LONG ISLAND CENTER FOR RECOVERY, INC.

Subject: Corporate Compliance Code of Conduct	**Published Date:** 04/01/2024
Leadership	**Next Review Date**: 03/31/2025
Scope: LICR Facility Wide	**Original Creation Date:** 5/2/2023

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I. OUR COMMITMENT TO ETHICS AND COMPLIANCE

A. Leadership Commitment to Ethics and Compliance

LICR is committed to its long tradition of ethical and responsible conduct. The Code of Conduct reflects LICR's values which are Integrity, Compassion, Accountability, Respect and Excellence. LICR's Chief Executive Officer has authority over compliance with governmental laws and regulations. The Governing Body has ultimate oversight for LICR's Corporate Compliance Program.

LICR promotes relationships based on mutual trust and respect and provides an environment where individuals may question a practice without fear of intimidation or retaliation. The Code of Conduct additionally demonstrates LICR's commitment to compliance with federal and state laws on fraud, waste, and abuse and the standards of conduct expected of all LICR staff members. The Code of Conduct provides guidance on how to resolve questions regarding legal and ethical issues, establishes mechanisms for reporting possible violations of law or ethical principles within LICR and provides tools for making the right choices when confronted with difficult situations. The Code of Conduct imposes requirements that may be stricter than those mandated by law, reflecting LICR's goal of carrying out its mission with the highest level of integrity.
If a violation of the Code of Conduct is substantiated, any involved staff member(s) will be subject to disciplinary action up to and including dismissal, consistent with LICR's Disciplinary Actions Policy.

B. Staff members' Commitment to Ethics and Compliance

Staff members are responsible for adhering to and complying with LICR's Code of Conduct whenever acting on behalf of LICR, including in their interactions with other staff members, patients and their families, government regulators or the general public.

Staff members are also responsible for adhering to the highest ethical standards of conduct in all business activities; performing in a manner that is honest and law-abiding; and never raising actual or suspected ethical and legal concerns.

Hiring and retention of staff members and granting of medical staff privileges at LICR is contingent upon acceptance of and compliance with the Code of Conduct. Vendors, consultants and others acting on behalf of LICR are similarly expected to adhere to these standards in their dealings with us and with others on our behalf. Failing to adhere to the Code of Conduct, or legal or ethical requirements, jeopardizes the welfare of LICR, staff members, patients, and the communities LICR serves.

Staff members are required to report any actual or potential violation of this Code of Conduct. Withholding knowledge of improper activities is a violation of the Code of

Conduct. To report an actual or potential violation or if there are any questions about the application or interpretation of the Code of Conduct, staff members may use any of the ways of communication described in Section III below. Staff Members are assured that they may question a practice without fear of intimidation or retaliation.

C. The Corporate Compliance Program.

LICR has implemented a Corporate Compliance Program ("Compliance Program") demonstrating and reflecting LICR's commitment to integrity, ethics, and compliance. The Compliance Program ensures that LICR conducts its business and patient care practices in an honest, ethical, and proper manner. The Compliance Program also incorporates preventive, detective, and corrective measures to reduce the potential for fraud, waste, and abuse, and has systems and processes in place to identify and self-correct errors.

The Compliance Officer heads the Compliance Committee and is responsible for the day-to-day operation of the compliance program. The Compliance Officer and Compliance Committee are held accountable and report directly to the Chief Executive Officer and Governing Body.

II. STANDARDS OF CONDUCT

LICR is committed to conducting its daily business activities in a manner that is ethical, compliant and fair. Therefore, LICR has standards to guard against and address unethical, fraudulent, dishonest or unfair behaviors or activities. Below are the Standards by which staff members must comply:

A. Prevent Fraud, Waste, and Abuse; Non-Intimidation and Non-Retaliation (Whistleblower Protections)

1. Prevent Fraud, Waste and Abuse

Staff members must comply with the requirements of the Federal and New York State False Claims laws and regulations in preventing and detecting any fraud, waste or abuse in the organization, and are protected as whistleblowers under these laws. Liability may be imposed on any person who submits a claim to or seeks reimbursement from the Federal or State government knowing that the submission is false. (See policy **Responsibilities for Preventing and**

Detecting Fraud, Waste and Abuse Related to Federal and State Funded Health Care Programs.)

a. Fraud refers to an intentional or deliberate act to deprive another of property or money by deception or other unfair means. It is associated with the intentional submission of false information to get money or a benefit.
b. Waste includes practices that, directly or indirectly, result in unnecessary costs to federally funded programs, such as overusing services. It is often associated with the misuse of resources.

c. Abuse includes actions that may, directly or indirectly, result in unnecessary costs to federally funded programs. It is associated with paying for items or services when there is no legal entitlement to that payment.

2. Non-Intimidation and Non-Retaliation (Whistleblower Protections)

LICR prohibits anyone from taking any retaliatory or intimidating action against a staff member if the staff member does any of the following:

(a) discloses, or threatens to disclose to a supervisor or to a public body an activity, policy or practice of LICR that the Staff member (1) reasonably believes is in violation of law, rule or regulation; or (2) believes that that action poses a substantial and specific danger to the public health or safety;

(b) provides information to, or testifies before, any public body conducting an investigation, hearing or inquiry into any such activity, policy or practice by
LICR; or

(c) objects to, or refuses to participate in any such activity, policy or practice.

LICR will immediately investigate all reported acts of retaliation or intimidation and take appropriate action.

B. Provide Quality Care with Integrity, Compassion, Accountability, Respect and Excellence

LICR is committed to delivering the best possible experience and quality of care for all patients. Staff members embody these principles and are expected to provide care with:

1. Integrity by being honest and ethical in all interactions.
2. Compassion by providing empathetic care with attentive listening and affirmation.
3. Accountability by being accountable to the LICR facility, organization and one another for performance and behaviors.

4. Respect by fostering an environment of mutual respect and trust, embracing diversity in people and thinking.
5. Excellence by setting the highest standards for safety, clinical outcomes and service.

C. Market with Integrity

Honest and clear communication are the cornerstone of ethical disclosure of information. Staff members truthfully represent and make honest statements when conducting LICR business. Staff members must report and record all information accurately and honestly whether on marketing materials, patient records, requests for payment, time sheets, clinical research records, financial reports or otherwise. Marketing materials must accurately reflect accreditation, licensure and services available.

D. Submit Accurate Documentation for all Business Records

1. Accurate Documentation

All Staff members are responsible to ensure accurate, transparent and truthful documentation. Falsification of any business record or document (e.g., medical record, timecard, cost report) is a serious violation of LICR policies and is strictly prohibited. Falsification of business records with intent to defraud is also a felony pursuant to New York State Penal Law §175.05. Staff members who falsify a document is subject to disciplinary action, up to and including termination, pursuant to the applicable collective bargaining agreement and possible prosecution by applicable authorities.

2. Ensure Accurate Facility Certification

Staff members truthfully make statements when representing the conditions or operations of any facility as required for participation in any federal or state governmental program or responsive to inquiry by an accrediting body.

E. Submit Accurate Billings and Financial Reports

1. LICR Billing Activities

LICR is committed to the accurate preparation and submission of claims to federal and state programs and third-party payers in accordance with legal and regulatory requirements. LICR prohibits any practice related to claim misrepresentations or conspiracy to commit fraud.

Staff members participating in billing must comply with legal and regulatory mandates. To ensure such compliance, the billing department routinely performs internal monitoring and audits, inclusive of risk areas, to ensure compliance with federal and state compliance program requirements. Additionally, no less than annually, the Compliance Committee performs auditing and monitoring reviews to ensure compliance program efficacy. The Billing Department Director is a member of the Compliance Committee.

The following conduct is unacceptable by staff members when billing patients, federal and state programs (including Medicare and Medicaid), and third-party payers or others:

- Knowingly making any false statement of fact for use in determining rights to a benefit or payment;
- Knowingly making any false statement of fact in any application for payment or benefit;
- Knowingly concealing or failing to disclose an event affecting a right to a benefit or payment with the intent to fraudulently secure the benefit or payment in an amount greater than is due or when no such benefit is authorized;
- Knowingly converting a benefit or payment for a use other than for the use of the person in whose name the application for the benefit was made;
- Knowingly requesting a payment in violation of the terms of an assignment or an agreement with the payer; and
- Knowingly claiming, charging, accepting, or receiving any payments for treatment dates, unless they are medically necessary, and are billed according to applicable regulations.

Under federal and state laws, LICR must report and return an overpayment within 60 days of its identification. Penalties may be imposed when LICR staff has or should have, through the exercise of reasonable diligence, determined that an overpayment has been received. If you become aware of an overpayment, you must immediately report it to your supervisor and the Compliance Officer.

2. Medical Staff

All physicians are expected to familiarize themselves with and abide by applicable laws, rules and regulations pertaining to billing. Medical Staff is responsible for accurate and timely documentation in the medical record to support the level of services billed. This responsibility includes following applicable rules on documentation for coding of Evaluation and Management services.

F. Ensure Proper Use of LICR's Assets

Staff members all have a role in protecting LICR Assets and it is our collective duty to:

1. Fully and accurately complete and maintain all financial records consistent with their role and proper business practices;

2. Protect Long Island Center for Recovery, Inc. information and resources from unauthorized use or disclosure;
3. Protect personal, private, sensitive, or confidential information from unauthorized use or disclosure;
4. Observe authorized levels of access and utilize only approved IT technology devices or services;
5. Immediately report suspected information security incidents or weaknesses to the Facility Coordinator (Joe G.) and/or the Compliance Officer; and
6. Avoid interfering with official business or an employee's job responsibilities.

All supervisors must use appropriate internal accounting controls over all areas of their responsibility to ensure safeguarding of LICR's assets and accuracy of financial records and reports.

G. Prevent Theft

Staff members must not take, convert, consume or use property or funds belonging to LICR or any company or private person without the owner's consent or proper authorization. If you suspect an LICR item is missing due to theft, you must report it to the Compliance Officer.

H. Comply with Procurement Policy

The Chief Financial Officer and/or the Program Director are the only authorized staff members that can enter into contractual agreements with prospective vendors. Staff members are not independently authorized to enter into agreements with prospective vendors by signing formal or informal vendor agreements. Additionally, Staff members are not independently authorized to bind the facility to financial commitments and must not permit a vendor to start providing goods or services without an executed agreement or prior authorization. Vendors who provide goods, services, demo equipment, or consignment goods, without authorization from the purchasing department will not be paid and are subject to being denied future access to LICR business.

I. Ensure Confidentiality of Protected Health Information

LICR is committed to maintaining the confidentiality of employees, patients and other sensitive or proprietary information in accordance with the applicable legal and ethical standards.

LICR prioritizes the confidentiality and privacy of our patients and requires Staff members to adhere to confidentiality, privacy and security policies, procedures and laws, including the Health Insurance Portability and Accountability Act ("HIPAA").
Staff members must:

- Actively protect and safeguard patients' Protected Health Information ("PHI") and patient's personal information whether that information is paper, electronic, verbal or telephonic;
- Only access a patient's medical record when involved in that patient's care or when access is required for a legitimate and authorized work-related purpose (e.g. billing, administrative, TA rounds, etc.);
- Share only the minimum necessary information to accomplish the work-related task;
- Seek permission from the patient before discussing patient information in front of patient family members and/or visitors.
- Take special precautions when handling sensitive PHI associated with the following populations, those with: substance use disorder, mental health illness and Human Immunodeficiency Virus ("HIV");

Staff members who engage in unauthorized disclosure, access or use of information pertaining to our patients or others are subject to disciplinary action in addition to possible civil or criminal sanctions. Any person who becomes aware of a known, suspected or alleged unauthorized use, access, or disclosure of PHI, must report it immediately to their Supervisor, the HIPAA Privacy Officer (Victor Rivera) or the Compliance Officer (Sean Marsicovetere). The HIPAA Privacy Officer investigates all known, suspected or alleged HIPAA violations and reports them to the Compliance Officer.

Questions about the patient confidentiality rules or any other HIPAA Privacy matter should be referred to the HIPAA Privacy Officer or Compliance Officer.

J. Ensure Confidentiality of LICR Information

Staff members must not disclose to others any confidential information obtained during the course of employment. Confidential information includes, but is not limited to, LICR's methods, processes, techniques, computer software, equipment, service marks, copyrights, Performance Improvement data, clinical and pharmacological data, marketing and sales information, personnel data, patient lists, patient clinical data, financial data, plans and all other proprietary information which are in the possession of LICR and which have not been published or disclosed to the public. Staff members are responsible and accountable for the integrity and protection of business information.

Staff members must carefully handle and properly secure documents and electronic media containing sensitive information concerning patients and Staff members. Staff members must pay particular attention to the security of data stored on computer

systems. If you observe employee misuse of confidential information or individuals whom you do not recognize using terminals in your area, immediately report this to your Supervisor, Compliance Officer, or HIPAA Privacy Officer.

K. Ensure Confidentiality of Information Owned by Others

Staff members may only use or access confidential information owned by third parties when there is a written agreement approved by the Compliance Officer. If Staff members have information in their possession that could possibly be confidential to a third party or may have restrictions placed on its use, they should consult with the Compliance Officer.

Additionally, software is an intellectual property which may be protected by copyright, patent and trade secret laws or considered confidential information. The Compliance Committee reviews and executes software and licensing agreements. Staff members must follow policy Employee Internet Usage and Acknowledgment Policy and strictly follow the terms and conditions of license agreements such as provisions not to copy or distribute software. The exception is a copy for backup purposes.

Personally owned or acquired software or equipment must not be used on or copied unto a LICR-owned computer system.

L. Ensure Appropriate Use of Social Media

Staff members use social media in a manner that protects confidential and protected health information and does not interfere with work responsibilities. Staff members are reminded of the following social media guidelines:

1. Use good judgment, including being courteous, respectful and thoughtful about how others may perceive or be affected by content;
2. Protect the privacy of our patients and our colleagues;
3. Protect proprietary, LICR information;
4. Seek guidance if you have any questions about the appropriateness of materials you plan to publish.

Questions related to the Social Media Guidelines may be brought to your supervisor, Facility Coordinator or Compliance Officer.

M. Ensure Proper Retention and Destruction of Records

Staff members are expected to fully comply with the records retention and destruction schedule. If a Staff member believes that documents should be saved beyond the applicable retention period, the supervisor is notified to contact the Compliance Officer or the HIPAA Privacy Officer for guidance.

N. Adhere to Certificates of Need/Licensure Requirements

LICR is licensed by various regulatory and accreditation bodies. Staff members are expected to familiarize themselves with the licensure requirements regulations governing their area, to stay abreast of new developments and to alert their supervisor to possible noncompliance with the licensure requirements. Staff members are to refer questions regarding regulatory requirements to the Compliance Officer and/or Nursing Supervisor.

O. Prevent Unfair Trade Practices

LICR complies with all laws pertaining to restraint of trade and unfair competition. Such laws generally forbid any kind of understanding or agreement, whether written or verbal, between competitors to fix or control fees for services, or to engage in any other conduct that results in restraint of competition.

LICR prohibits the following conduct:

- Attempts to unlawfully monopolize the provision of medical services;
- Fixing or unlawfully controlling fees or prices, including setting unreasonably low fees or prices to drive or keep competitors out of the market;
- Telling a supplier that the decision to purchase goods or services is dependent upon the supplier's seeking services at LICR;
- Engaging in any other antitrust arrangements (e.g. tying arrangements);
- Unlawfully reducing or eliminating competition over price, terms of business or services offered;
- Unlawfully refusing to deal with, or to boycott, suppliers, third party payers or other providers;
- Conducting discussions, conversations or other communications with competitors about the division of either patients, geographic areas, or services; the circumstances under which business will be conducted with suppliers, insurance companies, patients or customers (including boycotts); or marketing efforts;
- Discussing with competitors the future business plans of LICR or those of any competitors;
- Discussing with competitors such information as pricing, reimbursement, or salary levels.

Participation in surveys among competitors regarding information on such things as salaries and fees, are not permissible. If you have questions regarding trade practices, contact the Compliance Officer.

P. Prevent Unlawful Referrals and Kickbacks

LICR prohibits Staff members from directly or indirectly offering, paying for, soliciting or accepting money or anything of value in exchange for patient or member referrals. As a provider of patient care, LICR cannot receive any improper inducement from its vendors to influence it in making decisions regarding the use of particular products or the referral or recommendation of patients to other providers of goods and services paid for by federal programs, including Medicare or Medicaid.

1. The Anti-Kickback Statute

The Anti-Kickback statute is a criminal law which specifically prohibits the knowing and willful payment of remuneration to induce or reward patient referrals or the generation of business involving any item or service payable by the Federal health care programs (e.g., drugs, supplies, or health care services for Medicare or Medicaid patients).

New York Social Services Law prohibits medical assistance providers from soliciting, receiving, accepting or agreeing to any payment or consideration in exchange for referral of services for payment by Medicaid. Federal and state laws impose criminal and administrative sanctions for violating the Anti-Kickback Statute.

LICR must scrupulously avoid being either the offeror or the recipient of an improper inducement. Care must be taken in structuring relationships with persons not employed by LICR so as not to create the appearance of offering an improper inducement to those who may be in a position to refer or influence the referral of patients to LICR.

2. The Physician Self-Referral Law (Stark Law)

Staff members must not make referrals for a designated health service* to an entity in which the Staff member or their immediate family member, has a financial relationship**.

Under the Stark Law, Physicians are generally prohibited from referring patients to receive "designated health services" payable by Medicare or Medicaid from entities with which the physician or an immediate family member has a financial relationship, unless an exception applies. New York extends the prohibition to health care providers authorized to order clinical laboratory services, pharmacy services, radiation therapy services, or x-ray or imaging services. Staff members must become familiar with these laws and assure that all activities are conducted in such a manner that no question may

arise as to whether any of these laws have been violated. Staff members should direct any questions concerning these statutes or any business arrangement subject to Anti-Kickback Statute, the Stark Law or any anti-referral laws to the Compliance Officer, who will seek guidance from LICR's legal counsel.

*Examples include inpatient and outpatient services, laboratory, physical therapy, occupational therapy, radiology, radiation therapy, durable medical equipment, and home health services, and all outpatient supplies, drugs, and equipment.

**Includes ownership or investment interest in an entity. Also includes any compensation arrangement involving any remuneration to a physician or immediate family member by the entity.

Q. Avoid Inappropriate Gifts

Soliciting, giving or accepting gifts can sometimes be construed as an attempt to influence the other party. No personal gifts can be offered or received if the action could raise a reasonable question concerning whether the gift was offered or received to influence a person in the exercise of proper business judgment or is intended as a reward for any official action on the Staff member's part. Staff members may not solicit, accept or offer any gift of more than nominal value. For further guidance surrounding gifts, **contact the Compliance Officer**.

R. Engage in Appropriate Fundraising

LICR's policy is that only fundraising or solicitation of funds that results in a benefit to LICR is permitted, unless specifically authorized by the Chief Executive Officer. Such events must be consistent with the mission, goals and mandates of LICR.

Staff members must report all fundraising activities through the Compliance Officer. Staff members must not undertake solicitation and fundraising within LICR without appropriate written authorization. Questions about fundraising are directed to the Compliance Officer.

S. Commit to Fairness and Equity

LICR is committed to creating fair and equitable learning and work environments. All Staff members must abide by the rules, regulations, and policies related to equal employment, educational opportunity, sexual misconduct, and affirmative action. LICR prohibits discrimination on the basis of race, sex, sexual orientation, gender identity or expression, religion, age, color, creed, national or ethnic origin, disability, marital status, familial status, pregnancy, genetic predisposition, criminal convictions, domestic violence victim status, and veteran or military status and all other protected classes under federal

or state laws in the administration of its policies, programs, and activities. Staff members with discrimination-related concerns are encouraged to contact the Compliance Officer and/or Human Resources. If you choose to report a concern, the action does not bar you from filing a complaint with an outside agency such as the State Division of Human Rights or the Equal Employment Opportunity Commission.

LICR reaffirms our commitment to creating a learning and working environment free of discrimination and sexual misconduct. LICR takes reported incidents seriously and encourages its members to report such violations to the Compliance Officer or Human Resources. Such violations may result in discipline, up to and including termination of employment.

T. Avoid Conflicts of Interest

A conflict of interest arises if a person's judgment and discretion is or may be influenced by personal considerations, or if the interests of LICR are jeopardized. Conflicts of Interest include, but are not limited to:

- Staff members must promptly disclose any existing or new relationships that may give the appearance of a conflict of interest to their immediate supervisor or the Compliance Officer.
- Staff members must also report to the Compliance Officer any investment or ownership in a competitor, supplier or an entity which refers patients.
- Immediate family members should not supervise or report to each other.
- Outside employment that interferes with an employee's performance is prohibited.

Staff members should not use equipment, materials or proprietary information owned by LICR for any outside employment purpose.
Staff members are to avoid situations which present the appearance of or actual conflict of interest. For a more complete guidance to State policy on these types of issues, please refer to New York State Ethics: A Guide to Public Law and Public Officer's Law, both published by the New York State Ethics Commission. See also New York State Public Officers Law §73, §74.

U. Comply with Labor and Employment Laws

1. Employer-Employee Relationship

It is LICR's policy to comply fully with all applicable labor laws and statutes regulating the employer-employee relationship and the workplace environment. Under federal and state laws, it is illegal for LICR or a Staff member to pay or receive any money or other thing of value from any labor organization that represents LICR employees (this does not include the amount paid in the normal course of business, e.g., union dues, political

action committee). No Staff member may interfere or retaliate against another Staff member who seeks to invoke his or her rights under those laws.

Staff members should refer questions regarding the laws governing labor and employee relations to the Compliance Officer.

2. Non-Retaliation, Non-Intimidation

LICR promotes a safe environment for employees, patients, interns and visitors free from violence, harassment and other threatening behaviors. A Staff member who experiences or observes disruptive behavior, inclusive of conduct or behavior that may be perceived by a reasonable person as demeaning, intimidating, offensive, harassing or, discriminatory to a targeted individual or group, should submit a report regarding such behavior to the Compliance Officer or Compliance Helpline.

Staff members are not permitted to engage in intimidation or retaliation against another individual for reporting compliance-related concerns in good faith.

V. Comply with Immigration Requirements

LICR only hires persons who are legally authorized to work in the United States, consistent with federal law. Staff members should refer questions related to immigration to the Human Resources Office.

W. Comply with Environmental Health and Safety Requirements

All Staff members encountering hazardous materials and regulated medical waste must comply with environmental laws and regulations, and LICR's hazardous material policies and procedures. Staff members are expected to:

- Comply with all laws and regulations governing the handling, storage and use of hazardous materials, other pollutants and regulated medical wastes;
- Comply with permits that allow LICR to safely discharge pollutants into the air, sewage systems, water pollution control facilities, or onto or into land;
- Hire licensed/permitted contractors to transport and dispose of hazardous materials/waste and regulated medical wastes; and
- Accurately maintain records required by the environmental laws and regulations.

No one at LICR may participate in concealing improper discharge or disposal of hazardous materials. Any Staff member who has reason to believe that there have been violations of this or any other aspect of LICR's environmental compliance procedures should report immediately to the Compliance Officer.

If you are made aware or notice a potential or actual infringement of the laws and rules regarding hazardous materials and waste, immediately advise your Supervisor, the Nursing Supervisor or the Compliance Officer.

X. Ensure Proper Control of Medications

LICR, and therefore its Staff members, is legally responsible for the proper distribution and handling of pharmaceutical products and preventing unauthorized access to them. The diversion of any prescription drug, non-prescription drug or controlled substance, including a drug sample, in any amount for any reason to an unauthorized individual or entity is forbidden.

Any violation of any law or LICR policy involving non-controlled or controlled drugs will constitute grounds for discipline, up to and including, dismissal. Should you become aware of potential violations of any law, policy or regulation relating to pharmaceuticals, you must immediately advise your supervisor or the Compliance Officer.

Y. Ensure Appropriate Political Participation/Government Relations

LICR encourages all staff to vote and be active in the political process. However, Federal laws restrict the use of corporate funds in connection with Federal elections, and there are similar laws in many states. Accordingly, it is against LICR policy, and may also be illegal, for staff to:

- Include, directly or indirectly, any political contribution on their expense account or in any other way, which causes LICR to reimburse them for that expense. In general, the cost of fund-raising tickets for political functions are considered political contributions. Therefore, including the cost of any such fund-raising dinner on an expense account, even if business is in fact discussed, is against LICR policy and possibly illegal.

- Use of any Company property or facilities, or time of any LICR staff, for any political activity is not permitted. Examples of prohibited conduct would be using secretarial time to send invitations for political fundraising events, using a Company telephone to make politically motivated solicitations, allowing any candidate to use any Company facilities, such as meeting rooms, for political purposes, or to loan any Company property to anyone for use in connection with a political campaign.

The political process has become highly regulated, and anyone who has any questions about what is or is not proper should consult with the Compliance Officer before agreeing

to do anything that could be construed as involving any political activity at either the Federal, State, or local level.

III. COMPLIANCE WITH THE CODE

A. Questions Regarding the Code

LICR's Compliance Officer is responsible for implementation of LICR's Corporate Compliance Program, including the Corporate Compliance Code of Conduct. The Compliance Officer works with others in the company, as necessary, with respect to elements of implementation, including training and enforcement of this Corporate Compliance Code of Conduct.

Staff members should direct any questions regarding the applicability or interpretation of the Corporate Compliance Code of Conduct to the Compliance Officer in person, in writing, or by telephone. Staff members should address any correspondence relating to the Corporate Compliance Code of Conduct to the Compliance Officer's attention marked "CONFIDENTIAL."

B. Reporting of Suspected Violations

Staff members must report suspected violations of this Code. As a matter of policy, no Staff member will be disciplined or subjected to retaliatory action or intimidation because they made a report in good faith. Where possible, LICR protects the confidentiality of the Staff member making the report.

To report a compliance concern or to make a compliance inquiry contact the Compliance Officer, Sean Marsicovetere at (631) 728-3100 xt.105.

Reporting of compliance concerns or inquiries can also be made to:

- your Supervisor who is then required to report the suspected violation to the Compliance Officer;
- the LICR anonymous Compliance Helpline (929) 259-8018;
- by mail to the Compliance Officer located at 320 W. Montauk Highway, Hampton Bays, NY 11946. Mark "Confidential" on the envelope.

A Staff member need not be certain that a violation has occurred before making a report; reasonable belief that a violation may have occurred is sufficient. Staff members are required to come forward with any information, without regard to the identity or position of the suspected offender. All compliance inquiries and reports of potential

violations are promptly investigated and reported to LICR Chief Executive Officer/Governing Body.

C. Investigation of Suspected Violations

LICR promptly investigates all reports of suspected violations of the Corporate Compliance Code of Conduct and maintains confidentially to the extent consistent with LICR's interests and legal obligations. If an investigation of an alleged violation is undertaken and the Compliance Officer believes the integrity of the investigation is at stake because of the presence of Staff members under investigation, the Staff member(s) allegedly involved in the misconduct is removed from their current work activity until the investigation is completed, consistent with the appropriate collective bargaining agreement (Union contract), where applicable. In addition, steps are taken to prevent the destruction of documents or other evidence relevant to the investigation. Staff members must cooperate with investigations.

While it is LICR's policy to cooperate with any government investigation, LICR must only act with the advice of its legal counsel, therefore the Compliance Officer and LICR's Legal Counsel must coordinate all cooperation with the government in these matters. Clinical services and divisions are not authorized to engage external consultants, auditors, or legal counsel in connection with compliance matters except with the advance approval of the Compliance Officer.

D. Discipline for Violations

Disciplinary action may occur for:

- Violations of the Code of Conduct.
- Failure to report a violation of the Code of Conduct or to cooperate during an investigation.
- Failure by a violator's supervisor(s) to reasonably detect and report a violation of the Code of Conduct.
- Retaliation or Intimidation against an individual for reporting a violation or possible suspected violation of the Code of Conduct.

Disciplinary action may, when appropriate, include dismissal. Any discipline applicable to union members is taken in accordance with the appropriate collective bargaining agreement.

Disciplinary decisions related to the Code of Conduct are reported by the Compliance Officer to LICR's Chief Executive Officer/Governing Body.