

Code of Conduct

Compliance Department

**HENRY
FORD
HEALTH**[®]



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Henry Ford Health is:

- Community Care Services
- Corporate Services
- Health Alliance Plan
- Henry Ford Behavioral Services
- Henry Ford Genesys Hospital
- Henry Ford Hospital
- Henry Ford Hospitals and Health Networks
- Henry Ford Jackson Hospital
- Henry Ford Macomb Hospital
- Henry Ford Madison Heights Hospital
- Henry Ford Medical Group
- Henry Ford Providence Novi Hospital
- Henry Ford Providence Southfield Hospital
- Henry Ford River District Hospital
- Henry Ford Rochester Hospital
- Henry Ford St. John Hospital
- Henry Ford Warren Hospital
- Henry Ford West Bloomfield Hospital
- Henry Ford Wyandotte Hospital



Strategic Plan

2024-2026

Our mission:

To improve people's lives through excellence in the science and art of health care and healing.

Our vision:

We will be the trusted partner in health, leading the nation in superior care and value.



Engage

To drive loyalty

Consumers:

Deliver a consistent, easy, accessible, and convenient experience that delights unexpectedly.

Team members:

Be the premier destination for Education and Talent, by providing a safe and inclusive work environment and enabling the development of extraordinary careers.



Innovate

To transform

Clinical care:

To improve outcomes to develop and scale breakthroughs in prevention, early detection, and state-of-the-art treatment through research and redesign efforts.

Operations:

To reduce cost and improve quality and reliability through the utilization of technology and redesign care models and business functions.



Grow

To increase impact

Lives served:

Provide superior value and increase our patients and members use of our full suite of health care coverage, products and services.

Destination care:

Harness the power of academic medicine to be the most preferred destination for complex care.

Our success outcomes:

Exceptional experience

Compassionate, committed people

Safest care & best outcomes

Affordable, efficient care

Lives & share

Net operating income



Dear Team:

As we continue our bold journey toward the Future of Health, we take great pride in serving southeast Michigan and beyond with world-class care and an unmatched patient experience delivered by the best team in healthcare.

For more than 100 years, Henry Ford Health has maintained a strong reputation as leaders in the communities we serve by living our values of compassion, innovation, respect, and results. With an expanded organization and many new team members, we are excited for that reputation to grow.

That would mean nothing, however, if our reputation were not also built on an unbreakable foundation of honesty and integrity. This, our Code of Conduct, provides instruction on how we conduct business at Henry Ford Health, and outlines the behaviors expected of each of us, including our vendors, board members and volunteers.

This document, along with our Compliance Program, will assist you in understanding and following the laws, regulations, professional standards, and ethical commitments that apply to our work. It is a resource for you when you have questions or need further assistance. More importantly, it also details your duty to report, without fear of retaliation, any activities you believe may be a violation of our Code of Conduct.

We have built a sacred trust with the communities we serve, a trust that must never be broken. To maintain it requires all of us to be committed to holding each other to the highest standards.

After more than 40 years working across this outstanding organization, I'm confident that we will continue to hold true to the standards we have set, and I look forward to working with you as we continue to build on our vision of being a trusted partner in health.

Thank you for your dedication and commitment.

Sincerely,

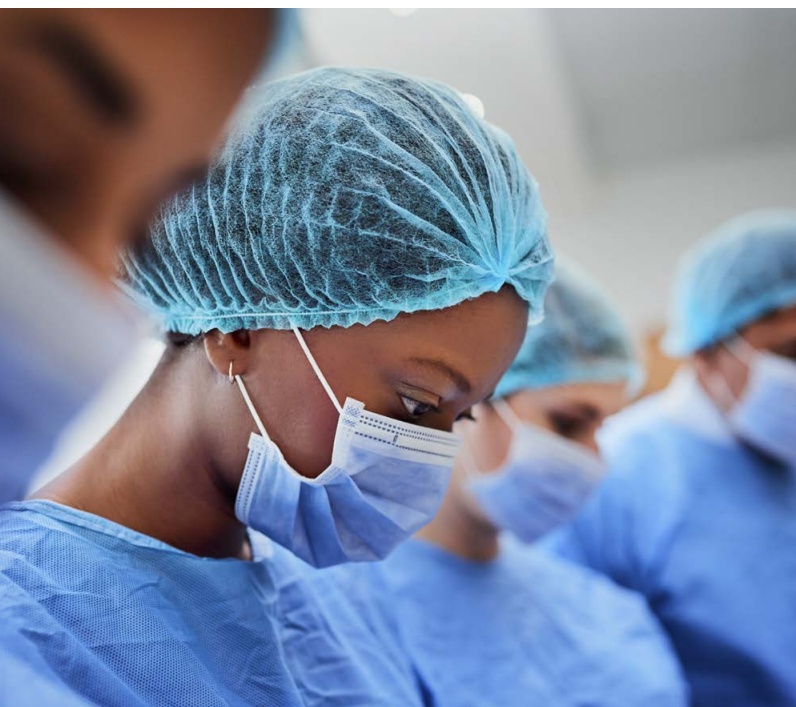
Bob Riney

President and CEO, Henry Ford Health

As Henry Ford Health (HFH) workforce members ¹, we must support and practice the HFH vision, “We will be the trusted partner in health, leading the nation in superior care and value – one person at a time.”

Each patient is an individual with unique health care needs. We must provide the best possible care focused on these needs and recognize that effective quality and safe medical care requires a cooperative effort with the patient (or designated representative). This principle is carried out by:

- Providing the quality of care and comfort we want for our families and ourselves.
- Treating patients, families, guests and each other with respect and dignity.
- Courteously and sincerely smiling and greeting everyone, using their name when known.
- Using appropriate vocabulary when communicating with others, directly, by telephone or in writing.
- Satisfying each patient’s needs, providing genuine care and comfort, concentrating, in turn, on each patient’s welfare, and fulfilling even unexpressed wishes and needs.
- Providing personal service, identifying patient preferences, and tailoring service to those preferences.
- Contributing to a proper atmosphere for patients and visitors through careful attention to personal appearance and the appearance of our facilities.
- Collaborating with coworkers, physician, patients, family members, outside agencies, etc. as a team to collectively satisfy all patient needs.
- Receiving complaints and concerns non-defensively and communicating them to the appropriate person, ensuring the patient or family member receives a timely response.
- Providing all patients a level of care based on their diagnosis, treatment needs, care planning and other aspects of patient care.
- Examining and stabilizing patients who request emergency service without regard to ability to pay and only transferring the patient when the medical advantages outweigh the risks as determined by the physician or upon patient request.
- Basing all admissions on patient need, our ability to provide care at the admitting facility, and our contractual obligations to the patient’s health plan.
- Encouraging patient to participate in their own care, inquire about their medical care plan and provide advanced directives. We will provide appropriate information to patients so they can consent to treatment on an informed basis, and we will honor their decisions.
- Planning discharges in the best interest of the patient and developing these in collaboration with the patient/ family/ caregiver and the multidisciplinary health care team.
- Provide care that is consistent with Ethical and Religious Directives for Catholic Health Care Services (“ERDs”), as applicable. Consult your leader if you have questions regarding how the ERDs apply to your work.



¹Workforce members include all full-time and part-time employees, contingents that work an average of 16 hours a week, volunteers, medical staff members, students, scientists, officers, trustees, contractors, and agents.

As HFH workforce, we must refrain from outside work activities or personal interests that result in or appear to be in a conflict of interest with HFH and we must maintain the highest standards of business ethics.

Conflict of interest

We must refrain from participating in outside activities or having financial interests that influence or appear to influence our ability to make objective decisions for patient care and HFH. We must never use our official position or influence to gain an improper advantage, economic or non-economic, for ourselves or our family members, vendors, patients, customers, or associates. (Note: unless otherwise stated, “family members” include parents, spouses, children, siblings, and domestic partners).

Whenever we are involved in any situation that is or might appear to be a conflict of interest, we must disclose it to HFH management. This includes disclosures in response to routine annual disclosure requests, which occur annually for trustees and selected workforce members, and in addition, disclosure of any new situation that is or might appear to be a conflict of interest. If a conflict exists, HFH will work with the workforce member to resolve it. If the conflict cannot be resolved, HFH will take appropriate action such as ending a vendor relationship or terminating employment, depending on the circumstances and nature of the conflict. Advice on handling potential conflicts of interest may be obtained by contacting the Compliance department.

Guidelines for specific types of business conduct and conflict of interest:

Gifts: No gifts of any type or amount, may be accepted by the HFH workforce from Non-Henry Ford Health entities. This includes but is not limited to, companies currently engaged in or under consideration to do business with HFH. We never accept anything of value in exchange for referrals or other business. A gift is any item of value (including but not limited to marketing items, gift cards or food items), if the recipient is not expected to pay for the item.

Gifts received from patients are not permitted. We may not accept or solicit gifts from patients in any form. Additionally, free health care items or services of any value purchased for or provided to patients or physicians unless specifically permitted by a HFH policy – including waiving of charges for professional services as “professional courtesy.”

We recognize that certain items are appropriate and do not present a risk of influencing our decisions. We must communicate to vendors, physicians, patients, and others that our values restrict what we can give and receive because we want our services and business relationships to stand on their own. When on-site, our vendor relations policy prohibits us from accepting personal gifts of any kind.

Business entertainment: We may accept occasional invitations from vendors to off-site social activities provided that we are accompanied by the vendor, and it is clear to all concerned that acceptance facilitates the business purpose of the relationship and in no way influences our decision-making on behalf of HFH.

A representative from a supplier we frequently do business with wants to bring lunch for our department. What should we do?

In general, gifts or take-out food delivered to HFH locations from vendors is prohibited. (See HFH Supplier Code of Conduct). When such meetings need to be held off-site, the meeting may include food under the following circumstances: (1) the choice of location served to promote the overall business purpose of the meeting and any food provided is appropriate and reasonable; (2) only those individuals necessary to conduct the business purpose of the meeting should be in attendance; and (3) such off-site meetings should be infrequent.

Support is available: The best ‘thank you’ any vendor can give is to provide excellent service at a reasonable price.

Donations: Donations, gifts, or bequests to HFH are encouraged. They must be freely given, intended to further the mission of the System, not intended to personally benefit an individual workforce member, and not linked to a contractual obligation or other HFH business activity. All donations should be coordinated through the Development department.

Expert testimony: We are prohibited from serving as an expert witness if our testimony conflicts or could appear to conflict with the best interest of HFH, or if payment for such services could in any way appear to influence our decision-making on behalf of HFH. Expert testimony must be performed outside of work hours, not use any HFH resources, and should be approved by your manager or department chair.

Loans: We may not accept loans from vendors of either a personal or business nature unless the vendor is a commercial lender, and the loan is based on prevailing market terms.

Nepotism: It is against HFH policy for an employee to be supervised by a relative, domestic partner, or significant other.

Consulting: We and our family members are prohibited from consulting relationships (including speeches, presentation, written articles, etc.) with a vendor if this could appear to influence our decision-making on behalf of HFH. If we wish to participate in a consulting relationship that does not influence our decision-making on behalf of HFH, we need to follow this: (1) should be approved by your manager or department chair; (2) must be conducted outside of work hours and not conflict with our HFH job responsibilities or the best interests of HFH; (3) must not use HFH resources or be conducted on HFH property; (4) must not utilize the services of any subordinate; and (5) must be documented in writing and paid accordance with fair market value. It will not be an inducement or reward for referrals or prescribing patterns. (Note: compensation for participation in marketing activities on behalf of Industry is prohibited).

Outside employment: Workforce members must obtain leadership approval and as applicable Human Resources approval prior to engaging in any arrangement with Non-Henry Ford Health entities. Leadership approval must be consistent with the conflict-of-interest policy, HFMG Charter, and HFMG Patient Care Activities policy.

Physician relationships: We must structure all business arrangements with physicians to ensure compliance with legal requirements. Such arrangements must be in writing, at fair market value, and approved by the HFH Legal department. Verbal arrangements are prohibited.

Prizes or awards: If we receive a prize or award from a vendor, we must disclose this by requesting and submitting a completed conflict of interest disclosure form and abide by any decisions made as to the ultimate disposition of the prize or award.

Discounts from vendors: Discounted purchases of goods or services from a vendor for personal use are only permitted if they are part of the HFH workforce member discount program.

Referrals: We must never compensate anyone in any way for patient referrals nor can we accept compensation for referrals we make.

Serving on Boards: If we sit on the board of directors or advisory board of an organization that has a relationship or does business with HFH, we must obtain approval from our immediate supervisor, abstain from decisions that impact or appear to impact the relationship between the organization and HFH. If attendance at outside board activities is during HFH time, compensation should not be offered or accepted. Any involvement on the board of an organization must be disclosed to HFH.

Sponsorships: All solicitation of Non-Henry Ford Health entities for sponsorship, CME activities, department activities, functions, events, fundraisers must be conducted by Henry Ford Development Department to ensure that the philanthropic support is unrelated to any business relationship. Business discussions and philanthropic activities must be separate. Vendor sponsorship of an outside function which personally benefits any employee or family member is prohibited.

All payments received from non-Henry Ford entities must be for a bona fide business purpose documented in writing and shall not be for the purpose of access. All philanthropic payments must be sent to the Development Department who will receive, record, deposit to the appropriate account, and acknowledge the donation.

Vendor funded travel: All vendor sponsored travel must not be paid for unless it fulfills a bona fide educational, research, or consultative purpose and must directly benefit HFH. This must be disclosed to HFH.

Vendor relationships: The value of goods and services supplied by vendors must be judged by their utility, quality, and pricing, not on the ability of the vendor to influence us in any other way. At HFH we:

- Restrict and monitor vendor access to our facilities, particularly to patient care areas.
- Educate vendor representatives as to the conduct expected of them while on our premises and certify them as qualified to visit these facilities.
- Communicate the strict guidelines as to what "donations" may be accepted from a vendor and by what process.
- We must not conduct business on behalf of HFH with a family member, other relative, or with a company of which are an officer, director, principal, employee, or agent without first advising the Compliance department so that appropriate advance approval can be sought, and management plans put into place.

Waiving of charges: To comply with private insurance and government regulations, we, as health care professionals, may not waive charges for services as a "professional courtesy."

As HFH workforce members, we must know, understand and comply with all laws, regulations and professional organization requirements that apply to our jobs.

The False Claims Act

As a recipient of federal health care program funds, including Medicare and Medicaid, HFH is required by law to include in its policies and provide to all workforce members, students, agents and contractors, detailed information regarding the federal False Claims Act and applicable state, civil and criminal laws intended to prevent and detect fraud, waste and abuse in federal health care programs.

What is the False Claims Act?

The False Claims Act is a federal law that makes it a crime for any person or organization to knowingly make a false record or file a false claim regarding any federal health care program, which includes any plan or program that provides health benefits, whether directly, through insurance, or otherwise, which is funded directly, in whole or in part, by the United States Government or any State health care program. "Knowingly" includes having actual knowledge that a claim is false or acting with "reckless disregard" as to whether a claim is false. Examples of potential false claims include knowingly billing Medicare for services that were not provided, submitting inaccurate or misleading claims for actual services provided, or making false statements to obtain payment for services.

The False Claims Act contains provisions that allow individuals with original information concerning fraud involving government health care programs to file a lawsuit on behalf of the government and, if the lawsuit is successful, to receive a portion of recoveries received by the government.

State laws

In most states it is a crime to obtain something (i.e., such as a Medicaid payment or benefit) based on false information. In addition to the federal law, Michigan has adopted similar laws allowing individuals to file a lawsuit in state court for false claims that were filed with the state for payment, such as the Medicaid program.

Penalties for violating the False Claims Act

There are significant penalties for violating the federal False Claims Act. Financial penalties to an organization that submits a false claim can total as much as three times the amount of the claim, plus fines of \$13,946 - \$27,894 per claim, adjusted per inflation. In addition to fines and penalties, the courts can impose criminal penalties against individuals and organizations for willful violations of the False Claims Act. The false claims law adopted in Michigan also carries up to 10 years in prison and a \$50,000 fine per claim.

Protections under the False Claims Act

The federal False Claims Act protects anyone who files a lawsuit under the Act from being fired, demoted, threatened, or harassed by his or her employer as a result of filing a False Claims Act lawsuit. Similar protections are also provided to individuals under the state False Claims Act laws adopted in Michigan.

What is fraud and abuse?

Fraud and abuse laws generally prohibit the following:

Submitting inaccurate or misleading claims for services provided.

Submitting claims for services not provided.

Submitting claims that don't meet payer requirements (e.g., coverage for services).

Making false statements or representations to obtain payment for services or to gain participation in a program.

The offer or payment of money, goods, or anything of value in return for the referral of patients to a health care provider.

Offering or giving something of value to patients to encourage them to use or purchase health care services.

Antitrust matters

Antitrust laws forbid companies from doing business in a way that gives them too much control in the marketplace. The purpose of these laws is to preserve competition. These laws could affect your dealings with patients, doctors, payers, suppliers, and competitors of HFH. The antitrust laws are violated if competitors agree to:

- Fix prices or pricing methods.
- Allocate patients, payer contracts or regions.
- Boycott or refuse to do business with a payer, physician, provider, or other party.

Billing for services

We take great care to ensure that all billings are for services that are medically necessary and supported in the medical record. Bills must accurately reflect the services provided and comply with all applicable federal and state laws and regulations. We must provide an explanation of charges with the bill and provide a means of answering patient questions and resolving differences.

Copyright and patent

We comply with all copyright and patent laws. We must not:

- Share software with more people than are allowed under the license agreement.
- Duplicate copyright materials without proper permission.

Political contributions and lobbying

We do not engage in activities that may jeopardize the tax-exempt status of HFH, including a variety of lobbying and political activities. If we, as individuals, support a candidate for political office, a political party, an organization, or political action committee, support must be conducted on our own behalf, time, and expense. HFH may not contribute money, property, or services to any political candidate, party, organization, committee or individual. All HFH contacts with government bodies and officials must be conducted in an honest and ethical manner, without an attempt to influence by the offer of any improper benefit. Requests or demands by a governmental representative for any improper benefit should be immediately reported to the Legal department.

Taxes

As a nonprofit tax-exempt entity, HFH has a legal and ethical obligation to act in compliance with applicable laws, engage in activities in furtherance of its charitable purpose, and ensure that its resources are used in a manner which furthers the public good rather than the private or personal interests of any individual. Consequently, HFH and its employees must avoid compensation arrangements in excess of fair market value, accurately report payments to appropriate taxing authorities, and file all tax returns in a manner consistent with applicable laws.



Research

HFH is committed to high standards of ethics and integrity when engaging in research. Any dishonesty, misconduct, fraud, or harm to research subjects may damage the reputation and credibility of searches, the communities we serve and HFH. Researchers must be knowledgeable about applicable laws and regulations and HFH policies and procedures regarding compliance with research activities. Contact Research Administration or the Compliance Department regarding questions related to the Research requirements or the specific department referenced in a section.

Grant and contract management

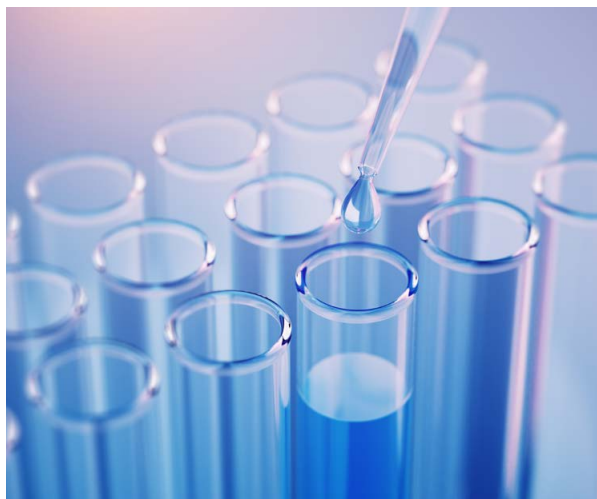
HFH may receive money in the form of grants and contracts to conduct specific research studies. The grant/contract awarding organization may be a state or federal government agency or a non-profit company. Effective grant/contract management requires HFH to demonstrate accountability with federally funded research and industry sponsored funds and comply with specific terms and conditions of contracts and grants. Proper processes must be in place to ensure compliance with all federal, state, and agency rules and regulations as well as HFH policies and procedures related to research and grant management. Understanding these requirements prior to accepting an award is also important because this information as well as additional approvals may be necessary for the application and award acceptance processes.

Human subjects research

All human subjects research at HFH shall have Institutional Review Board (IRB) approval or determination of exemption from IRB oversight. The IRBs also perform Privacy Board responsibilities as required under HIPAA. It is important to determine if a project is classified as research or another activity, such as performance improvement, quality assurance or program evaluation.

Data research and biorepositories

Human subjects research includes obtaining information or biospecimens through intervention or interaction with an individual and using, studying or analyzing the information or biospecimens; or obtaining, using, studying, analyzing or generating identifiable private information or identifiable biospecimens. IRB approval is required for creation of a biorepository or database if one purpose of the biorepository/database is for research, even if it is not the primary purpose. Individuals shall obtain IRB approval or a determination of exemption from IRB oversight before accessing any tissue or other biospecimens; or data including patient information for systematic analysis.



Clinical research billing compliance

Clinical research tests and procedures may be paid for by the sponsor of the study or may be reimbursable by a federal, state or private payer subject to coverage criteria. Determining how each research test and procedure will be paid and accurately communicating the coverage to the research subject and billing department is essential to ensure accurate billing occurs. For questions or assistance with research billing, contact the Clinical Trials Office.

Animal subjects research

All vertebrate animal research shall be approved by a HFH-designated Institutional Animal Care and Use Committee (IACUC). Researchers are responsible for proper animal care and handling of animals used in their studies, in accordance with applicable federal and state regulations, and HFH policies and procedures.

Conflict of interest management

Potential conflicts of interest shall be identified and managed to promote objectivity and eliminate bias or the appearance of bias in research. A research conflict of interest may exist when a researcher's personal financial, intellectual or equity interest could directly and significantly affect the design, conduct or reporting of the research. Researchers shall report personal interests related to their institutional responsibilities as required by federal and state regulations, and HFH policies and procedures. The Compliance Department oversees conflict of interest for HFH and collaborates closely with the Institutional Review Board (IRB) to ensure compliance with the federal, state, and agency rules..

Research misconduct

Federal regulations prohibit misconduct in research, which includes intentional fabrication, falsification, or plagiarism in proposing, conducting, reviewing or reporting research results. Honest errors or differences of opinion do not constitute research misconduct. Formal research misconduct inquiry and investigation procedures are followed to determine if research misconduct occurred and protect the rights of all individuals involved. Anyone who suspects research misconduct should immediately contact the Research Integrity Officer to discuss concerns. The Research Integrity Officer can be contacted by reaching out to Research Administration or contacting the Compliance Hotline.

As HFH workforce members, we must comply with all HFH policies and procedures designed to ensure proper and legal employment practice or appropriate standards of workplace environment.

Employment policy and practice

Equal opportunity employment: HFH does not discriminate in the recruitment, hiring, promotion, termination or any other condition of employment or career development based on race, religion, national origin, sex, age, marital status, sexual orientation, height, weight, disability, citizenship, or veteran status. Unlawful discrimination includes harassment of individuals based on any of these factors.

Sanctioned individuals: HFH screens for and does not employ individuals or entities ineligible to participate in federal or state health care programs.

License and Certification renewals: If we are required by law to be licensed, certified, or otherwise credentialed to perform our services, we must keep our licenses/certifications current and report all status changes in license/certification as soon as possible following the change.

Employment of family members: Though employment of our family members is acceptable, relatives must not work together in a supervisor/subordinate relationship (Note: for employment purposes, family member is defined as first cousin or closer, naturally, by law or by marriage).

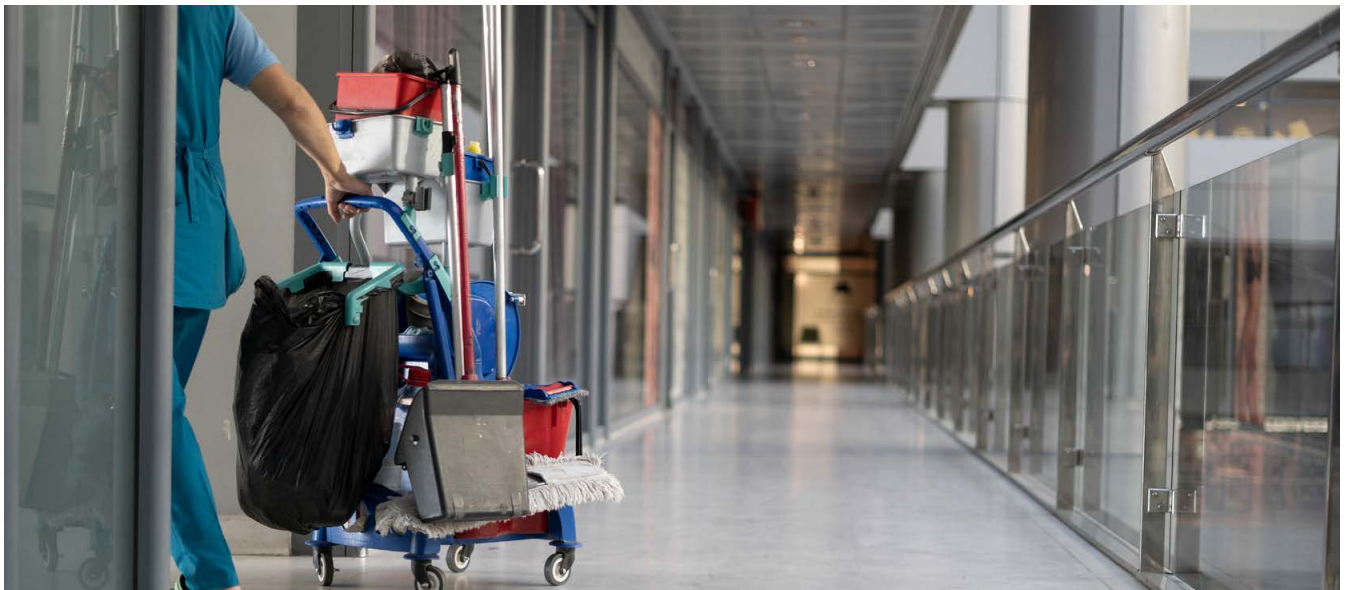
Workplace environment

Environment health and safety: Keeping the workplace clean and safe helps everyone. We must learn the health and safety rules relating to our job and make sure we always follow them.

Alcohol and drug abuse: When we report to work and while at work or on HFH property, we must remain free from the effects of alcohol and drugs that could adversely affect our ability to perform our job.

Harassment | Sexual harassment: We must avoid behavior that might result in harassment of other employees, patients, or visitors. Harassment includes but is not limited to verbal abuse, suggestive comments, inappropriate gestures, and physical contact.

Workplace threats and violence: HFH intends to provide a safe and non-violent environment for its employees and customers. Threatening, harassing, intimidating, physically or verbally abusing or coercing HFH employees, patients, guests, visitors, or supervisory personnel is considered a serious offense. Employee conduct of this nature will be promptly investigated with immediate and appropriate corrective action taken, up to and including termination.



As HFH workforce members, we must preserve and protect institutional assets by making prudent and effective use of resources and accurately reporting their use.

Employment policy and practice

Work ethic: While at work, we must be personally accountable and responsible for the work we do, realizing that compensated time spent non-productively wastes HFH resources.

Theft and waste: We must protect HFH equipment and supplies from theft and waste. We are in violation of System policy if we steal or misuse money, information, equipment, or supplies, or falsify time sheets. We must spend HFH assets as carefully as we would our own. Any employee who steals or misuses HFH property, regardless of value, can be discharged and/or be subject to criminal prosecution.

Internal controls: HFH has established control standards and procedures to ensure that assets are protected and properly used, and that financial records and reports are accurate and reliable. We all share responsibility for maintaining and complying with internal controls.

Financial reporting: All financial reports, cost reports, accounting records, research reports, audits, expense accounts, time sheets and other documents must be accurate and clearly represent the relevant facts. Improper or fraudulent accounting, documentation or financial reporting is contrary to the policy of HFH and may be in violation of applicable laws. All transactions conducted in the name of HFH are subject to established authorization and recording procedures.

Travel and entertainment: Travel and entertainment expenses should be consistent with job responsibility and HFH needs and resources. We must comply with all HFH and business unit policies relating to travel and entertainment.

Marketing and advertising: HFH does not allow the creation of marketing or advertising campaigns including media purchase and placement of advertising by staff outside the HFH Marketing department. All marketing content, images, audio, and video or like materials used by HFH are the exclusive property of HFH. Content cannot be used or duplicated without the express written consent of the HFH Marketing department.

It is our policy for marketing materials to reflect only services available, and the level of license and accreditation held.

Corporate identity: The HFH trademark is the equity of the System and is what distinguishes the HFH name in the mind of the consumer. The HFH trademark is a corporate asset, registered with the Patent and Trademark Office. The HFH logo must always be presented consistently, and its integrity must always be maintained in accordance with the HFH Corporate Identity Standard Guidelines.

Actions or behaviors that jeopardize the privacy and security of personal health information or other confidential business information can result in disciplinary action.

Question:

I think that my co-worker is violating a provision of the Code of Conduct and HFH's policy, but I don't want to get her in trouble.

Answer:

Wanting to protect your colleague is understandable, but you have an obligation to report all potential violation of HFH's policy to an appropriate person or resource. If you believe your colleague has violated a policy, this Code of Conduct or any law or regulation, you should contact your manager or the Compliance Department immediately.

As HFH workforce, we must comply with all policies and procedures designed to ensure proper recording, retention, transmission, confidentiality and security of all clinical and business information.

Information privacy and security

Protecting patient and other sensitive information is key to maintaining patient and co-worker trust. The Information Privacy & Security Program includes oversight for various sets of data including patient, member, employee, financial and business information. Workforce members are required to access, use, and transmit sensitive information in accordance with HFH policies and procedures and support a "culture of confidentiality."

Patient information: All patient information is confidential and must never be shared with anyone unless there is a legitimate need to know, or the disclosure is authorized by the patient or permitted by applicable law.

Business information: All information used daily to conduct HFH business is confidential and should only be shared internally with persons whose job requires it.

HFH business strategies and operations: Sensitive information about HFH business strategies and operations is a valuable asset. We all have an obligation to treat information about business operations and projects as confidential and proprietary. We maintain confidentiality and do not share information with third parties or the public. We share confidential and proprietary information internally only with designated individuals who have a need to know the information. If our relationship with HFH ends for any reason, we are still bound to maintain the confidentiality of sensitive information obtained during employment.

Devices and electronic media

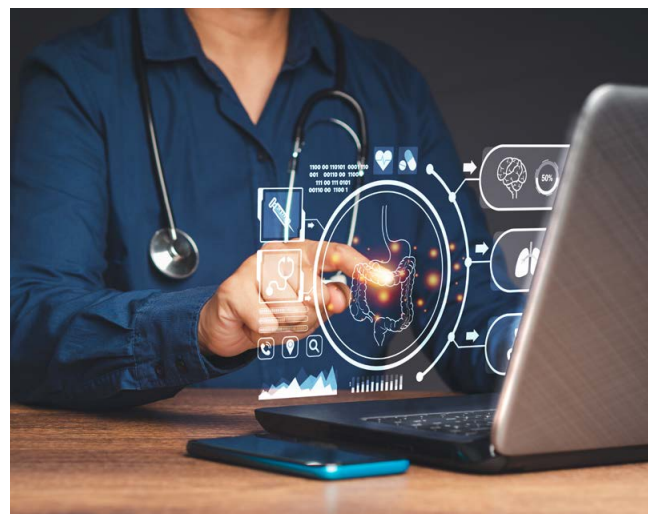
All electronic media, issued by HFH, such as laptops/computers, tablets, flash drives, telephones, voicemails, Internet access and electronic mail (e-mail) are provided to workforce members solely to facilitate appropriate business communications. In addition, personal devices used for HFH business purposes should only be used in accordance with policies ensuring the security of electronic media. The content is the property of HFH and HFH maintains the right to monitor and retrieve all such communications.

Electronic threats and scams

The Information Technology department works diligently to protect our electronic perimeter but some scams involving electronic mail may make it to your inbox. One consistent trend targets email communication because it can reach the maximum number of users who may be unaware of the danger. Be aware that authentic-looking emails may attempt to get victims to reveal personal information and use it to distribute viruses or used for identity fraud. If you receive such an email, never provide your User ID or Password, for Our Information Technology department will not request your credentials via email. Immediately use the 'Report Phish' button in your email for proper containment.

Web policy

HFH leaders recognize the value of web technology, but do not allow the creation of websites or services either in or outside the Henry Ford networks, without the review and approval of the Web Services, Marketing, and Information Technology departments. Online and electronic content, images, video and other like collateral material used on any of the HFH web properties are the exclusive property of HFH and cannot be used on other properties without the expressed written consent of Web Services, Marketing, or Information Technology departments.



As HFH workforce members, we must promptly report any observed conduct that violates this code of conduct, a law, regulation, professional organization requirement or HFH policy or procedure.

Your role in reporting issues

Compliance with the Code of Conduct is the responsibility of all workforce members. The trust of the entire community, HFH patients and other customers depend on our honesty and integrity. Any HFH employee who fails to follow the standards of the Code of Conduct or other legal requirements, or engages in unethical business practices, must be reported. Once reported, appropriate investigation, enforcement and remedial action must occur.

Non-retaliation: HFH maintains an open environment, in which employees at every level of the organization understand that their good faith report of possible non-compliance will be taken seriously, that HFH will not tolerate retaliation, and that if an investigation confirms impropriety, it will be appropriately addressed. HFH encourages all employees to promptly notify management of any known or suspected fraud or insurance abuse, other violations of the law, or non-compliance with work related conduct standards by employees, students, volunteers, contractors, or agents. If your immediate supervisor is not available, there are other options, including talking with another member of management, your Human Resources Business Partner, Compliance Team, or Privacy Lead via the web at www.henryfordhealth.ethicspoint.com.

Henry Ford Health Compliance Department: The HFH Compliance Department led by Sue Chrysler, Henry Ford's Chief Compliance Officer, promotes open communication without retaliation. While you are encouraged to report concerns directly to your manager, the Compliance Hotline is an objective resource that is available 24 hours, 365 days a year:

- By phone: 1.888.434.3044
- By email: Compliance@hfhs.org
- Online: www.henryfordhealth.ethicspoint.com

Final points to remember

- Violation of the Code of Conduct and related policies may lead to corrective action, up to and including termination and criminal prosecution.
- Each of us has a sense of what is right and wrong that guides our daily life. If we experience anything that does not seem to be included in or prohibited by the Code but is "not right," we must report any suspected violation of this code of conduct.
- Our HFH Code of Conduct, like all such sets of standards, cannot cover all possible relevant topics and, from time to time, must be revised. Please contact the Compliance Department with any ideas as to how our Code can be more complete or effective. The most up-to-date version of the Code can always be viewed on the HFH intranet site, directly or through a link from the HAP intranet site.

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