  
Section 100: Introduction  
Reviewed: Annually

Approval Date: 08/18/2015

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### **101 Purpose**

This policy defines the expectations, standards and responsibilities the employees, contractors, officers and owners of MediTask, LLC, SLMS, LLC and Sparks Family Medicine, Ltd at the Sparks Family Medicine, Ltd practice. Employees, contractors, officers and owners are hereinafter referred to as "Colleagues." MediTask, LLC, SLMS, LLC and Sparks Family Medicine, Ltd are referred to hereinafter as "the Company" in their individual capacities. The use of "Colleagues" encompasses each individual's relationship with each of the Companies, including employee, contractor, officer and/or owner, as the policies in this Handbook may apply to an individual as an employee of one Company but a contractor of another Company. Even though the policies apply to individuals as Colleagues, each individual's employment or contractor status with any Company is determined by their hiring paperwork or separate agreement and not the application of the policies contained in this Handbook.

This Handbook serves as a central policy document with which all Colleagues must be familiar. This policy defines actions and prohibitions that all Colleagues must follow.

This Handbook does not establish any obligations or liabilities between the Companies. Each Company is a separately owned and controlled company.

### **103 Scope**

This policy document defines common Colleague responsibilities. This policy works in conjunction with other policies, including HIPAA Policies, IT Security Policies, OSHA Policies and Health and Safety Policies. This policy establishes a framework of responsibilities and is not meant to identify all responsibilities of representatives.

### **105 Company Representatives**

The Company shall identify individuals authorized to act on behalf of the Company as Company representatives. These individuals may be administrators, managers or leads. If a Colleague is unsure as to which individual(s) at their location represent the Company or the capacity of any representative, they should contact their Office Manager or the appropriate Owner on the Opening Statement of this Handbook.

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### **201 Applicant Paperwork**

All Colleagues have submitted a resume upon applying for employment with the Company and completed an application and release allowing the Company to verify references, employment and education. While the Company will make its best effort to verify these credentials, false or incorrect information on applicant paperwork may be grounds for willful termination if the applicant is hired based on the misinformation.

Colleagues were also presented with a job description detailing the typical skills required of their position. Colleague acknowledges that they can perform the duties listed on the job description. Colleague acknowledges that the Company may ask the Colleague to perform other appropriate tasks related to their position.

### **203 New Hire Paperwork**

New hires will complete the following paperwork to secure employment with the Company:

- Form I-9 with ID (MU 70)
- W-4
- Receipt of Handbook Agreement
- Confidentiality Agreement
- IT Security Agreement
- Workers Compensation Acknowledgement

Failure to complete new hire paperwork may be grounds for willful termination.

### **204 New Hire Orientation**

New hires will complete training in the following courses:

- HR Policies
- HIPAA Policies
- IT Security Policies
- Safety and Health Policies
- Fraud, Waste and Abuse Training

Failure to successfully complete training of the above courses may be grounds for willful termination.

### **205 New Hire Preparation**

New hires should request confirmation from their immediate supervisor for each of the following:

- New hire completed paperwork has been submitted to the Company for the Colleague to be entered into the payroll system.
- New hire has been entered into the Colleague time keeping system so that a record of time for work can be established.
- New hire has been assigned a Company email, instructed on using the designated email client and has changed the default password to a unique password meeting security requirements.
- New hire has been added as a network user on the office server.

- New hire has been assigned an electronic medical record (EMR) user account, instructed on logging into the EMR and has changed the default password to a unique password meeting security requirements.

### **206 Colleague Record**

Personnel records are maintained on every Colleague with the Company. Colleagues are expected to provide the Office Manager with precise and current information regarding any changes to their personal information.

Applications for employment, resumes, status report forms, performance appraisals, current job descriptions and other information directly related to employment decisions and job performances are kept in Colleague personnel files. Copies of current W-4 forms and name/address changes also are included in the Colleague personnel files.

Inspection of personnel files must be conducted in the presence of the Office Manager. Files are not to be removed from the office. The Colleague, with the permission of the Office Manager, may obtain copies of any material from the employment file.

Sparks Family Medicine, LTD/MediTask, LLC/SLMS, LLC  
Colleague Policy Handbook  
Section 300: Employment Policies  
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### **301 Equal Employment Opportunities**

The Company is committed to providing equal employment opportunities (EEO) for all Colleagues and job applicants. The Company endorses and will follow the EEO Policy in implementing all employment practices, policies, and procedures.

The Company will recruit, hire, train, and promote persons in all job titles without regard to race, color, religion, national origin, sex, age (except where sex or age is a bona-fide occupational qualification, as defined by law), or physical or mental disability (except where the disability prevents the individual from being able to perform the essential functions of the job and cannot be reasonably accommodated in full compliance with the law). The Company will make employment decisions so as to further the principle of equal employment opportunity.

The Company will ensure that promotion decisions are in accord with principles of equal employment opportunity by imposing only valid nondiscriminatory requirements promotional opportunities. The Company will also ensure that all personnel decisions and actions, including, but not limited to compensation, benefits, transfers, promotions, layoffs, returns from layoff, terminations, Company-sponsored training, education, tuition assistance, and social and recreation programs, will be administered without regard to race, color, religion, sex, age, national origin, or disability.

All Colleagues are expected to comply with the Equal Employment Opportunity Policy.

### **302 Confidential Information**

Confidential information is defined as privileged information found in a patient's medical records and personal and work-related information in an Colleague's personal record. Any Colleague who violates the confidentiality of medical information is subject to serious disciplinary action, including termination.

All information relating to a patient's care, treatment, or condition constitutes confidential information. Colleagues should never discuss a patient's medical condition with other personnel, friends, or families. Disclosure of a patient's presence in the practice also could indicate the nature of the patient's illness and therefore, should not be released without prior authorization.

During the course of their relationship with the Company, Colleagues will acquire information that is confidential. Colleagues should not discuss outside the facilities or talk over with other Colleagues these bits of information. Even casual conversation with other Colleagues may be overheard and, thereby, violate the right of privacy of others. There is to be no discussion of confidential information except as professionally required. All information should be considered confidential.

Do not give personal opinions to others regarding patients' conditions and/or treatment. If you are requested by someone for confidential information, you should tell him or her that all information is confidential and if they need information, they can discuss it with the doctor in charge.

All Colleagues will receive HIPAA training and will be responsible for adhering to the Company's HIPAA policies and procedures. If confidential information is released without permission, a Colleague is subject to dismissal.

### **303 Office Premises**

Park only in the area designated the Office Manager. Colleagues should not park in front of the office or in front of adjacent offices. Colleagues are not allowed to smoke on the office premises. Colleagues should not litter on the office premises. Please notify the Office Manager of any issues with the office premises.

### **304 Attendance**

Colleagues shall be assigned schedules necessary to support operations during established operating hours. Colleagues may be asked to open and/or close and should make sure that they have been given the appropriate keys and instructions to open and/or close the office.

Punctuality and regular attendance are essential functions of each Colleague's job. Colleagues are expected to report to work as scheduled, on time and prepared to start work. Colleagues also are expected to remain at work for their entire work schedule, except when required to leave on authorized Company business or during lunch. Late arrivals, early departures, or other absences from scheduled hours must be avoided.

Patient demands or emergencies occasionally may require some Colleagues to work overtime, which for hourly employees means more than forty hours (40) hours in one week. Colleagues should notify the Office Manager when they exceed their scheduled hours in a day. Overtime requires the prior approval of the Office Manager. Overtime is compensation at the rate of one and one-half times the Colleague's regular hourly rate of pay.

In all cases of absence or tardiness Colleagues must provide the Office Manager with documentation providing explanation. Colleagues also must inform the Office Manager in writing of the expected duration of any absence. Absent extenuating circumstances, a Colleague must call in advance of his or her regular starting time on any day on which the Colleague is scheduled to work and will not report to work.

Excessive absenteeism (excused or not) may result in termination of employment. Each situation of excessive absenteeism or tardiness will be evaluated on a case-by-case basis.

### **305 Lunch Period and Breaks**

Lunch periods typically consist of one hour and will be assigned within each department. All Colleagues are required to take between thirty and sixty minutes for lunch. Colleagues should notify the Office Manager if they are unable to take lunch as their assigned time.

Colleagues are allotted a ten minute break for each four hours worked. Break time encompasses time away from Company activities at a Colleague's work station—such as checking information on a cellular phone—and time utilized away from an Colleague's work station, including time spent in the break room and outside.

It is the policy of the Company to allow Colleagues to utilize break time as patient demand and time allows. Colleagues may request and the Office Manager or Company representative may require that break time be specified for individual Colleagues. Colleagues with specified break times agree to avoid break activities outside of their specified break times. **By signing an "Acknowledgment and Receipt of Handbook" form, Colleagues are acknowledging and consenting to the Company's Lunch Period and Break Policy.**

### **306 Covering Absences**

In the case of Colleague absences or short-staff situations, representatives are responsible for making arrangements to ensure appropriate coverage for the clinic location. These situations may be addressed by rescheduling patients, asking other colleagues to work additional hours or taking other measures representatives deem appropriate.



### **307 Early Release**

To assist in controlling costs, the Company may offer Colleagues the opportunity to request early release from their scheduled work day.

1. Early release should be initiated by the Colleague. It is not the intent of the early release policy to prevent the Colleague from performing their normally scheduled 8-hour work day.
2. Early release may be requested any time that an Colleague has exceeded their normally scheduled 8-hour work day in a week AND THE SCHEDULE ALLOWS.
3. The timing of the early release should correspond to the amount of time to date in the week exceeding the 8-hour work day.
4. The Colleague requesting early release should gain approval of coworkers first.
5. If coworkers consent to early release, the physician should be informed and must consent to the early release.
6. The early release policy does not allow Colleagues to manipulate hours to be eligible for early release. Colleagues may not, for example, work through lunch Monday through Thursday with the intention of leaving at noon on Friday.

#### Example

Mary works through lunch on Tuesday and stays thirty minutes late on Thursday, resulting in 1:30 total hours outside of her normal workday. On Friday, Mary checks the afternoon schedule and sees that few patients are scheduled. She asks her colleagues if she can leave at 3:30, which is the time Mary will have accrued her normally scheduled 40 hours. Mary's colleagues consent to her early release, so Mary asks the Office Manager if she can leave at 3:30. With the Office Manager's permission, Mary leaves at 3:30.

### **308 Time Record**

Hourly Colleagues are required to keep an accurate record of hours worked. It is important to indicate hours on the job, time for lunch, illness, holidays, or vacations, and any other related time considerations. Any absences from the office should be explained in writing. Colleagues will be presented with their time record to verify accuracy prior to payroll. Time recording devices may round to the nearest five minutes and time entered for payroll may be rounded to the nearest hundredth.

### **309 Pay Periods**

Unless addressed separately, pay periods are bi-weekly, from Sunday to Sunday. Paychecks are issued on Fridays following the end of the pay period. Colleagues who will not be present when paychecks are issued should make arrangements with the Office Manager.

### **310 Lost Paychecks**

Colleagues are responsible for their paychecks after they have been issued. Checks lost or otherwise missing should be reported to the Office Manager in writing so that a "stop payment" order may be initiated and a replacement issued. The Colleague will be responsible for the stop payment charge. A duplicate paycheck will be issued once it has been verified that the original paycheck has not cleared and the stop payment is in place. Colleagues are expected to cash paychecks on their personal time.

### **311 Emergency Instructions**

In an emergency, the Office Manager will communicate instructions to all Colleagues. Colleagues will be responsible for communicating instructions to those in the waiting room, restroom and break room. Medical assistant staff will be responsible for communicating instructions to physicians and patients in the nursing station and patient exam rooms.

Some emergencies, such as fire or a bomb threat, will require that the office be evacuated immediately. The decision to evacuate will be made by the building management, Office Manager, or emergency personnel. When instructed to evacuate:

1. Stop work and leave the building immediately.
2. Follow instructions, avoid panic and cooperate with those responding to the emergency.
3. Proceed to the designated or nearest exit.
4. Once outside of the building, proceed to the location previously designated so that the Office Manager can account for the staff.
5. Do not reenter the building until instructed to do so by the office manager or emergency worker.

Some emergencies may require that the office be secured for a period of time. The Office Manager may choose to lock the office doors and restrict access to and from the office during such situations. The Office Manager may also instruct patients and staff to gather in the break room or the waiting room for their security.

Section 400: Colleague Code of Conduct  
Reviewed: Annually

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**401 Compliance with the Law and Ethical Standards**

The Company is committed to upholding high ethical standards and complying with all applicable laws and regulations, federal health care program requirements, this Code and all other Company policies. This Code of Conduct promotes the Company's objective that Colleagues act with integrity.

**403 Scope**

This Code applies to everyone in the Company when doing work for or representing the Company. It is the responsibility of every Colleague to be familiar with all policies and procedures relevant to their job function and assist with policing this Code. Please report concerns related to this Code and direct any questions to the Office Manager or Owner(s) of the Company.

Colleagues have a responsibility to notify the Office Manager or Owner(s) of the Company when:

1. The Colleague has been placed on any state or federal exclusion list;
2. The Colleague has had employment-related professional licenses expire and not renewed;
3. The Colleague has been convicted, pled guilty, entered a no content (nolo contendere) plea or entered into a pre-trial agreement, deferred adjudication or similar pardon program for a crime other than a minor traffic violation. This does not include arrests or charges that did not result in a conviction, convictions that have been judicially dismissed, expunged, erased or sealed, or convictions that state law does not permit an employer to consider.

Any convictions involving controlled substances, convictions involving Medicare, Medicaid or any state- or federally- funded program, and convictions that could result in exclusion from participation in any State or Federal health care program must always be reported.

**405 Professional Practices**

The Company strives to uphold the ethics of the medical profession in its business activities. This includes:

1. Colleagues should provide professional services only if they have the required license, certification or registration to perform those services;
2. Colleagues should keep required professional credentials up to date;
3. Colleagues should notify the Office Manager if their credentials are revoked, sanctioned or if a state or federal regulatory agency has taken any action that will negatively impact their credentials or ability to perform professional services.
4. Colleagues should notify the Office Manager immediately if they have been convicted of a crime, with the exceptions noted in Section 355.

**407 Privacy and Security of Personal Information**

The Company's role in the health care industry requires the collection and maintenance of personal information of those we serve. This information is protected under federal and state privacy and security laws; and includes "Protected Health Information" (PHI) and "Personally Identifiable Information" (PII). These laws require PHI and PII be handled in a confidential manner. International privacy laws may also apply to certain information.

PHI includes information about a person's physical or mental health condition, information learned while providing health care to a person, information about a person's health care payments and information that identifies (or can reasonably be used to identify) a person. PII is information that can also identify a

person, either by itself or when combined with other information, but isn't necessarily health care related information. This includes information such as a person's last name or telephone number. Colleagues should always remember that those the Company serves, including colleagues using our services, count on the Company to protect their personal information. In addition, protecting PHI, PII and the confidentiality of those the Company serves is a condition of employment with the Company.

When dealing with a person's personal information:

1. Use and disclose only the minimum necessary amount of PHI or PII to do the required work including:
  - a. Using health information with all identifiers removed whenever possible;
  - b. Sharing PHI and PII with the minimum number of people; and
  - c. Viewing only the minimum amount of information required.
2. Disclose PHI or PII only with appropriate written authorization from the individual, unless the law authorizes or requires disclosure.
3. Never view patient, plan member or colleague personal information out of curiosity.
4. Appropriately dispose of unneeded copies of documents containing PHI or PII.
5. Keep documents with confidential information out of sight in a locked file cabinet or desk drawer, and never leave PHI or PII active on computers, in fax machines or other generally accessible areas.
6. Ensure PHI and PII transmitted or transported outside the Company is encrypted. This includes not only emails but also PHI and PII stored on portable devices such as USB devices, disks, laptops and mobile devices.

The privacy and personal information of those we serve is central to the Company's performance. Violating these or other privacy requirements will result in disciplinary action up to and including termination, even for a first offense. Violations can also result in civil and/or criminal penalties for the Company and/or the colleague in question.

If you see any of the following related to compromised PHI or PII, immediately contact the Privacy Office for the Company:

1. PHI or PII openly discussed or left unprotected;
2. Requests for more information than the minimum necessary to perform a job;
3. Unencrypted PHI or PII transmitted electronically outside the Company.

#### **409 Confidential and Proprietary Information**

Confidential and proprietary information such as trade secrets (which may include certain Company policies and/or procedures), technological advances, customer lists, knowledge of acquisitions or divestitures and financial data are some of the Company's most valuable business assets. This includes information that might be of use to competitors or harmful to the Company or those we serve if disclosed to others. To determine whether or not information is proprietary, consider whether information that is handled or shared on the job might give our competitors an unfair advantage if disclosed to them.

Colleagues must:

1. Use proprietary information only for job-related purposes, never for personal gain or to the detriment of the Company.
2. Share proprietary information with colleagues only on a "need-to-know" basis, and not disclose it to persons outside the Company, including business associates or those we serve, except under the terms of a confidentiality agreement approved by the Office Manager or Owner(s).
3. Return all proprietary information upon leaving the Company.
4. If Colleagues worked for a competitor before joining the Company, not share proprietary and confidential business information of the former employer.

#### **411 Conflicts of Interest**

A “conflict of interest” may arise when personal interests or activities appear to improperly influence our ability to act in the best interests of the Company. Situations involving a conflict of interest may not always be obvious or easy to resolve. Some circumstances that may present an actual or potential conflict of interest include, but are not limited to:

1. Outside employment;
2. Participation in outside organizations including board positions;
3. The Colleague or close relative having a financial interest in a competitor, vendor or client of the Company;
4. Use of Company assets for certain purposes;
5. Employment of relatives; and
6. Intimate or romantic relationships.

All colleagues should avoid situations that present a potential or actual conflict between personal interest and the interest of the Company. For further details as to what may qualify as a potential conflict of interest, please consult the Office Manager and/or Owner(s).

#### **413 Physical Assets**

The Company’s physical assets include items such as inventory, office and store equipment, vehicles, supplies, reports and records, telephones, computers, laptops, tablets and any other tangible property that the Company owns, rents or leases. Assets may also be non-physical, for example, the Company name, logo, trade secrets, strategies and customer information. Protecting the Company’s assets against loss, theft or other misuse is the responsibility of every colleague because it directly impacts the Company’s profitability and reputation.

When circumstances warrant, the Company reserves the right to require any colleague, while on duty or on the Company’s property, to submit to a non-invasive inspection of their person, vehicle, uniform, locker, package, handbag, briefcase or personal property. The Company also reserves the right to monitor communication tools, including the content and usage of email and voicemail, and any such communications which are the sole property of the Company including any and all communications regarding the Company’s business on colleagues’ personal devices. The Company reserves the right to temporarily take possession of any personal device(s) used to communicate The Company’s business to image relevant communications.

Colleagues should:

1. Only use the Company name for authorized Company business and never in connection with personal activities;
2. Use computer information, including email, primarily for business purposes because it is the property of the Company and not of the colleague; and
3. Not share user access credentials (e.g., IDs and passwords) with anyone.

#### **415 Record Retention**

The Company works to ensure we handle and maintain all Company records as required by law, and provides colleagues, contingent workers and suppliers with direction and support in properly managing our records throughout their life cycle. Records used by professionals must follow all regulatory and accreditation standards and requirements. Colleagues should never destroy records subject to audit, pending investigation or pending litigation until the audit, investigation or litigation is completed, even if they have reached the end of the required retention period.

#### **417 Health and Safety**

We all have a right to work in a safe and healthy environment. Unsafe practices can lead to serious consequences, such as personal injury, injury to colleagues and the Company or other serious outcomes.

We are committed to the well-being and safety of ourselves, our colleagues and anyone doing business with us. Colleagues must:

1. Always follow facility safety rules, regulations, procedures and warnings, particularly those that cover dangerous equipment and materials.
2. Safely handle and dispose of medications or other substances that may be toxic.
3. If Colleagues ever witness or suffer an accident, or see unsafe conditions, report the situation immediately. Colleagues have the right to report any work-related injury or illness to the Company without any retaliatory action for doing so.

#### **419 Colleague Privacy**

Work sometimes requires access to colleague health care and other sensitive information. We must protect the confidentiality of this information and provide the same level of protection we provide for similar information of the people we serve. That means Colleagues should never access, share or disclose any confidential or sensitive information about another CVS Health colleague, unless Colleagues are required to do so to fulfill job responsibilities.

What kind of colleague information is considered confidential or sensitive?

1. Health, salary and benefits information;
2. Performance reviews and corrective or disciplinary actions; and
3. Any other personally identifiable information that is not available to the public.

Just because a Colleague can has access to a data system that contains confidential information does not mean that Colleagues are authorized to access or view such information unless they are required to do so by their job responsibilities.

#### **421 Drugs and Alcohol**

The Company is committed to providing an alcohol-free and drug free work environment. The unauthorized use, possession, sale, exchange or purchase of drugs or illegal substances on Company premises, or at any time when representing the Company, is strictly prohibited. Likewise, the unauthorized use, possession, sale or exchange of alcohol on Company premises or at any time when representing the Company is strictly prohibited, except when associated with an approved business meal or legitimate business event. Prescription drugs ordered by a physician, which do not interfere with job performance, are permitted. Colleagues should never come to work under the influence of alcohol, drugs (including lawfully-prescribed drugs) or any other substance that could impair our ability to perform their job or jeopardize the safety of others.

#### **423 Gifts**

Keep these general rules in mind when accepting meals, gifts or entertainment:

1. The Colleague and the person or entity providing the meal, gift or entertainment must attend the event together.
2. The value of the event must be modest by local standards.
3. The venue has to be conducive to business discussions and the event must include or be contiguous to legitimate business discussions.
4. Colleagues may only accept gifts of nominal value such as branded mugs, hats or other similar items. When accepting meals, gifts or entertainment Colleagues may not:
  - a. Accept travel, lodging, seminar or event fees in connection with an otherwise permitted business event.
  - b. Accept any expense for your spouse or other guest.
  - c. Accept large-scale meals or entertainment events where a disproportionate number of Company colleagues attend compared to the number of people from the entity hosting the event (e.g., departmental dinners or similar events).
  - d. Accept cash or cash equivalents of excessive value (e.g., gift cards).

The Company recognizes that patients and customers will sometimes offer gifts of appreciation for good service. Colleagues may accept occasional, unsolicited gifts of appreciation of nominal value from patients or customers; but remember, accepting cash or cash equivalents of excessive value (e.g., gift cards) is never allowed.

If an Colleague has questions about accepting any gift, meal, entertainment or other thing of value, get written approval from the Office Manager or Owner before accepting it.

If you are providing any gift, meal, entertainment or other thing of value, special rules may apply. This is because gifts, meals, entertainment or other things of value offered to third parties can create enormous risk for the Company and courtesies offered to these people are carefully controlled. It's a good idea (sometimes required) to ask the Office Manager's permission before providing any gift, meal, entertainment or other thing of value to a third party. Always exercise good judgment when engaging in entertainment that is part of work responsibilities. When providing meals, gifts or entertainment, Colleagues must:

1. Keep meals and entertainment modest as judged by local standards.
2. Attend with the person the Colleague is providing the courtesy to.
3. Ensure the venue is conducive to business discussions and the event includes or is contiguous to legitimate business discussions.
4. Limit gifts to branded items of nominal value.

There are additional requirements if you are providing meals or other food to a physician. In these situations the meal must:

1. Be approved in advance and in writing by the Office Manager.
2. Be part of an informational or educational presentation.
3. Not include or be part of an entertainment or recreational event.
4. Occur in an office or hospital setting unless it is impractical to do so.

Remember, it is never permissible to give gifts of cash or cash equivalents of excessive value (e.g., gift cards). Colleagues with questions should ask the Office Manager. Colleagues are responsible for understanding the policies and following the rules. If an Colleague accepts or provides any gift, meal, entertainment or other thing of value that is later found to be improper, the Colleague will be held accountable for their decision.

#### **425 News Media**

Only the Owner(s) are authorized to speak with the news media on the Company's behalf (e.g., statements to the press, requests for in-store photographs/TV coverage and inquiries from radio, television, newspaper, magazine or trade journal personnel). Colleagues should never speak with or otherwise have contact with a member of the press on behalf of the Company without authorization from the Owner(s).

#### **427 Social Media**

Consistent with the Company's approach to interacting with the traditional news media, only designated Colleagues or colleagues are authorized to speak on behalf of the Company on social media. Colleagues who choose to speak on social media about the Company in any way must make it clear that they are not speaking on behalf of the Company or as an official Company representative.

Colleagues who choose to make use of social media or otherwise engage in online communications as an identifiable colleague of the Company must comply with all Company policies at all times and on all forms of social media. Only Owner(s) or designated colleagues may create Company-branded social media accounts.

Never take pictures or post photos of any workspace or store that may contain confidential information. Never take pictures of patients or customers without their consent. Doing so is a violation of this Code,

Company policy and potentially privacy laws and may result in disciplinary action up to and including termination of employment.

#### **429 Fair Dealing**

The Company strives to compete honestly, openly, fairly and with integrity. The Company will deal fairly with our customers, providers, clients, suppliers, regulators, shareholders and others with whom the Company does business.

Guidelines for fair dealing:

1. Refuse to participate in any conduct or sales or other practice that is intended to mislead, manipulate or take unfair advantage of anyone, or misrepresent products, services, contract terms or policies to anyone.
2. Refuse to be part of the following or any other practices that may illegally restrain competition:
  - a. Fixing prices;
  - b. Allocating or dividing markets or customers;
  - c. Boycotting or refusing to deal with competitors, customers or suppliers.
3. Do not discuss or share sensitive competitive information (for example, relating to pricing) with representatives of other companies or industry and trade associations.
4. Do not engage in untruthful or misleading advertising.
5. Never break any law or regulation, including unfair trade or insurance practices laws.
6. Consult with the Office Manager or Owner(s) on any matter relating to actual or potential noncompliance with any law or regulation or any of the Company's contractual commitments.

#### **431 Anti-Kickback Laws**

The Company complies with applicable federal and state anti-kickback laws and regulations. These laws prohibit payment or receipt of something of value intended to encourage purchasing, leasing or ordering of an item or service that may be reimbursed under a government health care program, such as Medicare or Medicaid. "Something of value" can take many forms, such as cash payments, entertainment, credits, gifts, free goods or services, the forgiveness of debt or the sale or purchase of items at a price that is not consistent with fair market value. It also may include the routine waiver of co-payments and/or coinsurance. Anti-kickback laws are complex. Colleagues should consult Owner(s) about whether it is appropriate to provide something of value to those we serve.

#### **433 Supplier Engagement**

It is important that the Company engages suppliers in ways that uphold the Company's commitment to integrity and excellence. Any Colleague procuring supplies for the Company must:

1. Competitively source goods and services.
2. Disclose any potential conflict of interest.
3. Present any contracts or agreement to the Owner(s) and not execute the contract without explicit written permission from the Owner(s).

#### **435 Fraud, Waste and Abuse**

The Company participates in companies and programs with specific fraud, waste and abuse requirements. There are differences between fraud, waste and abuse. One of the primary differences is intent and knowledge. Fraud requires the person to have an intent to obtain payment and the knowledge that their actions are wrong. Waste and abuse may involve obtaining an improper payment, but does not require the same intent and knowledge.

The government defines fraud, waste and abuse as follows:

1. Criminal Fraud
  - a. Knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program; or



- b. To obtain, by means of false or fraudulent pretenses, representations or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program. This violates criminal law.
- 2. Waste
  - a. Overutilization of services or other practices that, directly or indirectly, result in unnecessary costs to the Medicare Program.
  - b. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.
- 3. Abuse
  - a. Includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare Program.
  - b. Abuse involves payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.

The Company colleagues should keep in mind that even if intentions are good, choosing not to follow a policy could be interpreted by the government as fraud or payment abuse.

The Company requires all colleagues to be compliant with fraud, waste and abuse laws. Penalties for failing to comply include, but are not limited to, the following:

- 1. Disciplinary action up to, and including, termination where appropriate;
- 2. Criminal convictions or fines (individually and at the corporate level);
- 3. Civil monetary penalties;
- 4. Loss of licensure/sanctions; and
- 5. Exclusion from participating in federal health care programs.

#### **437 Bribery and Foreign Business Dealings**

The Company requires compliance with U.S. and applicable non-U.S. anti-bribery and anti-corruption laws, including, but not limited to, the U.S. Foreign Corrupt Practices Act and the UK Bribery Act of 2010. These laws prohibit anyone from personally, or the Company, authorizing, giving or promising, directly or indirectly, anything of value to U.S. or non-U.S. government officials, colleagues or agents of government-owned businesses, political candidates or campaigns, or any other individual or entity, in order to obtain or maintain business or receive special treatment for the Company. There is no exception for facilitating payments, which generally are small payments to low-ranking officials to expedite the performance of a routine act to which we are already entitled. It is important to remember that engaging in bribery, or even appearing to engage in such activity, can expose the individuals involved as well as The Company to criminal liability. Any request for authorization or payment that would violate this provision, or any information suggesting this provision has been violated, must be reported immediately to the Owner(s).

#### **439 Anti-Money Laundering, Anti-Terrorism and Boycott Compliance**

Money laundering involves hiding the origin of unlawfully gained money, for example through drug transactions, bribery, terrorism or fraud. The Company is committed to complying fully with all anti-money laundering laws and regulations in the U.S. and in other countries. The Company will conduct business only with reputable customers involved in legitimate business activities and with funds derived from legitimate sources. Alert the Office Manager or Owner(s) to any payment or other unusual customer transaction that seems inappropriate or suspicious.

#### **441 Medicare Compliance**

The Company participates in Medicare programs through various insurance-related products. The Company's Code of Conduct, policies and procedures support Medicare compliance. Colleagues are expected to participate in and support Medicare compliance, including fraud, waste and abuse programs designed to comply with laws and regulations.

#### **443 Government Reimbursement and the False Claims Act**

Federal and state false claims acts and similar laws prohibit submitting a false claim or making a false record or statement in order to gain reimbursement from, and/or avoid an obligation to, a government-sponsored program, such as Medicare or Medicaid. The Company adheres to all applicable laws, regulations and program requirements when billing federal or state health care programs. A provision of the Deficit Reduction Act of 2005 requires the Company to provide its Colleagues, and certain contractors and agents, with information regarding the federal and state false claims acts, whistleblower protections and the CVS Health process for detecting and preventing fraud, waste and abuse. As more fully discussed later in this Code, the Company prohibits retaliation against anyone for raising a legal or ethical concern or cooperating with an investigation.

#### **445 Ineligible Health Care Providers**

The government has the authority to exclude individuals or entities that have engaged in abuse or fraud from participation in Medicare, Medicaid and other federal and state health care programs. The Company will not employ or contract with any person or entity to furnish services or items reimbursable through a federal or state health care program if that person or entity has been excluded from a government-funded program or convicted of offenses that could result in exclusion.

#### **447 Government Requests and Subpoenas**

It is our policy to cooperate with reasonable requests for information from government agencies and regulators. Colleagues should:

1. Notify the Owner(s) before responding to a subpoena, search warrant, request for an interview or other non-routine request for access to information related to Company matters;
2. Always cooperate fully and be truthful in any information provided to the government; and
3. Never alter, withhold or destroy records related to an investigation.

#### **449 Colleague Responsibilities**

As a colleague, you have certain responsibilities related to compliance and integrity. All colleagues must:

1. Report if you have been placed on any state or federal exclusion lists, including the U.S. Department of Health and Human Services Office of Inspector General (OIG) and/or General Services Administration (GSA); or if any of your employment-related professional licenses have expired, or been revoked and/or sanctioned.
2. Immediately report any conviction of a criminal offense other than a minor traffic violation. For purposes of this reporting obligation, the term "conviction" includes:
  - a. A finding of guilt against the Colleague;
  - b. A court's acceptance of a plea of guilty or nolo contendere (no contest) from the Colleague;
  - c. The Colleague's entrance into a pre-trial agreement to avoid conviction; or
  - d. The Colleague's entrance into a First Offender, deferred adjudication, pardon program or other arrangement or program where a judgment of conviction has been withheld.

However, the term "conviction" does not include: (1) arrests or charges that did not result in conviction; (2) convictions that have been judicially dismissed, expunged, erased or sealed; or (3) convictions that state law does not permit an employer to consider.

Notwithstanding the above, please note that any convictions involving controlled substances, convictions involving Medicare, Medicaid or any state or federally funded program, and convictions that could result in exclusion from participation in any state or federal health care program must always be reported.

1. Understand and follow the Code and Company policies and procedures.

2. Conduct work and professional activities ethically and in accordance with all applicable laws, regulations, Federal health care program requirements, corporate integrity agreements and court orders.
3. Speak up and report any business activity that may violate the law or the Code, using the resource that is most comfortable.
4. Cooperate with investigations when requested and protect the integrity of the investigation by maintaining its confidentiality upon request by the investigator.
5. Use resources to ask a question or get help when something is unclear or doesn't feel right.
6. Use good judgment in cases where there is no clear rule, law or policy

Because leadership sets an example for all colleagues, they must:

1. Maintain a positive, ethical work environment;
2. Make certain that colleagues understand what is expected of them both professionally and ethically;
3. Maintain an open door policy on a routine basis for colleagues to ask questions and raise concerns;
4. Address issues raised by colleagues by listening and taking action, when appropriate;
5. Ensure colleagues complete all training in a timely manner;
6. Address all reports of misconduct and never ignore misconduct or retaliation;
7. Reinforce this Code with colleagues;
8. Communicate all policies and procedures;
9. Be fair and objective; and
10. Be a positive role model.

#### **451 Privacy & Information Security Incidents**

If Colleagues believe or know that any sort of improper or unauthorized access, use or disclosure of any personal information including Personally Identifiable Information (PII), Protected Health Information (PHI), or other information about an individual, they may speak confidentially to the Office Manager or Owner(s) in person, email or phone call.

The Company investigates all good faith reports of wrongdoing. If Colleagues are asked to participate in an internal investigation of misconduct or unethical behavior, they are required to cooperate. To adequately review an allegation, investigations can sometimes be lengthy. Colleagues should be patient if they do not get an immediate response from the Company.

#### **453 Consequences of Wrongdoing**

On and off the job, the Company expects all Colleagues to comply with the law and treat other people with respect, honesty and courtesy. Disruptive, unproductive, immoral, unethical or illegal actions are NOT acceptable at the Company. A failure by any colleague to comply with laws or regulations governing the Company's business, this Code or any other Company policy or requirement, may subject the Company and the Colleague(s) involved to civil and criminal penalties or prosecution. Non-compliance includes failure to properly supervise subordinates to prevent and detect misconduct. It also includes knowing about violations, but failing to report them. The Company sanctions Colleagues at all levels of the organization for participating in, encouraging, directing, facilitating or permitting non-compliant activities. The Company is committed to consistently undertaking appropriate disciplinary action to address non-compliance and deter future violations, and to that end, compliance related disciplinary actions are fairly and firmly enforced. Disciplinary action may be in any form, up to and including termination of employment, and if warranted, legal proceedings.

The following are examples of some, but not all, forms of rule violations or misconduct that may result in discipline up to and including termination of employment:

1. Theft or inappropriate removal or possession of Company property;
2. Falsification of timekeeping records or other Company records;
3. Possession or working under the influence of alcohol or illegal or non-prescribed drugs;

4. Insubordination;
5. Engaging in or threatening violence against colleagues, customers, vendors or others a colleague may interact with on behalf of the Company;
6. Conduct that violates the Company's Equal Employment Opportunity, Affirmative Action, Anti-Discrimination, Anti-Harassment, and Anti-Retaliation Policy;
7. Excessive absenteeism or tardiness;
8. Unauthorized use of telephones, Company communication services and equipment or other Company-owned equipment;
9. Negligent or improper conduct leading to damage of property, harm to others or safety hazards;
10. Possession of dangerous or unauthorized materials such as explosives, firearms or weapons in the workplace;
11. Failing to comply with the rules and limitations regarding gifts and solicitation from those with whom the Company does business as described in the Company's policies and this Code;
12. Unauthorized use or disclosure of confidential and proprietary Company information, confidential customer information or patient information; and
13. Violation of Compliance policies or procedures resulting in non-compliant behavior.

Additional examples of rule violations or misconduct that may result in discipline up to and including termination of employment are found in other sections of this Handbook, including Respecting Colleagues, Non-Discrimination Policy and Anti-Harassment.

#### **455 Medicare Compliance Policy**

The Company has established written policies and procedures, including a Medicare Compliance Plan to describe our compliance, ethical standards and practices, and our commitment to comply with all applicable federal and state laws and regulations. The Medicare Compliance Plan and other related documents implement the Medicare Compliance Program. These policies and procedures, in concert with the Code of Conduct (COC), direct the implementation of the Medicare Compliance Plan. Medicare Compliance Policies and Procedures are reviewed and updated at least annually, and when there are significant changes to applicable federal and state laws, regulations, or program requirements.

1. The events or established facts of the situation or event leading to the supervisor's actions;
2. The action of the supervisor that the Colleague wishes to have reviewed;

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### **501 Anti-Harassment**

The Company provides an environment free from sexual and sex-based harassment. It is against the policy of the Company for any Colleague, whether a manager, supervisor, or co-worker to sexually harass another Colleague. Sexual harassment or sex-based harassment occurs when the unwelcomed physical conduct of a sexual nature becomes a condition of an Colleague's continued employment, affects other employment decisions regarding the Colleagues, or creates an intimidation, hostile, or offensive working environment.

Sexual and sex-based harassment may include:

1. Requests for sexual favors;
2. Unwanted physical contact, including touching, pinching, or brushing the body;
3. Verbal harassment, such as sexual innuendoes, suggestive comments, jokes of a sexual nature, sexual propositions, and threats;
4. Non-verbal conduct, such as displays of sexually suggestive objects or pictures, leering, whistling, or obscene gestures, and
5. Acts of physical aggression, intimidation, hostility, threats, or unequal treatment based on sex (even if not sexual in nature).

Colleagues should be able to enjoy a workplace free from all forms of discrimination, including harassment on the basis of race, color, religion, gender, national origin, age, and disability.

It is against the policy of the Company for any Colleague, whether a manager, supervisor, or coworker, to harass another Colleague. Prohibited harassment occurs when verbal or physical conduct that defames or shows hostility toward an individual because of his or her race, color, religion, gender, national origin, age or disability, or that of the individual's relatives, friends, or associates,

- creates or is intended to create an intimidating, hostile, or offensive working environment,
- interferes or is intended to interfere with an individual's work performance;
- or otherwise adversely affects an individual's employment opportunities.

Any Colleague who believes he or she has been sexually harassed or discriminated or harassed because of race, color, religion, gender, national origin, age, or disability, should report the conduct immediately to the Office Manager.

A thorough and impartial investigation of all complaints will be conducted in a timely and confidential manner. Any Colleague of the Company who has been found, after appropriate investigation, to have sexually harassed, discriminated or harassed another Colleague because of race, color, religion, gender, national origin, age, or disability will be subject to disciplinary action up to and including termination.

### **503 Unacceptable Behavior and Activities**

Colleagues are expected to act in a mature and responsible way at all times. Some specific unacceptable behavior and activities are noted below. Your avoidance of these activities will be to your benefit as well as the benefit of MediTask; if you have any questions concerning any work or safety rule, or any of the unacceptable behavior or activities listed, please see the Office Manager for an explanation. Occurrences of any of the following violations, because of their seriousness, may result in immediate dismissal, without warning. The activities include but are not limited to:

#### Prohibited Acts

1. Willful violation of any company rule or policy, including policies related to harassment, confidential information, safety and security;
2. Any deliberate action that is extreme in nature and is obviously detrimental to MediTask's efforts;
3. Possession, use or sale of a controlled substance while at work except medications prescribed by a physician that do not impair work performance;
4. Unauthorized possession of dangerous or illegal firearms, weapons or explosives on company property or while on duty;
5. Engaging in criminal conduct or acts of violence, or making threats of violence toward anyone on company premises or when representing the Company;
6. Fighting or horse play or provoking a fight on company property; Threatening, intimidating or coercing fellow Colleagues on or off the premises at any time, for any purpose;
7. Engaging in an act of sabotage;
8. Willfully or with gross negligence causing the destruction or damage of company property, or the property of fellow Colleagues, customers, suppliers or visitors in any manner;
9. Theft of company property or the property of fellow Colleagues;
10. Unauthorized use of company equipment or property for personal reasons and/or personal profit;
11. Unauthorized possession or removal of any company property, including documents, from the premises without prior permission from management;
12. Willful falsification or misrepresentation on your application for employment or other work records;
13. Providing confidential or proprietary Company or third-party information to competitors or other organizations or to unauthorized Colleagues;
14. Posting or removing or altering notices on any bulletin board on company property without permission;
15. Obscene or abusive language toward any manager, Colleague or customer;

#### Work Performance

16. Failure to perform job duties or meet quality standards;
17. Failure to notify the Office Manager of any daily work that is not completed within 24 hours;
18. Failure to notify the Office Manager of any urgent/priority work that is not completed the same day;
19. Mistakes due to carelessness or failure to get necessary instruction;
20. Negligence or careless action which endangers the life or safety of another person;
21. Insubordination or refusing to obey instructions properly issued by the Office Manager and/or Company representative pertaining to your work;
22. Indifference or rudeness towards a customer or fellow Colleague;
23. Dishonesty;
24. Alteration of patient records, company records or other company documents;
25. Working for a competing business while a MediTask Colleague;
26. Engaging in behavior designed to create discord and lack of harmony;
27. Willfully restricting work output or encouraging others to do the same.
28. Failure to maintain a neat and clean appearance in terms of the standards established by your manager;
29. Any departure from accepted conventional modes of dress or personal grooming;
28. Wearing improper or unsafe clothing.

#### Attendance and Pay

29. Failure to report an absence or late arrival;
30. Excessive absence or lateness;
31. Approving a Time Record for hours not worked;
32. Leaving work before the end of a workday or not being ready to work at the start of a workday without approval of your manager;
33. Stopping work before time specified for such purposes;

34. Sleeping, loitering or loafing during work hours;

Other

- 35. Smoking on Company premises;
- 36. Excessive use of company telephone for personal calls;
- 37. Creating or contributing to unsanitary conditions;
- 38. Any disorderly/antagonistic conduct on company premises;
- 39. Failure to immediately report damage to, or an accident involving company equipment;
- 40. Soliciting during working hours and/or in working areas;
- 41. Selling merchandise or collecting funds of any kind for charities or others without authorization during business hours, or at a time or place that interferes with the work of another Colleague on company premises.

If during the course of your employment a performance problem is detected, and you engage in misconduct the Company, in its sole discretion, may immediately suspend and/or terminate you.

### **505 Personal Use of Devices**

Company equipment, including computers, copiers, networks and supplies, should not be used for personal use. The Company requests that cellular phones should be used for personal calls. Personal calls are to be made at a time when they do not interfere with work. Long distance calls should be made with a cellular phone, calling card or collect. Calls should not be charged to the office. The Company reserves the right to investigate all numbers dialed from its phone. Computer use should be limited to Company business.

### **507 Personal Appearance**

Colleagues are expected to look and act professionally. Colleagues should be clean and well groomed at all times and dress in a manner appropriate for their job. Leisure time clothes such as shorts, jogging suits or see-through clothes are not considered appropriate professional apparel. Personal cleanliness and care of hair, fingernails, hands, and body odor are required. The Office Manager and/or Company representative shall, in their sole discretion, determine the appropriateness of appearance and apparel.

### **509 Food and Drink**

Eating is limited to the break area. Covered drinks are allowed at workstations but containers must be removed daily and are not allowed to accumulate.

### **511 Housekeeping**

Quality patient care demands an extra measure of cleanliness. While it the Company maintains a cleaning service, Colleagues are expected to organize and clean the area(s) in which they work. Drawers, cabinets, and storage areas are to be neatly arranged. Desk tops and work counters should be kept uncluttered and completely cleaned off at the end of the day. Anything left on the floor should also be picked up and put away at the end of the day.

All Colleagues are to keep the break area in proper order. This includes disposing of food and/or containers in the refrigerator when needed.

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**601 Grievance Claim**

Colleagues may request that certain actions and judgments of supervisors to be reviewed by the Office Manager and/or Company representative. These grievance claims must be submitted in writing to the Office Manager and should contain:

3. The events or established facts of the situation or event leading to the supervisor's actions;
4. The action of the supervisor that the Colleague wishes to have reviewed;
5. The basis for the Colleague's request for the review of the supervisor's action.

Colleagues should receive written confirmation of their grievance claim. The Colleague will be notified in writing of the outcome of their grievance claim. The Colleague may request on a weekly basis the status of any pending grievance claims.

**603 Actions Ineligible for Grievance**

The following actions are not eligible for the Company's grievance policy:

1. Termination.
2. Rate of pay.
3. Office hours.

**605 Right to Refuse to Review**

The Company reserves the right to refuse to review actions taken by a supervisor at their sole discretion.

**607 Obligations During the Grievance Process**

After filing a grievance claim, Colleagues should continue to adhere to the supervisor's judgment, this policies contained in this handbook and all other policies established by the Company. The Company reserves the right to enforce its policies during the grievance process.



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### **901 Identification of Representatives/Supervisors**

The Company may, at its discretion, identify a Colleague or Colleague(s) to serve as Company representatives/supervisors by the designation of "Office Managers" or "Office Leads." These Representatives may represent the Owner(s) to Colleagues, patients and vendors, but may not bind the Company without the express written consent of the Owner(s).

### **903 Responsibilities of Representatives**

Representatives are responsible for supervising Colleague behavior to ensure that:

1. Colleagues are performing their jobs as defined by their job descriptions.
2. Colleagues are adhering to the Handbook, including Conduct.
3. Colleagues are adhering to other policies, including Health and Safety Policies, HIPAA

Policies, IT Security Policies, and OSHA Policies.

If Representatives observes that Colleague is not performing their assigned job functions or that the Colleague is engaged in behavior that violates Company policies contained in the Handbook, HIPAA Policies, IT Security Policies, OSHA Policies and Health and Safety Policies, Representatives should address the Colleague in a time, place and manner as the situation permits and notify the Owner(s). This intervention should 1) identify the behavior in question and 2) identify correct behavior required by the Company and its policies.

### **905 Documentation**

Representatives should maintain a record for each Colleague noting the time, date and focus of each intervention. Each intervention will require Representatives to notify the Owner(s) to decide upon an action for the Colleague conduct. The potential actions for Colleague interventions are 1) Informed; 2) Verbal Warning; 3) Written Warning and; 4) Dismissal from Employment.

The Company should be notified of all verbal and written warnings. Company approval is required for Colleague dismissal.

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**901 Health and Safety Policies**

Health and safety policies are addressed in separate OSHA and Infectious Disease Control handbooks provided by Compliance Alliance.

**903 HIPAA Policies**

HIPAA policies are addressed in the HIPPA Policy Handbook.

**905 IT Security Policies**

IT Security Policies are addressed in the IT Security Policy Handbook.

**907 Controlled Substances Prescribing Policies**

Nevada's Assembly Bill 474 requires medical providers who prescribe controlled substances to follow certain protocols. This office's Controlled Substances Prescribing Policies are compliant with AB 474.

AB 474 requires that all Controlled Substance (CS) prescriptions (Rx) contain the following four components:

1. Patient Date of Birth
2. ICD10 diagnosis code for disease being treated with CS
3. Fewest number of days necessary to consume the maximum dose of CS.
4. Provider's DEA number

AB 474 also requires that certain forms be completed by the provider and patient at certain intervals, such as initial prescription, 30-day refill and 90-day refill. The forms required at each interval are reflected in documents posted at [SFMstaff.com](http://SFMstaff.com). All Colleagues are responsible for knowing the appropriate use of these documents in the Controlled Substances Prescribing Policies.

## **Acknowledgement and Receipt of Policy Handbook and Confidentiality Agreement**

I \_\_\_\_\_ (PRINT NAME) acknowledge that I received the Colleague Handbook. I understand that I have an obligation to familiarize myself with the contents and the provisions of this Handbook. I understand that nothing in this Handbook constitutes a contract of employment or guarantee of benefits and that my relationship is an at-will relationship unless otherwise contracted. As such, I enjoy the right to terminate my relationship with or without cause or notice at any time and my employer reserves the right to do the same.

I understand that confidential information is defined as:

- Any personal information found in a patient's medical record or relating to a patient's care, treatment, or condition, (i.e., protected health information or PHI). .
- Any work-related information (including compensation information).
- Any trade secret, scientific or technical information developed by the MediTask or its clients.

I understand that Colleagues shall never discuss confidential information with any non-Colleague, friends, or family members. Colleagues may discuss PHI with other Colleagues, provided that:

- Discussion of PHI is related to treatment, payment or operation.
- Discussion of PHI includes only the minimum essential information.
- Discussion of PHI occurs in appropriate areas at appropriate volume levels.

All compensation information is confidential and may not be shared with others in the clinic or with patients. Only authorized individuals may relay salary information.

I understand that in my daily job duties, I will have access to confidential information, including patient PHI, the disclosure of which is governed by federal regulations. I understand that any unauthorized disclosure of confidentiality information is subject to disciplinary action up to and including termination from my position. I understand that any unauthorized use or disclosure of information residing on the Practice information resource systems may result in disciplinary action consistent with the policies and procedures of federal, state, and local agencies. I recognize that this signed document of my agreement to uphold the provisions of this policy will be kept on file in my personnel file.

Colleague Signature & Date: \_\_\_\_\_

Practice Witness Signature & Date: \_\_\_\_\_