

**HAWAI‘I
PACIFIC
HEALTH**

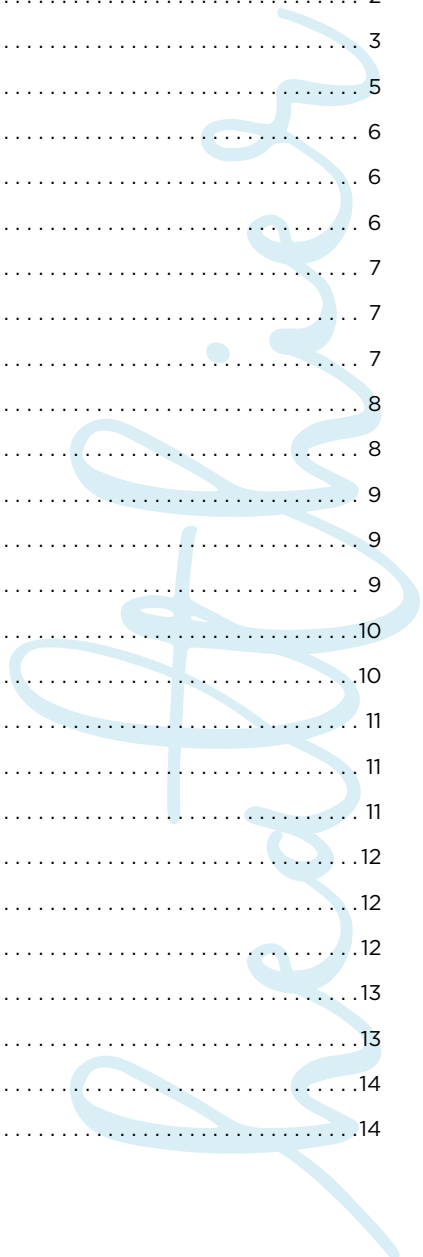
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**STANDARDS
OF CONDUCT**

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STANDARDS OF CONDUCT

Every employee and independent contractor (herein after referred to collectively as “employees”) of Hawai'i Pacific Health (HPH) is expected to adhere to the highest standards of ethical behavior whenever he or she acts on behalf of HPH, whether in dealings with other employees, with patients and their families, with vendors, with government regulators or with the general public. Violations of legal or ethical requirements jeopardize the welfare of HPH, its employees and patients, and the communities we serve. The Standards of Conduct are a formal statement of our commitment to ethical behavior and business practice and are a critical component of the Compliance Program.

The HPH Standards of Conduct define the conduct expected of employees, provide guidance on how to resolve questions regarding legal and ethical issues, and establish a mechanism for reporting possible violations of law or ethics within HPH. HPH has “zero-tolerance” for unlawful or unethical conduct regarding activities covered in the Standards of Conduct.

Every HPH employee is expected to take time to read the Standards of Conduct thoroughly. It is our individual and collective responsibility to understand and comply with the rules, regulations and laws that pertain to our jobs and to report compliance issues that come to our attention. HPH requires each employee to sign an Acknowledgment confirming that he or she is responsible to read the Standards of Conduct, understands and will abide by them as a condition of employment. The old sayings, “Ignorance is bliss,” and “What you don't know can't hurt you,” do not apply. In today's realm of compliance, ignorance of what is expected of you is not a defense and is extremely dangerous.

The HPH Standards of Conduct are broken down into the following elements:

- Anti-Fraud and Abuse Laws
- Antitrust Violations
- Billing Practices
- Business and Clinical Practices
- Company Property
- Confidential Information
- Conflict of Interest
- Customer Gifts and Entertainment
- Disciplinary Action for Improper Conduct
- Environment
- Financial Records
- Fundraising, Gifts and Donations
- Government Requests
- Improper Use of Funds
- Information Systems
- Intellectual Property
- The Joint Commission (TJC)
- Marketing
- Non-Retaliation for Reporting
- Patient Care
- Professional Records
- Research
- Treatment of Employees
- Acknowledgment and Certification of Compliance

Each section includes a specific set of guidelines that are meant to assist you in carrying out your day-to-day activities within approved moral, ethical and legal standards.

HPH STANDARDS OF CONDUCT

ANTI-FRAUD AND ABUSE LAWS

HPH is committed to ensuring that its relationships with healthcare providers, suppliers and practitioners comply with federal and state anti-fraud and abuse laws.

Guiding Principles

- Several federal and state anti-fraud and abuse laws apply to business relationships between healthcare providers, suppliers and practitioners. These laws potentially apply to any financial relationships that exist between those in a position to refer patients and other business (e.g., physicians) and those providing health related items or services (e.g., hospitals). These laws are designed to prevent improper financial incentives from affecting treatment or purchasing decisions.
- For example, the federal healthcare programs anti-kickback statute prohibits a healthcare provider, such as a hospital, from paying, offering, accepting or soliciting any type of kickback or other “remuneration” in return for the referral of business reimbursed by a federal healthcare program (e.g., Medicare and Medicaid). This law may be violated even if there is no express agreement to refer business if an arrangement has the potential for influencing the judgment of one of the parties. A number of state laws also apply to the referral of business reimbursed by private insurers. Violations of these federal and state laws may result in penalties including imprisonment, criminal fines, civil monetary penalties and/or exclusion of the entity from participation in federal healthcare programs and difficulties in securing future healthcare employment for those individuals who are excluded.
- Sensitivity to these laws is imperative when considering proposed arrangements between HPH and individuals or entities that transact business with HPH. Advice from the HPH General Counsel and the Compliance Department must be sought prior to entering into arrangements such as the following:
 - Financial arrangements with physicians who refer patients to HPH, or who order items or services from HPH, such as 1) joint venture arrangements; 2) independent contractor arrangements; 3) practice acquisition agreements; 4) physician recruitment or retention agreements; 5) equipment or space lease agreements; and 6) loan agreements.
 - Financial arrangements with entities to which HPH may direct patients for post-acute care, such as nursing facilities, home health agencies and durable medical equipment (DME) companies.
 - Proposals from vendors, including manufacturers and suppliers that offer discounts or rebates to HPH on the purchase of items or services, such as equipment, medical supplies and pharmaceuticals.
- The federal government has issued “safe harbor” regulations which establish specific guidelines for structuring arrangements to ensure compliance with the federal healthcare programs anti-kickback statute. For example, safe harbors exist for properly disclosed and reported discounts on items sold by vendors, independent contractor arrangements that provide fair market value compensation for furnished services, equipment and space lease arrangements that provide fair market value lease payments, and many other permissible arrangements.

- The federal government has also issued a “Special Fraud Alert” that identifies specific arrangements between hospitals and physicians that may violate the federal healthcare programs anti-kickback statute. According to the Fraud Alert, a hospital that provides certain types of benefits to a referring physician may risk violating the statute. Consequently, the following arrangements should be reported immediately to the General Counsel and the Compliance Department for further review:
 - Payment of any type of incentive by the hospital each time a physician refers a patient to the hospital;
 - The use of free or significantly discounted office space or equipment for use in a physician’s private practice;
 - Provision of free or significantly discounted billing, nursing or other staff services for use in the physician’s private practice;
 - Free training for a non-employee physician’s office staff in such areas as management techniques, coding and laboratory techniques;
 - Guarantees which provide that, if the independent physician’s income fails to reach a pre-determined level, the hospital will supplement the remainder up to a certain amount;
 - Low-interest or interest-free loans, or loans which may be “forgiven” if a physician refers patients to the hospital;
 - Excessive payments for intangible assets when acquiring physician practice(s);
 - Payment for services that require few substantive duties by the physician or payment for services in excess of the fair market value of the services rendered.

ANTITRUST VIOLATIONS

HPH believes in vigorous and fair competition and compliance with federal and state antitrust laws.

Guiding Principles

- The antitrust laws are intended to promote free and vigorous competition in the marketplace. Competition tends to improve products and services, help contain prices, and assure responsiveness to consumers. Some business practices that restrain trade are illegal, “per se,” that is, they are always illegal regardless of the justification. These include agreements by competitors to fix prices, or to boycott those who refuse to agree on fixed prices. But most business practices are evaluated under the antitrust “rule of reason,” that is, they are lawful if their pro-competitive benefits outweigh their anti-competitive means. Pro-competitive features might include such things as increasing availability of services, improving efficiency so as to pass on savings to consumers, and assuring quality. Anti-competitive features could include such things as eliminating service providers, raising prices, limiting locations or tying together sales of unrelated products.

- During the past decade or so, the delivery of health services has probably been the subject of more antitrust suits—brought by the government and by private parties—than any other sector of the economy. From a legal perspective, this is an extremely sensitive area. All employees should take precautions to be sure that they do not unwittingly contribute to creating a situation that could be challenged under the antitrust laws.
- Violation of the federal antitrust laws is a felony subject to very large fines—up to \$100 million for corporations and up to \$1 million for individuals. Individuals are also subject to jail sentences. In addition, persons who have suffered injury to their business or property as a result of violation of antitrust laws may recover three times the actual damages sustained plus attorneys' fees. The defense of an antitrust suit can be time consuming and costly.
- In light of these significant consequences of a violation of the antitrust laws, or even the appearance of a violation, it is HPH's policy that all employees shall take steps to obtain necessary advice and fully comply with antitrust laws. Although antitrust law is very complex, the following are among the kinds of arrangements that are common in health-care and that can in some situations raise antitrust issues.
- Arrangements that may raise issues:
 - Agreements with competitors on the prices to be charged or the terms of services, unless it is pursuant to a bona fide joint venture;
 - Exchanges of prices or other competitively sensitive information with competitors;
 - Exclusive contracts;
 - Agreements not to compete, such as, "We'll do X service and refrain from Y if you refrain from Z";
 - Agreements not to do business with certain vendors or competitors;
 - Agreements to obtain a dominant or sole provider status in a given service area;
 - Agreements to sell service A only if the customer also purchases unrelated service B;
 - Agreements among hospitals on how they will deal with physicians or payors;
 - Agreements that an organization will buy from or sell to another only if the other organization buys from or sells to you;
 - "Sham" joint ventures in which the parties do not really share resources, risks or rewards, or integrate functions.

Seek advice from the HPH General Counsel before negotiating or proceeding with any of these arrangements.

- Other precautions:
 - Be circumspect in correspondence when making statements about competitive situations;

- Be certain you have the authority before exchanging information among competing providers;
- All meetings with competitors, or with other providers, concerning competitively sensitive issues, should have written agendas and minutes;
- Require that business loans for joint ventures specifically address the possible efficiencies and benefits to patients and community that can be achieved;
- Seek advance review of the terms of any proposed arrangement from General Counsel before proceeding.

BILLING PRACTICES

All employees are to bill accurately and honestly in accordance with government programs and commercial payor contracts and agreements.

Guiding Principles

- Charge data and billing must accurately and completely describe only those services actually rendered. "Billing processes" encompass the entire cycle from registration, ordering services, provision of services, documentation, charge entry, charge codes, coding, billing, reimbursement and refunds. Services rendered must be accurate, legible (written and electronic format) and completely documented in order to be accurately and completely coded both for proper billing practices and to ensure integrity of the medical database. Billing must be in compliance with the regulations of state and federal payors and in accordance with any other payor contracts or agreements. False or fraudulent claims submitted to a federal payor (e.g., Medicare and Medicaid) by anyone who knew or should have known it was a misrepresentation will subject the entire organization to the possibility of severe civil and criminal penalties as defined in the 1991 Federal False Claims Act.
- Substantiating medical documentation must be provided for all services rendered. If the documentation does not substantiate billing, HPH will not bill for the service even if it has already been provided. The documentation requirements apply to all billings, including physician professional services, pharmacy and hospital claims. Medical records must be treated as legal documents. Medical records may be amended to correct an error or to complete or enhance the present documentation, but medical records may not be erased or altered.
- Billing data must be retained for periods prescribed by law. Clinical, administrative or clerical staff involved in the preparation and/or submission of charge or billing data must be trained in accurate coding and documentation practices. Billing policies and procedures should be written, approved by management, and appropriately updated to remain current and credible. These policies and procedures must be available to all employees involved in the creation of charge or billing data.
- Where any payor agreement requires the collection of co-payments and/or deductible amounts, these amounts will be collected to the full extent of the agreement. Decisions to act in any manner that does not comply with state and federal regulations, or other specific payor agreements regarding collection of co-payments or deductibles, must be disclosed and implemented in accordance with written organizational policy.

- Employees who suspect that either erroneous or fraudulent charge data or claims submission is occurring should immediately alert their supervisor or manager. Additionally, an employee may report to the Compliance Hotline if the reported issue has not been resolved and remains of concern to the employee.
- The rules applying to all the steps within the billing cycle are complex. Please consult with the Revenue Integrity and/or Compliance Department for specific billing questions.

BUSINESS AND CLINICAL PRACTICES

Good judgment and high ethical standards are expected in all business and clinical practices.

Guiding Principle

- Conduct all your business and clinical practices with honesty, fairness and integrity. These qualities are demonstrated through truthfulness, the absence of deception or fraud and behavior that adheres to the law. Behaving in this way is appropriate in all situations, regardless of facility, location or job.

COMPANY PROPERTY

Use company property for business purposes only. We must protect the assets, including property and information, of our patients and those who work with us.

Guiding Principles

- HPH property is made available to employees only for authorized business purposes and should not be used for personal reasons. This applies to physical assets such as office equipment, computers, software, office supplies or medical supplies. It also applies to other types of property such as company records, patient information and customer lists. HPH property must not be taken out of HPH facilities without prior approval and unless it is required to perform your job. If property is removed from HPH facilities, you must return the property when it is no longer needed for business purposes. All employees are expected to maintain and properly care for company property.
- Managers are expected to establish appropriate internal financial controls over all areas of their responsibility to ensure safeguarding of HPH assets and the accuracy of financial records and reports.

CONFIDENTIAL INFORMATION

We must protect HPH confidential information. We will never disclose confidential patient or business information to any unauthorized person.

Guiding Principle

- Confidential information may never be disclosed to unauthorized persons. Information obtained, developed or produced by HPH and its employees, information supplied by outside consultants or vendors for the benefit of HPH or information about HPH customers is confidential. This information should not be disclosed to any outside persons including friends, family, relatives, business or social acquaintances, customers, suppliers or others. Unless you have proper authorization from HPH management, do not disclose any information to other employees except on a "need-to-know" basis in accordance with operational protocols of HPH.

CONFLICT OF INTEREST

Conduct personal and professional business to avoid conflicts of interest.

Guiding Principles

- A conflict of interest is any interest, financial or otherwise, direct or indirect; participation in any business transaction or professional activity; or incurring of any obligation of any nature, which is or appears to be in substantial conflict with the proper discharge of any employee's duties. Participation in activities that could conflict with or influence or interfere with your effective performance of your responsibilities at HPH is not an acceptable situation for you or the organization, and may in certain situations violate law.
- We recognize that potential conflicts may be common. Not all apparent conflicts become actual conflicts or become significant. Many can be avoided simply or can be neutralized by disclosure. Others require serious action.
- A good rule of thumb is that a potential conflict of interest exists when an objective observer of our business actions might wonder if these actions are motivated solely by our professional responsibilities as employees or are being influenced by other factors.
- You or any member of your family cannot receive gifts, loans or other special preferences from a person or organization that does business or wants to do business with HPH or is a competitor of the system.

CUSTOMER GIFTS AND ENTERTAINMENT

Use good judgment when giving gifts to, or receiving gifts from, customers or patients.

Guiding Principle

- HPH employees may not give or accept any gift, tip, personal gratuity, loan or other benefit that might appear to improperly influence a business relationship or decision. At no time may an employee accept a gift, which would result in an actual or perceived conflict of interest in the performance of their required duties for the organization. If an employee receives any gift or favor, it must be returned and the employee's supervisor should be notified. Any material gift from a vendor may raise an anti-kickback issue and should be declined unless definitive advice determines it is permissible. Gifts of nominal value from patients that are perishable items such as flowers or cookies, given as tokens of appreciation by patients and their families may be accepted and should be shared in the work unit. Discretion and common sense should be your guide. Physicians are expected to abide by the ethical guidelines of the American Medical Association.

DISCIPLINARY ACTION FOR IMPROPER CONDUCT

Improper conduct will not be tolerated.

Guiding Principles

- The commitment to compliance applies to all personnel within HPH. Corporate officers, managers, supervisors, medical staff, other healthcare professionals and billing staff are all accountable in the event of failure to comply with, or for the foreseeable failure of their subordinates to adhere to, applicable standards, laws and procedures. Improper conduct will result in appropriate disciplinary action, ranging from oral warnings by supervisors to suspension, privilege revocation, termination or financial penalties, as appropriate.

- Intentional or reckless noncompliance will result in significant sanctions. Any required disciplinary action will be undertaken on a fair and equitable basis.
- Compliance with all applicable federal and state laws and regulations is a condition of employment for each employee. The potential financial and regulatory sanctions for the violation of healthcare laws may include severe criminal, civil or administrative penalties for an employee and/or HPH such as imprisonment, criminal fines, civil monetary penalties, exclusion of the entity or the individual from participation in federal healthcare programs, and/or loss of professional license. Criminal sanctions for healthcare fraud potentially carry severe penalties, such as monetary fines and imprisonment (18 U.S.C. §1347). Civil sanctions for false claims may include civil penalties of not more than \$10,000 per claim, treble damages, and the awarding of legal fees (31 U.S.C. §3729-3733). Administrative sanction can result in the mandatory or permissive exclusion from federal healthcare program participation for a set term or permanently (42 U.S.C. §1320a-7).

ENVIRONMENT

HPH is committed to promoting practices that are consistent with environmental laws.

Guiding Principles

- HPH's policy is to comply with all environmental laws and regulations as they relate to our business. Employees in healthcare facilities must deal with hazardous chemicals, infectious agents and low-level radioactive materials at various locations. Such employees are expected to handle materials in accordance with established control, storage and disposal procedures.
- It is imperative that every employee who deals with hazardous materials and infectious waste complies with environmental laws and regulations and follows the environmental safety procedures set forth in existing HPH policy and procedure manuals.
- HPH will retain/contract with only reputable, licensed service providers to transport and dispose of hazardous materials and infectious waste. Employees will maintain all environmental records as required by law.

FINANCIAL RECORDS

Keep honest and accurate records.

Guiding Principle

- Ensure that all financial records for which you are responsible are accurate and complete. Company books and records shall not contain any false or misleading information. This principle includes recording expenses in the proper period and classification within each department. All expenses must be properly classified such as Advertising / Marketing, Entertainment, Seminars, etc. Financial records are reported to the federal government on an annual basis through the Medicare/Medicaid cost reports. Expenses that are inappropriately classified may result in false or misleading information in reports. All financial records for which management and employees are responsible for completing must be done accurately. Financial transactions should be recorded in accordance with generally accepted accounting principles as well as HPH policies, guidelines and standards.

FUNDRAISING, GIFTS AND DONATIONS

Care must be taken when soliciting or receiving charitable funds so that there is no appearance of a conflict of interest.

Guiding Principle

- Employees are encouraged to support HPH fundraising and fund development activities, but are required to coordinate all cultivation and solicitation activities with the applicable foundation. Monies or other items received as gifts should be transmitted to the appropriate foundation in order to be deposited immediately in appropriate accounts, properly acknowledged and properly stewarded. Charitable contributions from vendors, solicited or unsolicited, may raise issues related to federal and state anti-kickback laws, and should be reviewed prior to solicitation and/or acceptance with General Counsel or the Compliance Department. Care must be taken that contributors not be led to believe that they will be receiving consideration from HPH in return for charitable gifts.

GOVERNMENT REQUESTS

Requests for information from government auditors, investigators or other officials should be brought to the attention of senior management. To ensure that the information we provide is accurate, up-to-date, consistent and complete, senior management will refer the request to General Counsel or other appropriate division.

Guiding Principle

- It is the company's policy to cooperate with lawful and reasonable requests for information from U.S. government agencies, such as Health and Human Services (HHS), Office of the Inspector General (OIG), Federal Trade Commission (FTC), Food and Drug Administration (FDA), Occupational Safety and Health Administration (OSHA), or similar state agencies concerning HPH operations. At the same time, we want to make sure that the information we provide is accurate, up-to-date, consistent and complete. Therefore, we ask that you speak with your supervisor before responding to these requests. If a government official or agency asks you for any information or an interview concerning HPH, notify your supervisor as soon as possible. Your supervisor will take appropriate action. General Counsel should always be aware of and involved in our responses to governmental requests.

IMPROPER USE OF FUNDS

Do not use funds for improper or illegal activities.

Guiding Principles

- A "kickback" is any inducement offered with the intent to influence a decision on grounds that are not directly related to the merits of the decision. Payments to physicians or other parties to influence the flow of referrals from physicians are not permitted. Gifts of substantial value or extravagant entertainment of government employees, physicians or other parties in a position to influence patient referrals are prohibited.
- You cannot use HPH funds to contribute to a political party, committee, organization or candidate in connection with a federal or state campaign. You may, of course, make personal contributions to the campaigns of candidates of your own choice.

INFORMATION SYSTEMS

HPH requires information systems be used in a manner that is secure, authorized, ensures patient confidentiality, and is in compliance with the licensing agreement for that system.

Guiding Principles

- **Secure Use.** Information security is of vital importance to HPH. All users of information systems are tasked with ensuring the data in their possession is viewed, used and stored in the manner intended and designed to maintain confidentiality. This includes using appropriate passwords, protecting passwords and user IDs and ensuring they're not used by others, and being aware and vigilant of ways HPH's information systems might be compromised (e.g., phishing).
- **Authorized Use.** HPH's information systems may only be used with the explicit, written permission of the Data Steward or delegate for that system.
- **Ensures Patient Confidentiality.** Users of HPH information systems must ensure patient confidentiality is maintained while patient data is in their care. This includes taking steps to prevent unauthorized access to HPH systems and confidential information generated from the systems, such as logging off a system when leaving a room, immediately retrieving printouts, not loading data to removable unencrypted media, not emailing confidential information unless encrypted, shredding confidential documents and not using methods of remotely accessing data unless sanctioned by HPH.
- **Compliance with Vendor Licensing.** Almost all software in use by HPH is licensed from a software vendor, i.e., the creator of the software still owns the software. HPH buys a right to use the software. We may only use the software following the rules set out by the owner. For instance, if HPH agrees to use the software on only five PCs, then we must ensure only five are used. If the vendor states the software may only be used at one facility, we must ensure it is so. Software licenses are legally binding contracts.

INTELLECTUAL PROPERTY

HPH prohibits the unauthorized use of copyrighted, trademarked or licensed properties and also safeguards the intellectual property rights of the organization with respect to proprietary information.

Guiding Principle

- **Unauthorized Use.** Employees of HPH often encounter material that is copyrighted and/or licensed by outside individuals or organizations. This material includes but is not limited to books, articles, pamphlets, computer software and manuals. Copyrighted material is protected by law from unauthorized copying and distribution. Employees generally should avoid duplicating copyrighted materials in their entirety, and should not make multiple copies of copyrighted material. These principles apply equally to written and electronic material, including material posted on the Internet.

THE JOINT COMMISSION

All HPH employees are responsible for adhering to The Joint Commission (TJC) standards.

Guiding Principle

- TJC standards for the accreditation of acute care medical facilities provide the minimum practice and organizational standards against which each employee's daily performance is judged. TJC compliance is measured by documentation in medical records, logs or other operating documents, as well as surveillance of actual practice. TJC accreditation is required in order for acute care medical centers to bill and receive payments from Medicare and Medicaid funds. There is increasing cooperation between TJC and the Centers for Medicare and Medicaid Services (CMS) to coordinate the compliance efforts mandated by federal and state laws.

MARKETING

Represent HPH services and products fairly and honestly, stressing their value and capabilities.

Guiding Principles

- HPH advertises and markets its services and products to inform the community of their availability and value; to provide educational information about personal health; and to inform the public of HPH views on public policy issues that relate to healthcare.
- Advertising should:
 - be honest and accurate.
 - not disparage or demean competitors, customers or patients.
 - not exploit customer or patient fears as a key motivating factor.

NON-RETALIATION FOR REPORTING

Reporting possible compliance issues is highly encouraged and a requirement of employment with HPH.

Guiding Principles

- HPH employees have personal and employment obligations to report any possible compliance issue to the appropriate individuals. Employees can report their concerns without fear of retaliatory action from co-workers or supervisory management. Federal laws expressly prohibit such actions. 1986 Congressional Amendments to the False Claims Act include specific protections against retaliation against employees who—in good faith—report their concerns.
- In order for our Compliance Program to work effectively, management must conscientiously create an environment where employees are rewarded for their attentiveness to high Standards of Conduct. Employees who believe a retaliatory action has been taken against them should contact the Human Resources Department or the Compliance Department.

PATIENT CARE

Compassionately deliver the most appropriate, effective and efficient care to HPH patients. Treat patients with compassion and dignity, with respect for patient rights. All laws governing patients and patient care must be followed.

Guiding Principle

- All patient care must be appropriate and designed to meet the intended outcomes of the patient care plan. Patients must always be treated with sensitivity, respect and professionalism. Policies and procedures regarding patient rights must be consistently followed.

PROFESSIONAL RECORDS

Keep honest and accurate records.

Guiding Principle

- Records maintained by professionals, such as pharmacists, nurses, doctors, dietitians, social workers or physical therapists must conform to accepted standards and principles of the particular profession and shall not contain any false or misleading information. Documentation accurately reflecting patient data supports and ensures accurate coding assignment and meets one of the key billing compliance requirements. Professional records shall be maintained for a period recommended by the Legal Department.

RESEARCH

HPH's commitment to high standards encompasses all research programs and related activities.

Guiding Principles

- HPH has established policies and procedures to ensure that research programs and their administration are consistent with federal, state, local, and institutional rules and regulations. It is expected that as members of the scientific community, all faculty and staff will become familiar with and abide by these policies.
- An Institutional Review Board (IRB) has oversight authority for establishing and maintaining research standards that are consistent with federal and state law for protecting human subjects of research. "Human subject" means a living individual about whom an investigator conducting research obtains data through intervention or interaction with the individual, or identifiable private information. HPH has very specific obligations under federal and state law, and applies these standards to all HPH research activity involving human subjects.
- All proposals involving human subjects must be submitted to the HPH Research Institute for review. To ensure the integrity of research conducted under the auspices of HPH, all proposals must conform to IRB standards. Grant recipients must use funds in accordance with the approved research protocol.
- It is important to identify any conflicts of interest between sources of funds and the HPH recipient. A conflict of interest is any interest, financial or otherwise, direct or indirect; participation in any business transaction or professional activity; or incurring of any obligation of any nature, which is or appears to be in substantial conflict with the proper discharge of an employee's duties in the public interest. A conflict of interest is also any

financial interest that will, or may be reasonably expected to, bias the design, conduct or reporting of sponsored research. All conflicts must be disclosed to the HPH Research Institute. Where conflicts cannot be resolved to the satisfaction of the HPH Compliance Officer, the research proposal or grant application must be withdrawn or redrafted.

- Scientific misconduct is a violation of HPH policy as well as federal and state laws. Scientific misconduct means the fabrication, falsification, plagiarism or other practices that seriously deviate from practices that are commonly accepted within the scientific community for proposing, conducting or reporting research. It does not include honest error or honest differences in interpretation or judgment of data. Scientific misconduct also includes failure to submit research projects to the IRB for approval; to obtain informed consent in accordance with HPH policy; or to comply with the conflict of interest policy. Fiscal improprieties and issues concerning the ethical treatment of human or animal subjects are also included in the definition. Each person employed by or doing research under the auspices of HPH must report to the Compliance Department any scientific misconduct which he/she believes may have occurred.

TREATMENT OF EMPLOYEES

All employees are to be treated with fairness, respect, integrity and dignity.

Guiding Principles

- HPH is committed to fair and equitable treatment of all employees. When treatment is perceived to be inequitable or unfair, specific policies and mechanisms are in place to resolve conflicts. For hourly, non-bargaining unit employees and exempt employees other than management, a Fair Treatment Process (FTP) is available to resolve conflicts. Bargaining Unit employees should refer to their Collective Bargaining Agreement. Nothing in this document is intended to supersede any portion of an existing collective bargaining agreement.
- It is the responsibility of all HPH employees to create an environment in which employees are treated with respect, diversity is valued, and development opportunities are provided. Employee harassment or abuse of any kind or employee discrimination on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Existing employee policies address these issues in great depth, and provide the primary reference document for compliance questions concerning treatment of employees.

ACKNOWLEDGMENT AND CERTIFICATION OF COMPLIANCE

All employees are expected to receive, read, understand and abide by the Standards of Conduct and certify acknowledgment on the HPH Learning Center (HLC).

Guiding Principle

- HPH requires that all employees sign an Acknowledgment confirming that they have received and are responsible for reading the Standards of Conduct and agree to abide by those guidelines as a condition of employment.

EMPLOYEE RESPONSIBILITIES

1. Become informed. Educate yourself within your work unit as to the relevant laws, rules, regulations, policies and procedures.
2. If something at work doesn't feel right, ask someone. Follow your chain of command.
3. Discuss the issue with your immediate supervisor. If you do not feel comfortable bringing the concern to your supervisor, go to the next step.
4. Discuss the issue with your supervisor's supervisor or another senior manager.
5. You may always choose to discuss the issue with someone in the Compliance Department. They are trained to answer general questions or direct your concerns to more qualified resources. These may include the Legal Department, Human Resources, Risk Management, any Compliance Officer or members of the Leadership Team.
 - If you prefer, you may report to the Compliance Hotline for additional information, suggestions for further resources or to document your concern.

Remember: Each and every one of us at HPH is responsible for making the commitment to compliance in our daily work lives. All employees are responsible for compliance at HPH.

COMPLIANCE HOTLINE

Reporting possible compliance issues is not only everyone's responsibility, it is a requirement and condition of employment. All reports will be treated confidentially and anonymously. Employees, physicians on medical staff with or without privileges, contracted vendors, agents and partners of HPH can use the Compliance Hotline. Non-retribution and non-retaliation is HPH's policy. Any employee or other individual covered by our Compliance Program is to disclose to the Compliance Hotline, Compliance Department, members of the Compliance Committee or other persons any identified issues or questions associated with laws, rules, regulations, policies and procedures believed by the individual to be inappropriate.

The toll-free number web-based online reporting is available 24 hours a day/7 days a week and allows employees to report a concern anonymously.
Web-based Online Reporting Application: www.mycompliancereport.com
Telephone: The entire number must be dialed even if you are calling from a work phone.

- **HPH (1-888-274-3832)**
- **Kapi'olani (1-888-274-3832)**
- **Pali Momi (1-888-274-3832)**
- **Straub (1-877-852-2739)**
- **Wilcox (1-877-309-5762)**

All reports are kept confidential and reporters are not required to give their identity. Hotline telephone calls are not recorded; neither hotline telephone calls nor online reports will be traced and no reporter will be subject to retaliation or discrimination for expressing concerns made in good faith. Reporters will be assigned a number with which to identify themselves in future communications with the Compliance Hotline or the Compliance Department.

Reporters need to be aware, however, that although HPH respects the desire for anonymity under most circumstances, there may be a point where the reporter's identity becomes known or may have to be revealed in certain instances in order to fully resolve the situation or if government authorities become involved. In order for the Compliance Hotline to work best, it may be necessary for the reporter to provide detailed or even personal information.

The Compliance Hotline is not intended to replace established communication channels, such as talking with your supervisor, but provides an additional method for communicating when an employee may be uncomfortable approaching a supervisor or department manager. Nor is this line to be used for accusations that are known to be false or to be used for personal grievances by repeating gossip. Those who report suspected misconduct should recognize that they too have a responsibility to be truthful and motivated by a desire to do the right thing. Reporters do not need to be sure of all the facts when reporting, but must not knowingly make false reports out of spite or other malicious impulses.

