

SURGICARE OF HAWAII

MEDICAL STAFF BYLAWS

Surgicare of Hawaii

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Effective as of May, 19, 2021

MEDICAL STAFF BYLAWS

PREAMBLE

The Medical Staff is responsible for the quality of medical care in the Facility and accepts and assumes this responsibility. The Medical Staff is self-governed, organized in conformity with these bylaws and accountable to the ultimate authority of the Facility Governing Body.

These bylaws are prepared for compliance with appropriate licensing laws and accreditation standards. These bylaws are not intended to, and do not constitute, an express or implied contract with any individual or entity unless otherwise expressly determined by state law.

ARTICLE I

NAME

These are the bylaws of the Medical Staff of Surgicare of Hawaii.

ARTICLE II

PURPOSES AND RESPONSIBILITIES

II.1 Purposes.

The purposes of the Medical Staff are to:

- a. provide an organized body through which the benefit of Medical Staff membership (mutual education, consultation, and professional support) may be obtained by each Medical Staff Member and the obligations of Medical Staff membership may be fulfilled;
- b. serve as the primary means for accountability to the Governing Body for the quality and appropriateness of the professional performance and ethical conduct of its Members as well as of all Allied Health Professionals, and to strive for quality patient care, efficiently delivered and maintained consistent with available resources, and to the degree reasonably possible as determined by the standards of the community;
- c. develop a structure, reflected in Medical Staff bylaws, rules and regulations, policies, protocols and other applicable documents, that adequately defines the responsibility, and when appropriate, the authority and accountability of each Medical Staff component; and

- d. provide a means through which the Medical Staff may provide input to the Facility's policy-making and planning process.

II.2. Responsibilities. The responsibilities of the Medical Staff, which may be performed by the MEC, as applicable, are to account to the Governing Body for the quality, safety and appropriateness of patient care rendered by all Members and Allied Health Professionals authorized to provide patient care services in the Facility, through the following measures:

- a. processing credentials in a manner that matches verified qualifications, performance, and competence with Clinical Privileges and Practice Prerogatives, as applicable, for all applicants, Members and Allied Professionals;
- b. making recommendations to the Governing Body with the respect to Medical Staff appointments, reappointments, Staff category (if applicable), Clinical Privilege delineation, and as appropriate, service to the Medical Staff and/or medical records review process;
- c. participating in the Facility quality management program by conducting objectively all required peer evaluation activities through Medical Staff and/or service review, specific (committee) monitoring processes, and a clinical pertinence screening program;
- d. defining an implementing a focused review evaluation for Members to improve the clinical skills of Members by having Member "peers" evaluate their clinical competence. A "peer" shall be a Practitioner with the same or similar Clinical Privileges. The process shall consist, at a minimum, of the following items:
 - i. defining circumstances when peer review is required;
 - ii. specifying who shall participate in the process;
 - iii. defining a method of selecting peers or peer panels for specific circumstances;
 - iv. setting time frames in which peer evaluations are to be conducted and in which results will be reported;
 - v. specifying when external peer review is required; and
 - vi. specifying how the Member under review will participate in the process.
- e. providing continuing education that is relevant to patient care provided in the Facility as determined, to the degree reasonably possible, from the findings of quality-related activities;
- f. initiating and pursuing corrective action when warranted;

g. enforcing the Medical Staff bylaws, rules and regulations uniformly and consistently; and

h. striving to continuously improve the quality of patient care.

ARTICLE III MEDICAL STAFF

MEMBERSHIP

III.1. Nature of Membership.

III.1-1. Membership is a Privilege. Membership on the Medical Staff of the Facility is a privilege that shall be granted only to legally and professionally qualified and currently competent Practitioners who continuously meet the qualifications, standards, and requirements set forth in the Medical Staff bylaws, rules and regulations, and policies, including, but not limited to, health status with respect to their ability to perform the Clinical Privileges requested and/or granted. Appointment to and subsequent membership on the Medical Staff shall confer on the Member only such Clinical Privileges and rights as have been granted by the Governing Body in accordance with these bylaws. Members are not compensated for the privilege of membership or for fulfilling any of their obligations or responsibilities contained in these bylaws.

III.1-2. No Employment or Agency. Medical Staff membership does not create an employment or agency relationship between the Practitioner and the Facility. No Medical Staff Member, as a Member, is authorized to bind the Facility to any duty or obligation.

III.1-3. Member Rights. Members shall be eligible to: (a) vote; (b) hold office; (c) serve on the Medical Executive Committee; (d) serve on the Governing Body as Medical Staff Representative; (e) serve on Medical Staff and Governing Body committees; and (f) assume all other functions and responsibilities of membership as described in these bylaws.

III.2. Qualifications for Membership and Clinical Privileges. Only Practitioners deemed to possess certain qualifications as stated below may be granted membership and/or Clinical Privileges. A Practitioner may be granted membership and/or Clinical Privileges who:

a. can document their: (1) current and unrestricted licensure in the State; (2) adequate experience, education, and training; (3) current clinical competence; (4) good judgment; (5) current adequate physical and mental health status, so as to demonstrate to the satisfaction of the Medical Executive Committee and Governing Body that they are professionally and ethically competent and that patients treated by them can reasonably expect to receive quality medical care; (6) current and unrestricted federal DEA registration and State controlled substances registration, as applicable (notwithstanding the foregoing, if a Practitioner's practice does not include prescribing controlled substances, such as a pathologist, a Facility may grant membership and/or Clinical Privileges to

such a Practitioner in accordance with its rules and regulations and policies applicable to such Practitioners); and (7) professional liability coverage as provided for in these bylaws;

b. is determined to: (1) adhere to the ethics of his respective profession; (2) be able to work cooperatively with others so as not to adversely affect patient care; (3) keep as confidential, as required by law, all information or records received in the physician-patient relationship and (4) participate in and properly discharge his Medical Staff responsibilities;

c. can verify that they are not currently an Ineligible Person (See Glossary) and specifically agrees to provide to the Medical Executive Committee, with or without request, any new or updated information that is pertinent to any change in the Practitioner's Ineligible Person status or any change in any other sanctions imposed or recommended by the United States Department of Health and Human Services or any state;

d. has not had their membership and/or Clinical Privileges at the Facility terminated within the last twenty-four months; and

e. is a member in good standing of the medical staff of an accredited acute-care hospital located near the Facility, with the same or similar unrestricted privileges for all types of patients. The Practitioner must comply with any state or federal laws or regulatory requirements for Clinical Privileges at ambulatory surgical centers. If allowed by applicable state and federal laws and regulations, the Governing Body may approve membership and/or Clinical Privileges for Practitioners who are not members of the medical staff of an accredited acute care hospital located near the Facility under the following conditions: (i) the Practitioner has a current contract to provide Facility-based services to the Facility, such as an anesthesiologist providing surgical anesthesiology for patients; or (ii) the Facility has a current, valid transfer agreement with an accredited, acute-care hospital located near the Facility in which the hospital agrees to accept transfers of all Facility patients and the Practitioner is either: (aa) a type of Practitioner in the community who does not usually maintain membership on the medical staff of an acute care hospital, such as a Dentist; or (bb) a Medical Staff Member who has demonstrated proven competency for the prior two (2) years without sanction or reprimand by the MEC; and (cc) for both (aa) and (bb), the MEC and Governing Body determine that quality peer review information on such

Practitioner is available from alternative sources if such information is not available from Facility sources.

III.3. Effect of Other Affiliations. No person is automatically entitled to initial or continued membership on the Medical Staff or to the exercise of any Clinical Privilege in the Facility merely because they are duly licensed to practice in this State or any other state, has previously been a Member of this Medical Staff, had, or now has, membership or Clinical Privileges at this or another health care facility or another practice setting, or because they are a member of any professional organization. Medical Staff membership may only be obtained and maintained by strict compliance with these bylaws, Medical Staff rules and regulations and applicable policies.

III.4. Nondiscrimination.

III.4-1. Open Medical Staff. The policy of the Facility is to have an open Medical Staff, except as otherwise expressly provided in this Section. Medical Staff membership or Clinical Privileges shall not be denied on the basis of sex, age, race, creed, color, religion, national origin, or any physical or mental impairment that does not pose a threat to the quality of patient care or prevent the Practitioner from performing essential membership responsibilities or the Clinical Privileges requested by them. Denials shall be based on one or more of the following: (a) a Practitioner's qualifications as determined through the Facility's credentialing process; (b) the Facility's purposes, needs and non-exclusive capabilities; or (c) an exclusive contract entered into by the Facility for particular patient care services in accordance with these bylaws. In no event shall denials be motivated by or used for personal economic gain by any Member.

III.4-2. Facility's Purposes, Needs and Non-Exclusive Capabilities. When the determination to deny membership or Clinical Privileges is based on the Facility's needs or its capability to provide the facilities and support staffing/services, consideration will be given to actual and planned allocation of physical, financial, and human resources, general and specialized clinical and support services, and the Facility's specific goals and objectives as reflected in the Facility's short and long range plans, or as otherwise provided by law. For purposes of this Section, "capability" shall refer to the Facility's abilities to provide facilities and support staffing/services that are not restricted by any contracts for exclusive services.

III.4-3. Exclusive Contracted Services. It is recognized that some patient care services at the Facility may be provided exclusively by a limited number of Practitioners through written agreement, in accordance with Facility policy and these bylaws. Practitioners who provide patient care services to the Facility under exclusive agreements must be properly processed and be granted Medical Staff membership and/or Clinical Privileges.

III.5. Duration of Initial Appointments and Reappointments. Initial appointments and reappointments to the Medical Staff shall not exceed two (2) years, unless otherwise mandated by state law or regulation. Delays in the reappointment process, for any reason, shall not extend membership and/or Clinical Privileges beyond a Member's current appointment period.

III.6. Basic Responsibilities of Medical Staff Membership. Each Practitioner agrees that failure to uphold any one or more of the Medical Staff responsibilities or obligations as stated in these bylaws may

be the basis for termination of his membership and/or Clinical Privileges. Each Practitioner, by applying for or being granted membership and/or Clinical Privileges (temporary or otherwise), thereby obligates themselves to the following ongoing responsibilities:

- a. to adhere to the generally recognized standards of ethics of his profession.
- b. to not participate in fee-splitting or "ghost" surgical or medical care, or bill or charge for care or services not provided, or otherwise engage in billing or collection practices that violate applicable laws and regulations.
- c. to participate in peer evaluation activities, including proctoring, when qualified and asked to do so by the President or their designee.
- d. to provide continuous care for their patients and delegate responsibility for their care only to a member who has unrestricted Clinical Privileges to undertake that responsibility.
- e. to obtain appropriate informed consent from all patients and/or other appropriate persons.
- f. to abide by and sign a statement signifying their intentions to abide by the Medical Staff bylaws, rules and regulations and Facility policies and applicable regulatory standards.
- g. to complete accurate, legible and timely medical and other required records for all patients they admit or in any way provides care for in the Facility.
- h. to seek consultation whenever necessary.
- i. to maintain a professional liability insurance policy with a carrier approved by the Governing Body and policy limits of no less than \$1,000,000 per claim and \$3,000,000 aggregate per year, or such other amounts or forms as allowed by State law and approved in writing by the Governing Body. The insurance or other professional liability coverage must cover all procedures the Practitioner performs at the Facility. The Practitioner shall provide the Facility with a current certificate of insurance or other current documentation of professional liability coverage. The Practitioner shall immediately notify the Administrator of any changes to or cancellation of their insurance policy or other coverage and shall authorize their insurance carrier or other coverage provider to provide immediate notice of any change or cancellation to the Facility. The Governing Body may request any Practitioner to add the Facility as an additional insured under their professional liability insurance policy and in the event the Practitioner is insured under a claims-made policy, they shall

continue to purchase such coverage for a minimum of two (2) years following the discharge of the last patient they treat at the Facility;

j. to reasonably assist the Facility in fulfilling its uncompensated or partially compensated patient care obligations within the areas of their professional competence and Clinical Privileges;

k. to reasonably cooperate with the Facility in its efforts to comply with accreditation, reimbursement, legal or other regulatory requirements;

l. to supply requested information, including, without limitation, peer review information, and appear for interviews in regard to their membership and/or Clinical Privileges;

m. to notify the Administrator immediately of any change in the information on their application for membership and/or Clinical Privileges during the application process and throughout the term of their appointment;

n. to maintain the confidentiality of all patient matters and Medical Staff peer review and Allied Health grievances, pursuant to these bylaws;

o. to provide their patients with care at the professional level of quality and efficiency as defined by the Medical Staff and Governing Body;

p. to discharge Medical Staff, committee and Facility functions for which they are responsible by Staff category assignment, appointment, election or otherwise, including but not limited to, participation in quality management/improvement activities, and attend not less than the number of Medical Staff and committee meetings required by these bylaws;

q. to authorize the Facility to consult with members of the medical staffs of other health care facilities with which the applicant has been associated and with others who may have information bearing on their competence, skill, character, ethical and other qualifications;

r. to consent to the Facility's inspection of all records and documents that may be material to an evaluation of their professional qualifications for the membership and/or Clinical Privileges they request;

s. to release from any liability, to the fullest extent permitted by law, all persons for their acts performed, in good faith, in connection with investigating and evaluating them and their credentials;

t. to release from any liability, to the fullest extent permitted by law, all individuals and organizations who provide, in good faith,

information regarding the applicant, including other confidential information;

u. to consent to the disclosure of any information the Facility or Medical Staff may have regarding his professional or ethical standing to other health care entities, medical associations, the National Practitioner Data Bank, licensing boards, and other organizations, and release the Medical Staff, Facility and Facility employees from liability for so doing to the fullest extent permitted by law;

v. to inform the Administrator on a continuing basis of any malpractice claims, criminal investigations or convictions, limitations or sanctions imposed or proposed by any medical boards, societies or associations, or any other health care entity, licensing or drug control authorities, or any federal healthcare program (e.g., Medicare, Medicaid, Tricare) or federal procurement or non-procurement programs. This duty includes informing the Administrator of any voluntary relinquishment of any license, registration or Clinical Privileges and contract or agreement with any impaired physicians committee or similar entity as a result of any substance abuse or other disease or disorder;

w. to avoid disruptive, demeaning, unprofessional or other inappropriate or improper behavior while at the Facility, and treat patients, their families, visitors, Facility staff and colleagues in a respectful and professional manner at all times;

x. to provide to the Administrator, or his designee, any information or documentation, including appropriate medical records, reasonably requested to answer any questions or resolve any issues concerning an applicant's or Member's health status with respect to their ability to perform the Clinical Privileges requested and/or granted or the ability of such applicant or Member to perform quality patient care; such documentation includes, but is not limited to, periodic or other drug tests at the request of the MEC or its designee; and

y. to provide patient care at the Facility without regard to a patient's race, ethnicity, national origin, color, creed/religion, sex, age, mental or physical disability, and in conformance with all federal, state and local laws and regulations, Medical Staff and Facility policies, including when appropriate, emergency care service, disaster plan assignment and consultation assignments.

III.7. Initial Appointment and/or Clinical Privileges.

III.7-1. Application for Initial Appointment and/or Clinical Privileges.

Each application for initial appointment to the Medical Staff and/or for Clinical Privileges shall be in writing, submitted on the Facility's current approved application form (which may include a state-mandated application form), and signed by the applicant. Each applicant shall be given a copy of or access to the Medical Staff bylaws, rules and

regulations and applicable Facility policies. The application shall be submitted to the Administrator or designee to have all information verified by the primary source or a delegated agency. The Facility shall query the National Practitioner Data Bank, Office of Inspector General (OIG) and applicable State licensing board, in compliance with existing laws and Facility policy, for all Practitioners who are applying for membership and/or Clinical Privileges. Any application fee required by the Facility should be submitted with the application.

III.7-2. Applicant's Burden to Provide Adequate Information. The applicant shall have the burden of producing adequate information for a proper evaluation of their current competence, character, skill, ethics, health status with respect to his ability to perform the Clinical Privileges requested, ability to work with others, and other qualifications. The applicant shall provide complete, accurate, up-to-date information on the application and agrees to immediately report to the Administrator or designee any change in their information which occurs after they have submitted their application. Each applicant must attest to and continuously demonstrate that they are physically and emotionally capable of performing all aspects of patient care for which they seek Clinical Privileges. Each applicant shall be responsible for resolving any doubts regarding their application, qualifications for membership and/or all Clinical Privileges requested. The applicant may provide the following and any other requested information by legible, true and complete photocopies, except for the photo ID:

- a. identifying information, including a government issued photo ID (such as a driver's license or passport) presented to the Facility's representative for viewing;
- b. medical school;
- c. internship;
- d. residency/fellowship/faculty appointments;
- e. all past and present hospital and other health care entity affiliations;
- f. specialty board certification status;
- g. state licensure(s) with expiration date(s);
- h. DEA and State controlled substance registration, as applicable, with expiration date(s);
- i. professional references: two (2) references from professional peers in the same discipline (who, when possible, practice in the same specialty), other than persons related by family or marriage. Peer references must have personal knowledge of the applicant's recent professional performance, ethical character, current competence, current health status with respect to their ability to perform the Clinical Privileges requested and ability to work cooperatively with others.

j. previous practice data, including information on qualifications for the Clinical Privileges applied for.

k. continuing medical education for the past two years related to the Clinical Privileges requested.

l. malpractice claims, including at a minimum, final judgments, settlements and pending claims against the applicant, and may also include case name, court, date of loss, date of disposition, amount paid in judgment or settlement and a description of the case, if requested.

m. evidence of professional liability coverage (carrier, policy number, amount, expiration date);

n. specific Clinical Privileges desired;

o. a signed consent for immunity and release from liability for all individuals involved in and performing the credentialing function;

p. screening for exposure and/or immunity to infectious disease that they may come in contact with as warranted; and

q. the applicant will also be required to provide responses to questions on the application concerning challenges to any licensure or registration, voluntary and involuntary relinquishment of any licenses or registration, voluntary and involuntary termination of medical staff membership, voluntary and involuntary limitation, reduction, or loss of Clinical Privileges, any evidence of an unusual pattern or an excessive number of professional liability actions resulting in a final judgment against the applicant, documentation as to the applicant's health status with respect to their ability to perform the Clinical Privileges requested and/or granted, relevant practitioner-specific data as compared to aggregate data, when available and morbidity and mortality data, when available. If the applicant answers any question in the affirmative, they will need to provide an explanation so that the MEC may determine, which, if any, of their patient care services may be impacted and to specify what accommodations, if any, may be needed for the applicant to perform such services.

III.7-3. Requests for Further Information/Incomplete Application.

a. Right to Request Further Information/Incomplete Application. The MEC or its designee charged with the responsibility of reviewing applications for initial appointment and/or Clinical Privileges may request clarification or further documentation from the applicant, including, but not limited to, specific evidence of health status with respect to their ability to perform the Clinical Privileges requested or current competence. The MEC or its designee may request the applicant to appear for an interview in regard to their application or request for Clinical Privileges. Failure to comply with any of these requests, including failure to appear for an interview, will cause the application to be deemed incomplete. Neither the Governing Body nor any Medical Staff committee shall have an obligation to review any application until the applicant completes it in all respects and submits all required or requested information and supporting material, including any required fees. Once all required or requested information has been received by the MEC or its designee, the application shall be considered a Completed Application.

b. Time Period/Incomplete Application. The applicant has sixty (60) days from the date of their receipt of the request to provide any clarifications or further documentation. Failure to do so will cause the application to be deemed incomplete and the processing of the application to be discontinued. If the application is deemed incomplete and the application process is discontinued, the MEC or its designee shall notify the applicant in writing.

c. No Hearing Rights. Notwithstanding any other provision of these bylaws, an applicant shall not be entitled to a hearing or appeal if the application process is discontinued due to the application being deemed incomplete.

III.7-4. Significant Misrepresentations, Omissions or Changes in Circumstances. If an applicant supplies information in their application or otherwise during the application process (for example, during an interview) that contains significant misrepresentations or omissions, such significant misrepresentations or omissions may be grounds for denial of their application. An applicant is obligated under these bylaws to immediately report any change regarding the information in their application that occurs after the application has been submitted to the Administrator or designee.

III.7-5. MEC Review and Recommendation to Governing Body. The MEC has the authority to make recommendations regarding membership and/or Clinical Privileges to the Facility's Governing Body, whose decision shall be the final action of the Facility. The MEC shall meet, review all available information and submit its written recommendation within one hundred twenty (120) days of receipt of a Completed Application to the Governing Body, or an authorized subcommittee thereof, for consideration at its next meeting. Upon completion of its review, the MEC may take any of the following actions:

a. Favorable Recommendation. When the recommendation of the MEC is favorable to the applicant, the MEC or its designee will forward it, together with all supporting documentation, to the Governing Body for consideration at its next meeting or as otherwise allowed in the Governing Body bylaws. The MEC's recommendation shall include the

Medical Staff category, delineation of Clinical Privileges and any special requirements or conditions.

b. Adverse Recommendation/Fair Hearing. When the recommendation of the MEC is adverse to the applicant, the MEC or its designee shall inform the applicant in writing within five (5) working days and advise them of their hearing and appeal rights under these bylaws. A copy of the notice shall be forwarded to the Governing Body for its information, but the Governing Body shall not take final action until after the applicant has exercised or waived their right to a hearing under these bylaws.

c. Deferral. The MEC may, for good cause, defer action on a Completed Application for a period not to exceed forty-five (45) days. The MEC may also recommend the Governing Body defer taking final action.

III.7-6. Action by Governing Body. The MEC shall forward its written recommendation regarding membership and/or Clinical Privileges to the Governing Body within one hundred and twenty (120) days after receiving a Completed Application. The Governing Body, or a subcommittee as authorized by the Governing Body bylaws, shall take action at its next meeting following receipt of the MEC's written recommendation, unless subject to the provisions of Article IX of these bylaws (Hearing and Appeal). In the event the MEC fails to make a written recommendation within one hundred twenty (120) days of its receipt of a Completed Application, the Governing Body may act without such a recommendation on the basis of documented evidence of the applicant's professional and ethical qualifications, including evidence obtained from reliable sources other than the Medical Staff. Prior to taking such action, however, the Governing Body shall notify the MEC of its intent and shall designate an action date prior to which the MEC may still fulfill its responsibility. The Governing Body also may act contrary to the MEC's recommendation on the basis of documented evidence of the applicant's qualifications. However, in making its decisions, the Governing Body shall give great weight to the recommendations of the MEC and not act arbitrarily or capriciously. Accordingly, the Governing Body may take any of the following actions:

a. Adopt MEC Recommendation. If MEC's recommendation is favorable to the applicant and the Governing Body concurs in that recommendation, then the Governing Body's decision shall be the final action of the Facility. However, if the MEC's recommendation is not favorable to the applicant, the Governing Body shall not take final action until after the applicant has exercised or waived their hearing and appeal rights, as governed by Article IX (Hearing and Appeal).

b. Reject MEC Recommendation/Fair Hearing. The Governing Body may act contrary to a favorable recommendation from the MEC on the basis of documented evidence of the applicant's professional and ethical qualifications, including evidence obtained from reliable sources other than the Medical Staff. If the Governing Body's action is not favorable to the applicant, the Governing Body shall send written notice within five (5) working days to the applicant advising

them of their hearing and appeal rights and shall also promptly notify the MEC. The Governing Body shall not take final action until after the applicant has exercised or waived their hearing and appeal rights. The fact that the Governing Body's action is not yet final shall not be deemed to confer any membership or Clinical Privileges that did not exist before.

c. Refer Matter Back to MEC. The Governing Body may refer the matter back to the MEC with instructions for further review and recommendation. The MEC shall review the matter again and shall promptly forward its recommendation based on the additional review to the Governing Body.

III.7-7. Final Action Requirements. The Governing Body must take final action on all applications for initial appointment and requests for Clinical Privileges in accordance with these bylaws. All decisions to appoint shall include a delineation of Clinical Privileges granted and any conditions placed upon the applicant's membership and/or Clinical Privileges. The Governing Body shall give written notice of its final actions to applicants within five (5) working days. In the event of an adverse recommendation by the MEC or a decision by the Governing Body not to adopt a favorable recommendation, the Governing Body shall not take final action until after all of the applicant's hearing and appeal rights have been exhausted or waived, as provided for in Article IX (Hearing and Appeal), and in the event a hearing and/or appeal was held, Article IX, Section 7-6 (Final Decision; Effective Date) shall govern notice of the Governing Body's final action. **III. 8. Reappointment and/or Clinical Privileges.**

III.8-1. Application for Reappointment and or Clinical Privileges. At least one hundred and twenty (120) days prior to the expiration of a Member's appointment, the Administrator or designee shall provide each Member whose appointment and/or Clinical Privileges are expiring with the Facility's current approved application for reappointment and/or Clinical Privileges (which may include a state mandated application form), unless otherwise prohibited by these bylaws. The Member should complete and return the application within thirty (30) days to the Administrator or designee for review and verification. Any application fee required by the Facility should be submitted with the application for reappointment. By applying for reappointment and/or Clinical Privileges, a member reaffirms their agreement to comply with the Medical Staff bylaws, Medical Staff rules and regulations and Medical Staff and Facility policies.

III.8-2. Member's Burden to Provide Adequate Information. A Member shall have the burden of producing adequate information for a proper evaluation of their current competence, character, skill, ethics, health status with respect to their ability to perform the Clinical Privileges requested, ability to work with others and other qualifications. The Member shall provide accurate, up-to-date information on the application and agrees to immediately report to the Administrator or designee any change in their information that occurs after they have submitted their application. Each Member shall be responsible for resolving any doubts regarding their application, qualifications for membership and Clinical Privileges requested. The MEC or its designee may ask a member to confirm their qualifications at reappointment or any other time reasonable cause exists, and may request or require additional information, including, but not limited to, periodic health or drug tests. Information to be available for evaluation shall include at least the following:

- a. evidence of the individual's professional performance, judgment and clinical and/or technical skills based on peer professional review activities, which shall include two letters of recommendation from peers in the same discipline (who, when possible, practice in the same specialty) other than persons related by family or marriage;
- b. evidence of the individual's support of the Medical Staff and Facility (e.g., medical record deficiency/delinquency status, meeting attendance, committee service, review of patient care performed at the Facility, evidence of practice within scope of Clinical Privileges granted, and compliance with the bylaws, rules and regulations and applicable Medical Staff and Facility policies);
- c. any request for change in Clinical Privileges;
- d. confirmation of a Member's health status attestation with respect to their ability to perform the Clinical Privileges requested;
- e. information regarding any sanctions imposed by another health care facility, professional organization, or licensing authority;
- f. malpractice claims since the last review of the Member's application, including at a minimum, final judgments, settlements and pending claims against the Member, and may also include case name, court, date of loss, date of disposition, amount paid in judgment or settlement and a description of the case, if requested;
- g. evidence of current licensure, DEA and State controlled substance registration, as applicable, with expiration date(s);
- h. evidence of professional liability coverage (carrier, policy number, amount, expiration date or form of coverage);
- i. information regarding previously successful or currently pending challenges to any licensure or registration or the voluntary relinquishment of such licensure or registration;
- j. information regarding voluntary or involuntary termination of membership or voluntary or involuntary limitation, reduction, or loss of Clinical Privileges at another health care facility;
- k. evidence of a query and response from the National Practitioner Data Bank and Office of Inspector General (OIG); and
- l. evidence regarding any pending criminal charges or criminal convictions; and

III.8-3. Requests for Further Information/Incomplete Application.

a. Request for Further Information/Incomplete Application.

The MEC or its designee charged with the responsibility of reviewing applications for reappointment, renewals of Clinical Privileges or requests for new Clinical Privileges may request clarification or further documentation from the Member, including, but not limited to, specific evidence of health status with respect to their ability to exercise the Clinical Privileges requested or current competence. The MEC or its designee may request the Member to appear for an interview with regard to their application or request for Clinical Privileges. Failure to comply with any of these requests, including failure to appear for an interview, will cause the application to be deemed incomplete and the Member deemed to have voluntarily resigned at the end of their current appointment period. Neither the Governing Body nor any Medical Staff committee shall have an obligation to review any application until the Member completes it in all respects and submits all required or requested information and supporting material, including any required fees. Once all required or requested information has been received by the MEC or its designee, the application shall be considered a Completed Application. Notwithstanding the foregoing, nothing in this section shall prevent the MEC from taking action against a Member for failure to answer an inquiry from the MEC or appear for an interview as allowed under these bylaws.

b. Time Period/Incomplete Application. The Member has sixty (60) days from their receipt of the request to provide any clarifications or further documentation. Failure to do so will cause the application to be deemed incomplete and the processing of the application to be discontinued. If a Member's application is deemed incomplete and the application process discontinued, the MEC or its designee shall notify the Member in writing.

c. No Hearing Rights. Notwithstanding any other provision of these bylaws, a Member shall not be entitled to a hearing or appeal if the application process was discontinued due to the application being deemed incomplete.

III.8-4. Significant Misrepresentations, Omissions or Changes in Circumstances. If a Member supplies information in their application or otherwise during the application process (for example, during an interview) that contains significant misrepresentations or omissions, such significant misrepresentations or omissions may be grounds for denial of their application. The Member is obligated under these bylaws to immediately report any change regarding the information in their application that occurs after the application has been submitted to the Administrator or designee.

III.8-5. Voluntary Resignation. A Member who fails to return the form or to supply all of the required or requested information within a timely manner prior to the expiration of their current appointment period shall be deemed to have voluntarily resigned their Medical Staff membership and/or Clinical Privileges, effective as of the date of the

expiration of their current appointment. The MEC or its designee shall so notify the Member in writing. A Member who is deemed to have voluntarily resigned due to their failure to return the application or supply all of the required or requested information shall not be entitled to the hearing and appeal rights under these bylaws.

III.8-6. MEC Review and Recommendation to Governing Body. The MEC has the authority to make recommendations regarding membership and/or Clinical Privileges to the Facility's Governing Body, whose decision shall be the final action of the Facility. The MEC shall meet, review all available information and submit its written recommendation within one hundred twenty (120) days after its receipt of a Completed Application to the Governing Body, or an authorized subcommittee thereof, for consideration at its next meeting. Upon completion of its review, the MEC may take any of the following actions:

a. Favorable Recommendation. When the recommendation of the MEC is favorable to the Member, the MEC or its designee will forward it, together with all supporting documentation, to the Governing Body for consideration at its next meeting or as otherwise allowed by the Governing Body bylaws. The MEC's recommendation shall include the delineation of Clinical Privileges and any special requirements or conditions.

b. Adverse Recommendation/Fair Hearing. When the recommendation of the MEC is adverse to the Member, the MEC or its designee shall inform the Member in writing within five (5) working days and advise them, of their hearing and appeal rights under these bylaws. A copy of the notice shall be forwarded to the Governing Body for its information, but the Governing Body shall not take final action until after the Member has exercised or waived their right to a hearing under these bylaws.

c. Deferral. The MEC may, for good cause, defer action on a Completed Application for a period not to exceed forty-five (45) days. The MEC may also recommend the Governing Body defer taking final action.

III.8-7. Action by Governing Body. The MEC shall forward its written recommendation regarding membership and Clinical Privileges to the Governing Body within one hundred and twenty (120) days after receiving a Completed Application. The Governing Body, or a subcommittee as authorized by the Governing Body bylaws, shall take action at its next meeting following receipt of the MEC's written recommendation, unless subject to the provisions of Article IX of these bylaws (Hearing and Appeal). In the event the MEC fails to make a written recommendation within one hundred twenty (120) days of its receipt of a Completed Application, the Governing Body may act without such a recommendation on the basis of documented evidence of the Member's professional and ethical qualifications, including evidence obtained from reliable sources other than the Medical Staff. Prior to taking such action, however, the Governing Body shall notify the MEC of its intent and shall designate an action date prior to which the MEC may still fulfill its responsibility. The Governing Body also may act contrary to the MEC's recommendation on the basis of documented evidence of the applicant's qualifications. However, in making its decisions, the Governing Body shall give great weight to the

recommendations of the MEC and not act arbitrarily or capriciously. Accordingly, the Governing Body may take any of the following actions:

a. Adopt MEC Recommendation. If MEC's recommendation is favorable to the Member and the Governing Body concurs in that recommendation, then the Governing Body's decision shall be the final action of the Facility. However, if the MEC's recommendation is not favorable to the Member, the Governing Body shall not take final action until after the Member has exercised or waived their hearing and appeal rights, as governed by Article IX (Hearing and Appeal).

b. Reject MEC Recommendation/Fair Hearing. The Governing Body may act contrary to a favorable recommendation from the MEC on the basis of documented evidence of the applicant's professional and ethical qualifications, including evidence obtained from reliable sources other than the Medical Staff. If the Governing Body's action is not favorable to the Member, the Governing Body shall send written notice within five (5) working days to the Member advising the Member of their hearing and appeal rights and promptly notify the MEC. The Governing Body shall not take final action until the Member has exercised or waived their hearing and appeal rights. The fact that the Governing Body's action is not yet final shall not be deemed to confer any Clinical Privileges that did not exist before. However, the Member shall retain the use of their membership and Clinical Privileges pending final action, unless the Member has been summarily suspended or if their membership and/or Clinical Privileges have expired.

c. Refer Matter Back to MEC. The Governing Body may refer the matter back to the MEC with instructions for further review and recommendation. The MEC shall review the matter again and shall promptly forward its recommendation based on the additional review to the Governing Body.

III.8-8. Final Action Requirements. The Governing Body must take final action on all applications for reappointment and requests for Clinical Privileges in accordance with these bylaws. All decisions to reappoint shall include a delineation of Clinical Privileges, Staff category and any conditions placed upon the Member's membership and/or Clinical Privileges. The Governing Body shall give written notice of its final actions to Members within five (5) working days. In the event of an adverse recommendation by the MEC or a decision by the Governing Body not to adopt a favorable recommendation, the Governing Body shall not take final action until after all of the Member's hearing and appeal rights have been exhausted or waived, as provided for in Article IX (Hearing and Appeal), and in the event a hearing and/or appeal was held, Article IX, Section 7-6 (Final Decision; Effective Date) shall govern notice of the Governing Body's final action.

III.9 Applications Received from Former Applicants or Members.

III.9-1.

III.9-2. Previously Denied or Deemed Incomplete Applicants.

Notwithstanding any other provision of these bylaws, if an application is submitted by an applicant who was previously denied membership and/or Clinical Privileges, or whose prior application was deemed incomplete and processing was discontinued, and it appears that the application is based on substantially the same information as when previously denied or deemed incomplete, then the application shall be deemed incomplete and returned to the applicant with a written explanation. No right of hearing or appeal shall be available in connection with the return of such application. In the event a subsequent application is submitted by a Practitioner whose previous application process was discontinued due to incompleteness, and the Practitioner has provided the requested information in the subsequent application, then such application shall be processed as an initial application under these bylaws.

III.9-3. Previously Terminated Members. Members who have received a final adverse decision concerning membership and/or all Clinical Privileges shall be ineligible to reapply for twenty-four months following the date of the final adverse decision. Any application received within twenty-four months of the adverse decision shall be returned to the former Member as unacceptable for processing along with a written explanation. If an application is tendered by a former Member who received a final adverse decision concerning reappointment or all Clinical Privileges longer than twenty-four months ago but it appears that the application is based on substantially the same information as when the final adverse decision was rendered, then the application shall be deemed incomplete and returned to the former Member with a written explanation. No right of hearing or appeal shall be available in connection with the return of such application. If neither of the above is applicable, the application may be processed as an initial application.

III.9-4. Previous Member who Voluntarily Resigned from Medical Staff.

a. No Unfulfilled Obligations. An application for membership and/or Clinical Privileges shall be treated and processed as an application for initial appointment if it is tendered by a former Member who resigned from the Medical Staff and has no unfulfilled obligations under these bylaws or the Medical Staff rules and regulations. A former member who resigned while under investigation, in order to avoid investigation or after an adverse MEC recommendation is governed by III.9-3(c) below.

b. Existing Unfulfilled Obligations. An application for membership and/or Clinical Privileges will not be processed if it is submitted by a former Member who voluntarily resigned his Medical Staff membership and has any unfulfilled obligations under these bylaws or the Medical Staff rules and regulations, including, but not limited to, delinquent medical records. The application shall not be processed and the former Member shall not be entitled to any hearing or appeal rights. The MEC or its designee shall return the application to the former Member with a written explanation.

c. Resigned While Under Investigation, in Order to Avoid Investigation or Following Adverse MEC Recommendation. A former Member who resigned or failed to apply for reappointment while under

investigation, in order to avoid investigation, or following an adverse recommendation by the MEC shall be ineligible to reapply within twenty-four months of the resignation. No such application shall be processed and no right of hearing or appeal shall be available. The MEC or its designee shall return any such application to the former member with a written explanation. After twenty-four months, such former Member's application for membership and/or Clinical Privileges shall be treated and processed as an application for initial appointment and any such former Member shall submit, in addition to all of the other information required, specific information showing that the condition or basis for the earlier adverse recommendation or resignation no longer exists.

III.9-4. Applicant whose Membership Terminated For Failure to Request Reinstatement After A Leave of Absence. Notwithstanding any other provision of these bylaws, an application for membership or Clinical Privileges shall be processed as an application for initial appointment if it is submitted by a Practitioner whose membership expired due to the Practitioner's failure to request reinstatement after a leave of absence, as governed by these bylaws.

III.10. Resignation from Medical Staff. Any Practitioner who desires to resign from the Medical Staff must submit a letter of resignation, through the President, to the MEC and the Administrator. Any subsequent application for Medical Staff membership and/or Clinical Privileges from such a Practitioner will not be processed if they have any unfulfilled obligations under these bylaws or the rules and regulations, including, but not limited to, delinquent medical records. Any such omissions/delinquencies will be reported in response to any requests for references. The MEC and the Governing Body may, but shall not be required to, continue to investigate, discipline or sanction any Member who has any unfulfilled obligations under, or has otherwise violated, these bylaws or the rules and regulations even after such voluntary resignation. Any Practitioner who resigns from the Medical Staff while under investigation or in exchange for the discontinuance of an investigation shall have their resignation reported to the National Practitioner Data Bank and State licensure board in accordance with the Health Care Quality Improvement Act of 1986 (HCQIA) if the investigation is related to incompetence or improper professional conduct.

III.11. Leave of Absence.

III.11-1. Leave of Absence. A Member may request a voluntary leave of absence from the Medical Staff by submitting a written request to the Administrator. The request shall state the reason for the leave of absence and the specific time period, which may not exceed the Member's current term of appointment. The Administrator shall transmit the request to the MEC. The MEC may deem the request incomplete, request further information from the Member, defer action on the request, or make a recommendation to the Governing Body concerning the Member's leave of absence. All leaves of absence must be approved by the MEC and the Governing Body. The Member's Clinical Privileges shall be suspended during their leave of absence. If a Member's membership comes up for reappointment during the leave of absence, the Member must submit all reappointment materials during their leave of absence and within the time limits as prescribed by these bylaws. A Member's failure to submit all reappointment materials within the allowed time will result in the expiration of their appointment.

III.11-2. Reinstatement. A Member shall bear the burden of proof to demonstrate to the MEC and the Governing Body that they are qualified for reinstatement of their Clinical Privileges. At least thirty (30) days prior to the end of the leave of absence, or at any earlier time, the Member may request reinstatement of his Clinical Privileges by submitting a written notice to the Administrator, who will transmit this notice to the MEC. The written notice shall provide a summary of the Member's professional and patient care activities during the leave of absence. The MEC may deem the request for reinstatement incomplete, request further information from the Member, defer action on the request, or make a recommendation to the Governing Body concerning the reinstatement of the Member's Clinical Privileges and any conditions that should be attached. Thereafter, the procedure provided for initial appointments in this Article III shall apply.

III.11-3. Reinstatement with Conditions. In the discretion of the MEC, reinstatement may be made subject to an observation requirement for a period of time during which the Member's clinical performance is observed by one or more designated Medical Staff Members. Such routine observation shall not be considered disciplinary action and shall not entitle the Member to the hearing and appeal rights under these bylaws. In accordance with Article III.8-2, the MEC may require periodic health or drug tests as a condition of reinstatement.

III.11-4. Failure to Request Reinstatement. A Member's failure, without good cause, to request reinstatement shall be deemed a voluntary resignation of their membership and result in automatic termination of membership and Clinical Privileges, effective as of the date of the expiration of their current appointment. The MEC shall, in its sole discretion, determine whether good cause exists, but not before giving such Member an opportunity to address their failure to request reinstatement. Termination of membership and Clinical Privileges under this Section shall not entitle the Member to the hearing and appeal rights under these bylaws. Any subsequent request for membership or Clinical Privileges received from Member so terminated shall be submitted and processed in the manner specified for applications for initial appointment.

III.11-5. Medical Leave. Any Member may at any time be placed on medical leave at their own request. In addition, a Member shall be deemed to have requested medical leave if the MEC receives reliable information that the Member has voluntarily entered a rehabilitation program. MEC and Governing Body approval shall not be required for medical leaves of absence. While on medical leave, all admitting and Clinical Privileges shall be automatically suspended. Such suspension is not reportable to the National Practitioner Data Bank if the Member's medical leave is: (a) voluntary and (b) no professional review action has been taken against the Member's Clinical Privileges, including the decision not to take any action. To be reinstated, a Member must follow the reinstatement process provided herein and in addition, provide a written statement from their attending physician that the Member's condition will not interfere with their treatment of patients. Article III.11-3 above governs periodic health or drug tests.

ARTICLE IV

MEDICAL STAFF CLINICAL PRIVILEGES

IV.1. Exercise of Clinical Privileges. Each Practitioner providing clinical services at the Facility shall be entitled to exercise only those Clinical Privileges specifically granted to them by the Governing Body, except that residents, fellows and medical students (Article V, Section 5), Allied Health Professionals (Article VI), and Practitioners with temporary privileges (Article IV, Section 3), emergency privileges (Article IV, Section 4) and disaster privileges (Article IV, Section 5) may provide clinical services without Clinical Privileges. Clinical Privileges granted by the Governing Body must be within the scope of the Practitioner's license authorizing them to practice in this State. However, regardless of the Clinical Privileges granted, each Practitioner must obtain consultation when necessary for the safety of their patients or when required by these bylaws, Medical Staff rules and regulations and policies of the Medical Staff, or the Facility. A Practitioner shall not exercise any Clinical Privileges not granted to them specifically by the Governing Body.

IV.2. Delineation of Clinical Privileges.

IV.2-1. Application and Process. Clinical Privileges may be granted only upon written request made by the Practitioner on current approved forms provided by the Facility. Each application for Medical Staff appointment and reappointment must contain a request for the specific Clinical Privileges desired by the applicant. The written request will be processed for approval as provided for in these bylaws.

IV.2-2. Basis for Clinical Privilege Determination. Requests for Clinical Privileges shall be evaluated on the basis of the Practitioner's training, experience, and education, demonstrated current competence, results of treatment, required peer references and other relevant information, including health status with respect to their ability to exercise the requested Clinical Privileges if granted. In granting Clinical Privileges, consideration must be given to: (a) information received from sources outside the Facility; (b) objective findings of patient care evaluation and peer review activities; (c) the need for an adequate ongoing experience (volume) to maintain proficiency; and (d) the Facility's ability to support such patient care services. The Governing Body and MEC shall only give consideration to credible and objective information.

IV.2-3. Dentists and Podiatrists. Requests for Clinical Privileges for Dentists and Podiatrists shall be processed in the manner specified in these bylaws for other Practitioners, and shall be based on their training, experience, education, health status with respect to their ability to perform the Clinical Privileges requested, demonstrated current competence, and the need for their services in the Facility. An adequate history and physical examination on all dental and podiatric patient admissions shall be performed and recorded in the medical record by an appropriate physician, unless otherwise permitted by State law, and approved by the MEC and the Governing Body. The Dentist or Podiatrist shall be responsible for completing the part of the history and physical examination related to any dental or podiatric problem.

IV.2-5. Unavailable Clinical Privileges. Notwithstanding any other provisions of these bylaws, to the extent that any requested Clinical Privileges are not available at the Facility (whether due to an exclusive contract, lack of facilities, policy decision of the Governing Body, or otherwise), such request shall not be processed. A Practitioner shall not be entitled to the hearing and appeal rights under these bylaws if their request for Clinical Privileges is not processed due to their unavailability and therefore unrelated to the Practitioner's qualifications.

IV.2-6. Change in Clinical Privileges. A Practitioner may, at any time, request a change of Clinical Privileges by submitting a written request to the Administrator. A request for additional Clinical Privileges or a modification of Clinical Privileges must be supported by documentation of additional training and/or experience supportive of the request. Such request shall cause the Facility to query the National Practitioner Data Bank, as required by the Health Care Quality Improvement Act of 1986 (HCQIA), and state licensure board. The Administrator shall forward the Practitioner's request to the MEC for review and processing. The MEC shall make a recommendation regarding the change in Clinical Privileges, which must be approved by the Governing Body. A copy of such request and the action of the MEC and Governing Body thereon, shall be placed in the Practitioner's credentials file.

IV.3. Temporary Privileges.

IV.3-1. Qualifications for Temporary Privileges. Prior to Temporary Privileges being granted, a Practitioner must demonstrate that he has: (a) appropriate professional qualifications; (b) current competency for the Clinical Privileges requested; (c) a valid State license; (d) current DEA and State controlled substances registration, as applicable, (notwithstanding the foregoing, if a Practitioner's practice does not include prescribing controlled substances, such as a pathologist, a Facility may grant Temporary Privileges to such a Practitioner in accordance with its rules and regulations and policies applicable to such Practitioners); and (e) professional liability insurance coverage for all procedures performed at the Facility. In addition, the Facility must submit a query as required by federal law to the National Practitioner Data Bank. By applying for Temporary Privileges, all Practitioners agree to be bound by the Medical Staff bylaws, rules, regulations, and applicable Facility policies.

IV.3-2. Authority to Grant Temporary Privileges/Conditions. The Administrator or their designee, with the concurrence of the Medical Director or President may grant Temporary Privileges under the circumstances noted below. In all cases, Temporary Privileges shall be granted for a specific period of time, not to exceed sixty (60) days. The Practitioner may request a renewal of Temporary Privileges for another specific period of time, not to exceed sixty (60) days. Under no circumstances shall Temporary Privileges exceed a total of one hundred twenty (120) days. Temporary Privileges shall terminate automatically at the end of the specific period for which they were granted, without the hearing and appeal rights set forth in these bylaws. Special requirements of supervision and consultation may be imposed upon the granting of Temporary Privileges.

a. **Important Patient Care.** Temporary Privileges may be granted to a Practitioner who is not an applicant for membership but is required for the care of a specific patient. Notwithstanding any time period limitations contained herein, Temporary Privileges are restricted to the treatment of no more than five (5) patients by any one Practitioner, after which they shall be required to apply for Medical Staff membership before being permitted to treat additional patients.

b. **Locum Tenens.** Temporary Privileges may be granted to a qualified Practitioner without applying for membership who is serving as locum tenens for a Member of the Medical Staff to attend their patients in their absence or to cover a support service. In order for such Temporary Privileges to be granted, the Practitioner must have: (i) a written application on the current approved

form provided by the Facility; (ii) two references from professional peers in the same discipline (who, when possible, practice in the same specialty); (iii) current and unrestricted licensure in the State; (iv) professional liability coverage in the amounts or other approved forms as provided for in these bylaws; (v) documentation that they are not an Ineligible Person (See Glossary for definition) and (vi) a temporary or other residence in a location sufficiently close to the Facility to assure the Medical Staff that any patient treated by them will be given a high quality of medical care. If granted Temporary Privileges, the locum tenens Practitioner will act under the supervision of the Medical Director.

c. Pending Initial Appointment to the Medical Staff.

Temporary Privileges may be granted to a Practitioner pending their initial appointment to the Medical Staff. In order for such Temporary Privileges to be granted, the Practitioner must have a Completed Application that has been verified and is ready for committee action. The Practitioner must not have: (i) had any current, or previously successful, revocation or suspension of their license or DEA or State controlled substances registration, as applicable; (ii) been subject to involuntary termination, limitation, reduction, denial, restriction or loss of medical staff membership or clinical privileges at another healthcare entity; or (iii) had their right to treat or bill patients in a federal healthcare program (such as Medicare) terminated, restricted, reduced or lost. Under no circumstances shall Temporary Privileges be extended under this paragraph for more than a total of one hundred and twenty (120) days. Special consultation requirements and reporting may be imposed by the Administrator, the President or their respective designee. Temporary Privileges should not be routinely or automatically granted pending initial appointment to the Medical Staff and should not be granted pending reappointment to the Medical Staff.

IV.3-3. Denial, Termination or Restriction of Temporary Privileges. Temporary Privileges, unless acted upon pursuant to other provisions of these bylaws, shall terminate automatically at the end of the specific period for which they were granted, without the hearing and appeal rights under these bylaws. The Administrator, Medical Director, President or their designees may terminate or restrict Temporary Privileges for any reason at any time. A Practitioner is entitled to the hearing and appeal rights set forth in these bylaws for a denial, non-renewal, restriction or termination of Temporary Privileges based on the Practitioner's professional conduct or competence.

IV.4. Emergency Privileges.

IV.4-1. Privileges. In an emergency, any Practitioner to the degree permitted by their license and regardless of Medical Staff status or lack of it, shall be permitted and assisted to do everything they deem necessary and appropriate to save the life of a patient, Practitioner, Allied Health Professional, Facility employee or visitor (each of these will be considered a "patient" in an emergency). The Administrator shall be notified promptly in such cases.

IV.4-2.Conclusion of Emergency. When the emergency no longer exists, the Practitioner must request the Temporary Privileges necessary to continue to treat the patient at the Facility if they so desire.

IV.4-3.Definition of Emergency. For the purpose of this Section 4, an "Emergency" is defined as a condition in which serious harm would result to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that harm or danger.

IV.5. Disaster Privileges.

IV.5-1.Licensed Independent Practitioners. Disaster privileges may be granted to volunteer licensed independent practitioners (each, a "LIP") who are not members of the Medical Staff when the emergency management plan has been activated and the Facility needs assistance handling immediate patient care needs.

IV.5-2.Authority to Grant. Either the Administrator, Medical Director, President or their designees may grant disaster privileges to any LIP who offers assistance.

IV.5-3.No Requirement to Grant. The person with authority to grant disaster privileges is not required to grant such privileges to any individual, but shall make decisions on a case-by-case basis after receipt of a "key identification document" from the LIP. Acceptable key identification documents are listed in the policy on disaster privileges.

IV.5-4.Termination. A LIP's disaster privileges may be terminated at any time without reason or cause by the Administrator, Medical Director, President or their designee. Such individual whose disaster privileges are terminated is not entitled to the hearing and appeal rights, or any other rights, under these bylaws.

IV.5-5.Verification of Credentials. The Credentialing Coordinator or their designee will begin the verification process of individuals who receive disaster privileges pursuant to these bylaws as soon as the immediate situation is under control.

ARTICLE V

MEDICAL STAFF

V.1. One Category of Medical Staff. The Medical Staff shall have one category and consist of Practitioners who regularly provide services to patients in the Facility and are located (office and home) within a reasonable distance and/or travel time to the Facility in order to provide continuous care to their patients. The MEC shall determine the number of patients the Practitioners must provide services to within their appointment period that is necessary to determine current competency for the quality of care, delivery of care and Clinical Privileges granted in accordance with these bylaws. Facility based Practitioners who provide services to patients under a contract with the Facility, such as anesthesiologists, may be Members of the Staff if otherwise qualified. The MEC may, but shall not be required, to establish dues or fees for Staff Membership.

V.2. Reappointment. The MEC may recommend nonrenewal of a Member's membership and/or Clinical Privileges if such Member has not provided services for the determined number of patients as provided for in Article V, Section 1 above during their current appointment period. No hearing and

appeal rights shall apply to the nonrenewal of a Member's membership or Clinical Privileges under this Article V, Section 2.

V.3. Medical Direction and Other Contracted Services. For purposes of these bylaws, this Section V.3 shall apply to all independent contractors of the Facility who are Practitioners, regardless of whether they provide services on an exclusive basis.

V.3-1. Contract Required. Practitioners who desire to provide medical direction, clinical or other services to the Facility must have a written contract for those services. If any conflict arises between the contractual terms and these bylaws, the bylaws shall control unless expressly stated otherwise herein.

V.3-2. Exclusive Contracts. The Governing Body may determine as a matter of policy that certain clinical facilities and services only may be used or provided on an exclusive basis in accordance with written contracts between the Facility and qualified professionals. Applications for initial appointment or reappointment requesting Clinical Privileges related to clinical facilities and services provided through exclusive contracts will not be accepted for processing unless the Administrator provides written confirmation that they are from applicants who have an existing or proposed exclusive contract with the Facility. If a Practitioner has been granted Clinical Privileges for which the Facility later contracts on an exclusive basis, then the Practitioner may exercise such Clinical Privileges until their current Medical Staff appointments expire and thereafter, such Practitioner may not exercise such Clinical Privileges in the Facility.

V.3-3. Membership and Clinical Privileges Requirements. Practitioners who provide medical direction or clinical services to the Facility on the Facility's premises, either full-time or part-time, must be Members of the Medical Staff and have Clinical Privileges. Practitioners who provide clinical services to the Facility but not on the Facility's premises, for example, radiologists who provide interpretations electronically, are not required to be Members of the Medical Staff but are required to have Clinical Privileges, unless the contract is with another Joint Commission-accredited entity and the contract meets Joint Commission requirements. A Practitioner who provides non-medical direction or non-clinical services to the Facility, whether or not on the Facility's premises, for example, external peer review, is not required to be a Member of the Medical Staff or have Clinical Privileges.

V.3-4. Termination or Expiration of Contract. The termination or expiration of a Practitioner's contract shall be governed in accordance with the terms of the contract and the provisions of Article IX, Section 9 (Exceptions to Hearing and Appeal). If the contract is silent, termination or expiration of a contract shall not, in and of itself, be considered termination of Medical Staff Membership or Clinical Privileges.

V.3-5. Termination or Expiration of Medical Staff Membership or Clinical Privileges. A contracted Practitioner's right to provide medical direction or clinical services to the Facility on the Facility's premises is dependent on continued membership and Clinical Privileges and shall automatically terminate if their Medical Staff membership and/or Clinical Privileges terminate or expire. A contracted Practitioner's right to otherwise provide clinical services to the Facility is dependent on continued Clinical Privileges and shall automatically terminate if their Clinical Privileges terminate

or expire, or if the a contract with a Joint Commission-accredited entity terminates or expires. A Practitioner's scope of services provided under contract is automatically limited by any reduction, restriction or termination of any of their Clinical Privileges.

V.4. Employed Practitioners.

V.4-1. Employment Contract. If, and only if, permitted by State law, the Facility may determine that certain Practitioners may be employed in accordance with a written contract between the Facility and the Practitioner. If any conflict arises between a contractual term and these bylaws, unless expressly stated otherwise in these bylaws, these bylaws shall be controlling.

V.4-2. Qualifications. Employed Practitioners must be Members of the Medical Staff and granted Clinical Privileges before they can provide patient care services at the Facility. An employed Practitioner must meet the same membership and Clinical Privileges qualifications, be processed for appointment, reappointment, and Clinical Privileges delineation in the same manner, and fulfill all of the obligations of membership as any other applicant or Member.

V.4-3. Termination of Medical Staff Membership or Clinical Privileges. Notwithstanding any employment contract to provide services, a Practitioner's right to practice at the Facility is dependent upon continued Medical Staff membership and Clinical Privileges as granted by the Governing Body. Accordingly, their right to provide services under the contract shall automatically terminate if their Medical Staff membership or Clinical Privileges expire or terminate and the scope of their service provided under the contract is automatically limited by any reduction, restriction or termination of any of their Clinical Privileges.

V.4-4. Termination of Contract. Termination of employment shall be governed by the terms of the contract and the provisions of Article IX, Section 9 (Exceptions to Hearings and Appeals). Termination of employment shall not, by itself, be considered termination of Medical Staff Membership or Clinical Privileges. **V.5. Residents, Fellows and Medical Students.**

V.5-1. Affiliation or Other Agreement. All Residents, Fellows and Medical Students must be affiliated with a Governing Body-approved training program and must make application through the teaching institution's residency/fellowship program. The Facility and teaching institution must enter into a written affiliation or other written agreement prior to any Residents', Fellows' or Medical Students' participation in or observation of patient care at the Facility. The teaching institution must submit a written description of the role, responsibilities and patient care activities of Residents, Fellows and Medical Students to the Facility. Residents, Fellows and Medical Students must be sponsored by and work under the direct supervision of a Member who has been granted clinical privileges that reflect the patient care responsibilities assigned to the Residents, Fellows or Medical Students through the medical staff process. This written description must be reviewed by the supervising Member and approved by the MEC and Governing Body prior to the Residents', Fellows' or Medical Students' participation in patient care at the Facility.

V.5-2. Required Documentation. The teaching institutions residency/fellowship/medical education program shall provide the following information for all Residents, Fellows or Medical Students prior to their participation in patient care, as applicable:

- a. Verification of State Medical License;
- b. Verification of State Controlled Substance License;
- c. DEA number;
- d. Level of Post-Graduate Training;
- e. Statement attesting that the Resident, Fellow or Medical Student is in good standing at the school and is covered by the program's liability policy; and
- f. Current patient care activities permitted based on Post-Graduate Training status.

V.5-3. No Membership or Clinical Privileges. Residents, Fellows and Medical Students shall not hold appointments to the Medical Staff or be granted Clinical Privileges. All patient care provided by Residents, Fellows and Medical Students shall be provided under the direct supervision of the sponsoring Member and in accordance guidelines promulgated by appropriate accrediting entities and Facility policies. Residents, Fellows and Medical Students will be held to the same standard of conduct as Members and must agree to abide by these bylaws, however, disciplinary procedures for Residents, Fellows and Medical Students will be the responsibility of the teaching institution. When patient safety, in the sole discretion of the Facility, is at issue, the Facility has the right to refuse the Resident's, Fellow's or Medical Student's participation in patient care activities or observation.

ARTICLE VI

ALLIED HEALTH PROFESSIONALS

VI.1. Allied Health Professionals. There are three categories of Allied Health Professionals: (a) Independent Allied Professionals; (b) Dependent Allied Professionals and (c) Ancillary Health Care Providers. Allied Health Professionals are not Members of the Medical Staff, but by applying for or accepting appointment as an Allied Health Professional, all Allied Health Professionals agree to abide by these bylaws, the Medical Staff rules and regulations, Medical Staff and Facility policies and any requests of the MEC or Governing Body. Allied Health Professionals are entitled to a grievance process as detailed more fully below in regard to adverse decisions on appointments, reappointments and/or Practice Prerogatives, but not the Medical Staff hearing and appeal rights under these bylaws, unless otherwise required by State law. Facility employees are not considered Allied Professionals under these bylaws.

VI.2. Categories of Allied Health Professionals.

VI.2-1. MEC and Governing Body Responsibilities. The MEC and Governing Body shall, as they deem necessary, review and identify the categories and any sub-categories of Allied Professionals (for example, types of Dependent Allied Professionals) eligible to apply for Practice Prerogatives in the Facility. The MEC and Governing Body shall also identify the Practice Prerogatives and terms and conditions that may be granted to qualify Allied Health Professionals in each category or subcategory, including all tasks performed by Ancillary Health Care Providers. An Allied Health Professional in a category or sub-category not identified by the Governing Body as eligible

for Practice Prerogatives may submit a request in writing to the Administrator requesting consideration by the MEC and Governing Body. The MEC and Governing Body shall consider such request within a reasonable time.

VI.2-2. Independent Allied Professionals. Independent Allied Professionals are non-Practitioner health care providers who hold a license and other legal credentials that are required by the State and authorize such individuals to provide healthcare services and in addition, are permitted by the MEC and Governing Body to practice without a supervising Member. Notwithstanding the foregoing, Independent Allied Professionals shall be subject to the general supervision of the MEC and the Medical Director. Facility policy does not allow Independent Allied Professionals to practice independently as Members can. Independent Allied Professionals are granted Practice Prerogatives, as permitted in these bylaws, specific to their scope of service per individual licensing bodies. The Administrator, the President, the Medical Director or the MEC shall have the authority to take action, including summary suspension, against an Independent Allied Professional in order to assure compliance with these bylaws or to protect patient health or safety.

VI.2-3. Dependent Allied Professionals. Dependent Allied Professionals are health care providers who hold a license, certificate or such other legal credentials that are required by the State and authorize the Dependent Allied Professional to provide healthcare services (examples include Physician Assistants and RNFA's). Dependent Allied Professionals are granted Practice Prerogatives specific to their scopes of service as according to their individual licensing bodies and shall provide patient care services under the supervision of a Member; provided that, the Member shall be responsible for all actions of such person, including without limitations, all malpractice and other wrongful acts of such persons. The Administrator, Medical Director, President or MEC shall have the authority to take action, including summary suspension, against a Dependent Allied Professional in order to assure compliance with these bylaws or to protect patient health or safety.

VI.2-4. Ancillary Health Care Providers. Ancillary Health Care Providers are persons who are not required to hold a license or other legal credentials by the State and assist Members in the provision of healthcare services (examples include scrub techs and ophthalmology assistants). Ancillary Health Care Providers are granted Practice Prerogatives and shall provide patient care services within the scope of those Practice Prerogatives under the direct supervision of a Member; provided that, the Member shall be responsible for all actions of such person, including without limitations, all malpractice and other wrongful acts of such persons. The Administrator, Medical Director, President or MEC shall have the authority to take action, including summary suspension, against an Ancillary Health Care Provider in order to assure compliance with these bylaws or to protect patient health or safety.

VI.3. Qualifications. To be eligible for Practice Prerogatives, Allied Health Professionals must, at a minimum, meet the following requirements in addition to any requirements recommended by the MEC or the Governing Body.

VI.3-1. Terminated Facility Employees. Former employees shall not be eligible to apply for Practice Prerogatives if they are not eligible for rehire with the Facility. An application received from such former employee shall not be processed and the applicant

shall not be entitled to the grievance process afforded to Allied Health Professionals in these bylaws. The Administrator or their designee shall so inform the former employee in writing. Any exception to this must be approved prior to application by the Governing Body Chairman and appropriate Human Resources personnel. If such a former employee is permitted to apply, then that former employee must still meet all applicable Allied Health Professional requirements and be processed in the same manner as all other Allied Health Professional applicants before the MEC and Governing Body may consider them for Practice Prerogatives.

VI.3-2. Federal Health Care Programs. An Allied Professional who is an Ineligible Person (See Glossary) shall not be eligible to apply for Practice Prerogatives.

VI.3-3. Independent and Dependent Allied Health Professionals. A person may be appointed as an Independent or Dependent Allied Health Professional who:

a. License or Certificate. Holds a current, unrestricted license, certificate or other appropriate legal credentials in a category of Independent Allied Professionals or Dependent Allied Professionals that is permitted by law and that the MEC and the Governing Body has identified as eligible for Practice Prerogatives.

b. Background. Can document their background, relevant training, education, experience, demonstrated current competence, judgment, character, and physical and mental health status, with sufficient adequacy to demonstrate that patient care services will be provided by the Independent Allied Professional or Dependent Allied Professional at the professional level of quality and efficiency established by the MEC and the Governing Body.

c. Ethics. Can document their strict adherence to the ethics of the Independent Allied Professional's or Dependent Allied Professional's respective profession; their ability and agreement to work cooperatively with others in the Facility setting; and their willingness to commit to and regularly assist the Facility in fulfilling its obligations related to patient care, within the areas of the Independent Allied Professional's or Dependent Allied Professional's professional competence and credentials.

d. Professional Liability Insurance. Maintains (or the supervising Member for the Dependent Allied Professional maintains), a professional liability insurance policy with a carrier approved by the Governing Body with policy limits of no less than \$1,000,000 per claim and \$3,000,000 aggregate per year, or such other amount as may be deemed appropriate by the Governing Body, and provide the Facility with a current certificate of insurance. The Governing Body may request any Independent Allied Professional, Dependent Allied Professional or supervising Member of a Dependent Allied Professional, to add the

Facility as an additional insured under such policy. In the event that the applicant is insured under a claims-made policy, they (or their supervising Member) shall continue to purchase such coverage for a minimum of two (2) years following the discharge of the last patient they provided care for at the Facility. The insurance must cover all types of procedures the Independent Allied Professional or Dependent Allied Professional performs at the Facility. The Independent Allied Professional, Dependent Allied Professional and the supervising Member of the Dependent Allied Professional also agree to immediately notify the Administrator of any insurance policy changes or cancellation and authorize the insurance carrier to provide immediate notice of any change to the Facility.

VI.3-4. Ancillary Health Care Provider Qualifications. A person may be appointed as an Ancillary Health Care Providers who:

a. Background. Can document their background, relevant training, education, experience, demonstrated current competence, judgment, character, and physical and mental health status, with sufficient adequacy to demonstrate that patient care services will be provided by the Ancillary Health Care Provider at the professional level of quality and efficiency established by the Medical Staff and Facility.

b. Ethics. Can document their strict adherence to the ethics of the Ancillary Health Care Provider's respective profession; their ability and agreement to work cooperatively with others in the Facility setting; and their willingness to commit to and regularly assist the Facility in fulfilling its obligations related to patient care, within the areas of the Ancillary Health Care Provider's competence and Practice Prerogatives.

c. Professional Liability Insurance. Maintains (or the supervising Member for the Ancillary Health Care Provider maintains) a professional liability insurance policy with a carrier approved by the Governing Body with policy limits of no less than \$1,000,000 per claim and \$3,000,000 aggregate per year, or such other amount as may be deemed appropriate by the Governing Body, and provide the Facility with a current certificate of insurance. The Governing Body may request any Ancillary Health Care Provider (or the supervising Member) to add the Facility as an additional insured under such policy. In the event that the applicant is insured under a claims-made policy, they (or their supervising Member) shall continue to purchase such coverage for a minimum of two (2) years following the discharge of the last patient they provided services for at the Facility. The insurance must cover the all procedures the Ancillary Health Care Provider performs at the Facility. The Ancillary Health Care Provider and the supervising Member also agree to immediately notify the Administrator of any insurance policy changes or cancellation and authorize the insurance carrier to provide immediate notice of any change to the Facility.

VI.4. Procedure for Granting Practice Prerogatives.

VI.4-1. In General. Each Allied Health Professional must apply and qualify for Practice Prerogatives, as applicable, by submitting an application on the current approved form provided by the Facility, providing all necessary information, and agreeing to be bound by the applicable bylaws, rules and regulations of the Medical Staff and Medical Staff policies. Applications for initial appointment and Practice Prerogatives, as applicable, and any reappointments and renewals thereafter shall be submitted and processed in accordance with the general procedures stated in Article III of these bylaws. Unless otherwise specified by this Article VI or the rules and regulations, Allied Health Professionals shall be subject to terms and conditions paralleling those in Article III of these bylaws as they apply to the limited practice of Allied Professionals.

VI.4-2. Dependent Allied Professionals and Ancillary Health Care Providers. Each Dependent Allied Professional or Ancillary Health Care Provider who is granted Practice Prerogatives shall be assigned to one or more supervising Members on the Medical Staff. The supervising Member shall submit a written evaluation of the clinical performance of the Dependent Allied Professional or Ancillary Health Care Provider at reappointment time for the Allied Professional or at any other time requested by the MEC.

VI.5. Temporary Practice Prerogatives.

VI.5-1. Qualifications for Temporary Practice Prerogatives. Prior to Temporary Practice Prerogatives being granted, an Allied Health Professional must demonstrate that they have the appropriate professional qualifications, current competency for the Practice Prerogatives requested, a valid State license or other legal credentials as applicable, current DEA and State controlled substances registration, as applicable, and professional liability insurance coverage for all Practice Prerogatives performed at the Facility. In addition, the Facility must submit a query as required by federal law to the National Practitioner Data Bank. By applying for Temporary Practice Prerogatives, all Allied Professionals agree to be bound by the Medical Staff bylaws, rules, regulations, and applicable Medical Staff and Facility policies.

VI.5-2. Authority to Grant Temporary Practice Prerogatives/ Conditions. The Administrator or their designee, with the concurrence of the Medical Director or President may grant Temporary Practice Prerogatives under the circumstances noted below. In all cases, Temporary Practice Prerogatives shall be granted for a specific period of time, not to exceed sixty (60) days. The Allied Professional may request a renewal of Temporary Practice Prerogatives for another specific period of time, not to exceed sixty (60) days. Under no circumstances shall Temporary Practice Prerogatives exceed one hundred twenty (120) days. Temporary Practice Prerogatives shall terminate automatically at the end of the specific period for which they were granted.

a. Important Needs of Patients. Temporary Practice Prerogatives may be granted to an Allied Health Professional who is not an applicant but is required to assist with the care of a specific patient. In order for such Temporary Practice Prerogatives to be granted, the Allied Health Professional must have: (i) a written application on the current approved form provided by the Facility; (ii) current and unrestricted licensure or certification in the State, as applicable; (iii) professional liability coverage in the amounts or other approved forms as provided for Allied Health Professionals in these bylaws;

and (iv) documentation that they are not an Ineligible Person (See Glossary for definition). If granted Temporary Practice Prerogatives, the Allied Health Professional will be supervised in accordance with the category they are assigned to under these bylaws.

b. Pending Appointment. Temporary Practice Prerogatives may be granted to an Allied Health Professional pending their appointment. In order for such Temporary Practice Prerogatives to be granted, the Allied Health Professional must have submitted an application that has been verified and is ready for committee action. The Allied Health Professional must not have: (i) had any current, or previously successful, revocation or suspension of their license or DEA or State controlled substances registration, as applicable; (ii) been subject to involuntary termination, limitation, reduction, denial, restriction or loss of appointment, Practice Prerogatives at another healthcare entity; or (iii) had their right, if applicable, to treat or bill patients in a federal healthcare program (such as Medicare) terminated, restricted, reduced or lost. Special requirements and reporting may be imposed by the Administrator, Medical Director or their respective designees. Temporary Practice Prerogatives should not be routinely or automatically granted pending appointment.

VI.6. Allied Health Professional Responsibilities.

VI.6-1. List of Responsibilities. As a condition of applying for, or being granted status as an Allied Health Professional, each applicant agrees that they shall:

- a. Fulfill those responsibilities required by the Medical Staff bylaws and Medical Staff rules and regulations;
- b. Retain appropriate responsibility within their area of professional competence for the care and supervision of each patient in the Facility for whom the Allied Health Professional is providing services;
- c. Participate, as appropriate, and requested by the MEC, in quality review, evaluation, and monitoring activities required of Allied Health Professionals, in proctoring initial appointees in the Allied Health Professional's same occupation or profession, as appropriate, and in discharging such other functions as may be required from time to time;
- d. Serve on Medical Staff and Facility committees to which the Allied Health Professional is assigned;
- e. Attend education programs in their field of practice as may be required by the Facility or the State;
- f. Comply with the terms and conditions of the granting of Practice Prerogatives and all policies, procedures and protocols that may be implemented from time to time by the Medical Staff or Facility;

g. Maintain the confidentiality of all patient and peer review related matters and waive any right he may have under State law to disclose such matters;

h. Avoid unprofessional or inappropriate behavior while at the Facility;

i. Comply with all requests of the MEC or Governing Body and

j. Notify the Administrator immediately of any exclusion, debarment, suspension or other ineligibility to participate in the federal health care programs or in federal procurement or non-procurement programs or conviction of a criminal offense that falls within the ambit of 42 United States Code Section 1320a-7(a) (mandatory exclusion by the Secretary of Health and Human Services for federal health care program related crimes), even if such individual has not yet been excluded, debarred, suspended or otherwise declared ineligible.

VI.6-2. Independent Allied Professionals. In addition to the foregoing, each Independent Allied Professional shall immediately report in writing to the Medical Director any complications or irregularities that occur while providing health care services to a patient at the Facility. All reports received by the Medical Director shall be forwarded to the Administrator and MEC for further or other action.

VI.7. Termination of an Allied Health Professional's Practice Prerogatives. Unless a peer review or other procedure is required by state law or licensing board, an Allied Health Professional's Practice Prerogatives shall terminate upon the recommendation Administrator, Medical Director, President or MEC and final approval by the Governing Body. Such recommendation shall be based on any one or more of the following occurrences.

VI.7-1. Grounds for Termination of an Independent Allied Professional. An Independent Allied Professional's Practice Prerogatives may be terminated upon the occurrence of any one or more of the following:

a. Suspension, revocation, expiration, voluntary or involuntary restriction, termination, or imposition of terms of probation by the applicable licensing or certifying agency of the Independent Allied Professional's license, certificate or other legal credentials which authorize the Independent Allied Professional to provide health care services;

b. Failure of the Independent Allied Professional to perform their duties in a professional manner.

c. Conduct by the Independent Allied Professional which interferes with or is detrimental to the provision of quality patient care.

d. Failure to maintain the professional liability insurance required by these bylaws or otherwise violate any term or condition of the Facility's policies or procedures, Medical Staff policies or these bylaws.

e. Exclusion, debarment, suspension or otherwise ineligible to participate in federal health care programs or federal procurement or non-procurement programs or conviction of a criminal offense that falls within the ambit of 42 United States Code Section 1320a-7(a) (mandatory exclusion by the Secretary of Health and Human Services for federal health care program related crimes), but has not yet been excluded, debarred, suspended or otherwise declared ineligible; or

f. Discovery that such individual previously was terminated for cause from the Facility or any parent, subsidiary or commonly owned affiliate of the Facility.

VI.7-2 Grounds for Termination of Dependent Allied Professionals and Ancillary Health Care Providers. A Dependent Allied Professional's and an Ancillary Health Care Provider's Practice Prerogatives may be terminated upon the occurrence of any one or more of the following:

a Suspension, revocation, expiration, voluntary or involuntary restriction, termination, or imposition of terms of probation by the applicable licensing or certifying agency of the Dependent Allied Professional's license, certificate or other legal credentials which authorize the Dependent Allied Professional to provide health care services.

b. Termination of the Medical Staff membership of all Supervising Members.

c. Termination of the relationship between the Dependent Allied Professional or Ancillary Health Care Provider and all supervising Members.

d. Failure of the Dependent Allied Professional or Ancillary Health Care Provider to perform properly assigned duties in a professional manner.

e. Conduct by the Dependent Allied Professional or Ancillary Health Care Provider which interferes with or is detrimental to the provision of quality patient care.

f. Failure of all supervising Members to maintain Medical Staff membership or Clinical Privileges in good standing.

g. Termination of a sole supervising Member's contract or other relationship with the Facility for any reason, if the termination of the

contract or other relationship terminates the supervising Member's Clinical Privileges.

h. Failure to maintain the professional liability insurance required by these bylaws or any other violation of the terms and conditions of the Facility's policies or procedures, Medical Staff policies or these bylaws;

i. Exclusion, debarment, suspension or otherwise ineligible to participate in federal health care programs or federal procurement or no procurement programs or conviction of a criminal offense that falls within the ambit of 42 United States Code Section 1320a-7(a) (mandatory exclusion by the Secretary of Health and Human Services for federal health care program related crimes), but has not yet been excluded, debarred, suspended or otherwise declared ineligible; or

j. Discovery that such individual previously was terminated for cause from the Facility or any parent, subsidiary or commonly owned affiliate of the Facility.

VI.7-3. Denial, Termination or Restriction of Temporary Practice Prerogatives.

Temporary Practice Prerogatives shall terminate automatically at the end of the specific period for which they were granted. The Administrator, Medical Director, President or MEC may recommend termination or restriction of Temporary Practice Prerogatives at any time on any one or more of the grounds set forth in this Section VI. The Governing Body shall review the recommendation and make the final determination. Nothing in this section shall preclude the Administrator, Medical Director, President or MEC from taking summary action when necessary. An Allied Health Professional is entitled to the Grievance Process as set forth in this Section for any adverse decision regarding their Practice Prerogatives but is not entitled to any hearing and appeal rights, unless otherwise specifically required by law.

VI.8. Grievance Process for Allied Health Professionals. An Allied Health Professional may challenge any action by filing a written grievance with the Administrator within fifteen (15) days from their receipt of notice of any adverse recommendation or action. The Administrator shall forward the grievance upon receipt to the President or their designee. The President or their designee shall initiate an investigation and provide the Allied Health Professional with an opportunity for an interview. The Medical Director, President, and Administrator, or their designees, shall participate in the interview. The interview shall not constitute a "hearing" as established in these bylaws, and not be conducted according to the procedural rules applicable to a hearing. Before the interview, the Allied Health Professional shall be informed in writing of the general nature of the circumstances giving rise to the adverse recommendation or action. At the interview, the Allied Health Professional may present information relevant to the adverse recommendation or action. After the conclusion of the interview, the Medical Director, President, and Administrator or their designees, shall make a recommendation to the Governing Body. The Governing Body shall make the final decision regarding the matter and notify the Allied Health Professional of its decision in writing within 5 business days. Nothing contained in these bylaws shall be interpreted to entitle an Allied Health Professional to the hearing and appeal rights set forth in these bylaws, unless otherwise specifically required by law.

VI.9. Facility Employees. Nothing in these bylaws shall be construed to interfere.

with the Facility's right to terminate Facility employees in accordance with Facility personnel policies.

ARTICLE VII

ALTERNATIVES TO CORRECTIVE ACTION

VII.1. Authority to Investigate. Notwithstanding anything in these bylaws to the contrary, the MEC, in its sole discretion, may investigate any matter or any Member brought to its attention by anyone and may take any action it deems appropriate. Members have an obligation to supply requested information, including, without limitation, peer review information and appear for interviews with regard to their membership or Clinical Privileges. A Member's failure to supply requested information or appear for an interview shall be governed by Article VIII, Section 4-2 (Inquiries from Medical Staff Committees) or Article XII, Section 3-2 (Mandatory Attendance), as applicable.

VII.2. Informal Discussions, Letters of Admonition, etc. Initial collegial efforts should be made prior to resorting to formal corrective action, when appropriate. Such collegial interventions on the part of Medical Staff leaders in addressing the conduct or performance of an individual shall not constitute corrective action, shall not afford the Practitioner subject to such efforts to the hearing and appeal rights under these bylaws, and shall not require reporting to the state licensure board or the National Practitioner Data Bank, except as otherwise provided in these bylaws. A summary of comments or suggestions and the Member's responses, if any, will be kept in the Member's credentials file; however, summaries or suggestions may be made with or without prior consultation with the affected Member. Such comments or suggestions shall be subject to the confidentiality requirements of all Medical Staff peer review information. These alternatives to corrective actions may include:

- a. Informal discussions or formal meetings regarding the concerns raised about conduct or performance.
- b. Written letters of guidance, admonition, reprimand, or warning regarding the concerns about conduct or performance.
- c. Notification that future conduct or performance shall be closely monitored and notification of expectations for improvement.
- d. Suggestions or requirements that the individual seek continuing education, consultations, or other assistance in improving performance.
- e. Warnings regarding the potential consequences of failure to improve conduct or performance; and/or
- f. Referrals to seek assistance for an impairment, as provided in these bylaws.

VII.3. Routine Monitoring. All Members of the Medical Staff are potentially subject to routine monitoring from time to time. Under certain circumstances, routine monitoring of a member may be an appropriate alternative to corrective action. The term "routine monitoring" as used in this Section shall mean review of a Member's practice or medical records, for which the Member's only obligation is to provide reasonable notice of scheduled procedures or other patient care activity. Routine monitoring may occur for up to three (3) months. Such routine monitoring shall not constitute corrective action and the

monitored Member shall not be entitled to a hearing and appeal. Routine monitoring is not a restriction on the Member's practice and shall not be reported to the state licensure board or the National Practitioner Data Bank.

VII. 4. Impaired Members. Any incident involving a Member suspected of impairment shall be reviewed by the MEC. The MEC shall determine what further review or investigation is appropriate for evaluation of his physical, psychiatric or emotional state. The Member may enroll in a rehabilitation program and take a medical leave of absence, if necessary (Article III.11-5). If a Member: (a) voluntarily enters into a rehabilitation program, thereby taking a medical leave of absence with an automatic suspension of privileges, and (b) the MEC has not voted to take any action on their Clinical Privileges, including a vote not to take any action (for example, if the MEC receives a Member's request for a medical leave of absence during its investigation), then no report to the National Practitioner Data Bank is required; however, any state licensure board reporting requirements must be followed. If the MEC votes to require the Member to involuntarily enter into a rehabilitation program, then that action is reportable to the National Practitioner Data Bank and state licensure board, if the action is based on the Member's professional competence or professional conduct and adversely affects the Member's Clinical Privileges for more than 30 days. Laws regarding the confidentiality of drug and alcohol treatment programs shall be followed when making reports to the National Practitioner Data Bank and state licensure boards. Any time spent involved with such programs shall suspend any time required to act by the MEC under these bylaws. If, at any time during their participation in such a program, the MEC determines that a member is unable to safely perform their duties at the Facility or is not benefiting from such program, the MEC may begin corrective action immediately.

ARTICLE VIII

CORRECTIVE ACTION

VIII.1. Corrective Action.

VIII.1-1. Purpose. The MEC shall only take corrective action: (a) in the reasonable belief that the action is in the furtherance of quality health care; (b) after a reasonable effort to obtain the facts of the matter; (c) in the reasonable belief that the action is warranted by the facts known after such reasonable effort to obtain the facts; and (d) with adequate notice and hearing procedures afforded to the Member involved.

VIII.1-2. Grounds. Grounds for corrective action exist when reliable information, including the results of quality assessment or performance improvement activities, indicates that an individual may have exhibited acts, demeanor, conduct or professional performance reasonably likely to be: (a) detrimental to patient safety or to the delivery of quality of patient care within the Facility; (b) unethical; (c) disruptive or harassing (including sexual harassment); (d) contrary to these bylaws, rules and regulations or policies; (e) below applicable professional standards; (f) detrimental to the Facility's licensure or accreditation; (g) detrimental to Facility or Medical Staff efforts to comply with any professional review organization, third-party payor (private or governmental) or any utilization review requirements; (h) fraud or abuse; or (i) if the Practitioner is believed to have engaged in criminal conduct.

VIII.1-3. Initiation: Written Request Required. The MEC may initiate a corrective action, or any person may provide information to the MEC about the conduct, performance, or competence of its members or other individuals with Clinical Privileges.

When grounds for corrective action exist, the President or their designee shall make sufficient inquiry to satisfy themselves that the concern or question raised is credible and determine within a reasonable time whether to refer the matter back to the MEC. If it is determined to direct the matter to the MEC for corrective action, a written request for investigation shall be prepared, and shall set forth the specific conduct constituting the basis for the request. If the MEC initiates the request, it shall make an appropriate record of its reasons.

VIII.1-4. Notice to Administrator. The President of the MEC shall promptly notify the Administrator in writing of each request for corrective action received by the MEC and the date of its receipt, or the date the MEC initiated a corrective action, and shall keep the Administrator fully informed of all communications, meetings and actions.

VIII.1-5. Investigation. Before taking action or making a recommendation to the Governing Body, the MEC shall conduct an investigation and must note in its minutes the date each investigation begins. An investigation may include, at the MEC's discretion, informal interviews with the requesting party and Practitioner (each out of the presence of the other), informal interviews with or reports from other persons, and chart reviews, if applicable. Neither the investigation nor any other activities performed by the MEC pursuant to this Article VIII shall constitute a hearing; interviews and other activities shall be informal, and none of the hearing and appeal rights under these bylaws shall apply. An investigation is considered open until the Governing Body takes final action or formally closes it if no action is taken. If a member resigns while an investigation is open, such resignation may be reported to the National Practitioner Data Bank in accordance with federal law.

VIII.1-6. Possible Actions. The MEC may take the following actions or make the following recommendations to the Governing Body: (a) reject the request; (b) issue a letter of admonition or reprimand; (c) impose restrictions such as proctoring, monitoring or consultation; (d) recommend to the Governing Body reduction, suspension, or revocation of proctoring or consultation requirements; (e) recommend to the Governing Body that an already-imposed summary suspension be terminated, modified, or sustained; (f) recommend to the Governing Body that the Practitioner's membership and/or Clinical Privileges be suspended or terminated; or (g) take or recommend to the Governing Body other actions as it deems appropriate.

VIII.1-7. Time for Taking Action; Notice to Practitioner and Governing Body. The MEC shall take action upon the request, including any decisions not to proceed with corrective action or make a recommendation to the Governing Body, within thirty (30) days after its receipt of a written request for corrective action or its own initiation of corrective action, or within such reasonable additional time as it deems necessary. The MEC shall give written notice to the Practitioner and the Governing Body within five (5) days after taking action or making a recommendation, stating what action or recommendation it has taken or made. If the action or recommendation is grounds for a hearing under Article IX, such written notice shall comply with the notice sections of Article IX.

VIII.1-8. Use of Membership/Clinical Privileges. The Practitioner shall retain the use of their membership and Clinical Privileges pending final action by the Governing Body, subject to any restriction or suspension imposed by the MEC or

Governing Body. If the Practitioner's membership and/or Clinical Privileges have been recommended for termination or been suspended, then the Practitioner shall not exercise their Clinical Privileges until they receive a final action in their favor. In addition, if a Practitioner's appointment expires during the corrective action process, they shall not be able to exercise his Clinical Privileges until they are reappointed and granted those privileges.

VIII.1-9. Governing Body May Initiate. The Governing Body, or its designee, may initiate a corrective action at any time that it believes corrective action to be warranted. Before initiating such corrective action, the Governing Body, or its designee, shall consult with the President. Thereafter, the Governing Body, or its designee, may direct the MEC to conduct an investigation or otherwise initiate corrective action on its own. In the event the MEC fails to take action in response to a direction from the Governing Body, or its designee, the Governing Body, or its designee, shall either: (i) handle any non-clinical matter, such as disruptive behavior; or (ii) appoint a Special Committee of peers to investigate a medical staff focused review matter. The Special Committee, in such case, shall have all the rights, powers and obligations of the Medical Executive Committee under these bylaws, including the authority to refer a focused review matter to an external focused reviewer for investigation in accordance with Facility policies. After the investigation of the focused review matter is complete, the Special Committee, in lieu of the Medical Executive Committee, shall either take action or make a recommendation for final action to the Governing Body, in accordance with these bylaws. The Governing Body's action regarding a recommendation by the Special Committee shall be in accordance with these bylaws.

VIII.1-10. MEC Conflict of Interest. If a corrective action normally handled by the Medical Executive Committee involves or creates a conflict of interest such that members of the Medical Executive Committee cannot act, then the President of the Medical Staff, or the acting chairman of the Medical Executive Committee, shall notify the Administrator and send all documents concerning the matter to the Administrator. The Administrator shall bring the matter before the Governing Body. The Governing Body, or its designee, shall either: (i) handle any non-clinical matter, such as disruptive behavior; or (ii) appoint a Special Committee of peers to investigate a medical staff focused review matter. The Special Committee, in such case, shall have all the rights, powers and obligations of the Medical Executive Committee under these bylaws, including the authority to refer a focused review matter to an external focused reviewer for investigation in accordance with Facility policies. After the investigation of the focused review matter is complete, the Special Committee, in lieu of the Medical Executive Committee, shall either take action or make a recommendation for final action to the Governing Body, in accordance with these bylaws. The Governing Body's action regarding a recommendation by the Special Committee shall be in accordance with these bylaws.

VIII.2. Summary Suspension or Restriction.

VIII.2-1. Criteria for Initiation. Whenever a Member's conduct appears under any one or more of the following circumstances: (a) to require that immediate action be taken to protect the life or well-being of any patient(s); (b) to reduce a substantial and imminent likelihood of significant impairment of the life, health or safety of any patient or other person; (c) or when Medical Staff leaders and /or the Administrator determines that

there is a need to consider carefully any event, concern, or issue, that, if confirmed, has the potential to affect patient or employee safety or the effective operation of the Facility or impair the reputation of the Medical Staff or Facility, then the Medical Director, President, Administrator, MEC, Governing Body or Governing Body designee may suspend or restrict the Medical Staff membership or Clinical Privileges of such Member as a precaution.

VIII.2-2. Effective Date; Duration. A summary suspension or restriction shall become effective immediately upon imposition. It shall remain in effect for the period stated, or if no period is stated, for a maximum of 14 days, after which it shall automatically expire unless the MEC determines it should continue. As detailed in Article VIII.2-4 below, the MEC shall meet within 14 days after imposition to review the suspension or restriction. A summary suspension or restriction that is in effect or imposed for less than 14 days does not entitle a member to a hearing or appeal. A summary suspension or restriction that is: (a) in effect or imposed for more than 30 days; (b) based on the professional competence or professional conduct of the Member that adversely affects, or could adversely affect, the health or welfare of a patient; and (c) has been reviewed and confirmed by the MEC, shall be reported to the National Practitioner Data Bank and state licensure board in accordance with federal law.

VIII.2-3. Required Written Notice. The person or body responsible for the summary suspension or restriction shall promptly give written notice to the Member, MEC, Administrator and Governing Body, as applicable. The written notice shall inform the Member of: (a) the length of time the summary suspension or restriction is in effect, including any expiration date; (b) reasons and requirements, if any, of the suspension; (c) their right to an informal interview upon written request (pursuant to Article VIII.2-5 below); (d) hearing requirements; and (e) National Practitioner Data Bank and state licensure board reporting requirements.

VIII.2-4. MEC Action. As soon as practicable, and in any event within 14 days after a summary suspension or restriction has been imposed, the MEC shall convene to review and consider the action and, if necessary, begin or continue an investigation. The investigation may include informal interviews by the MEC, or its designee, with the suspending or restricting party, suspended or restricted Member, other persons or committees, or chart reviews, if applicable. In no event shall any meeting of the MEC, with or without the Member, constitute a "hearing." These meetings shall be informal and none of the hearing and appeal rights under these bylaws shall apply. The MEC may modify, continue or terminate the summary suspension or restriction, but in any event, it shall give written notice of its decision to the Member.

VIII.2-5. Right to an Informal Interview. The Member may request an informal interview with the MEC or its designee by submitting a written request to the MEC within seven (7) days after they receive written notice of the summary suspension or restriction.

VIII.2-6. Hearing Rights. If the summary suspension or restriction lasts more than 14 days, the Member is entitled to a hearing. The Member shall be given written notification of their hearing rights, as governed by Article IX (Hearing and Appeal).

VIII.2-7. National Practitioner Data Bank and State Licensure Board Reporting Requirements. If the summary suspension or restriction: (a) lasts more than 30 days; (b) is related to the Member's professional competence or conduct; and (c) has been reviewed and confirmed by the MEC, then it shall be reported to the National Practitioner Data Bank and state licensure board in accordance with applicable laws and regulations.

VIII.3. Disciplinary Suspension/Administrative Time Out.

VIII.3-1. Failure to Comply with Conduct Obligations in Bylaws. Members are obligated under these bylaws to avoid disruptive, demeaning, unprofessional or other inappropriate or improper behavior while at the Facility and treat patients, their families, visitors, Facility staff and colleagues in a respectful and professional manner at all times. The MEC may, with approval of the Administrator and the Governing Body Chairman, institute an administrative time out, during which a member may not exercise his Clinical Privileges at the Facility for a period not to exceed 14 consecutive days due to their failure to comply with that obligation. An administrative time out will not trigger the hearing and appeal rights under these bylaws. An administrative time out may be instituted only under the following circumstances:

- a. When the action giving rise to the administrative time out relates to unprofessional and/or disruptive behavior as described in these bylaws.
- b. When the Member's action(s) have been reviewed by the MEC and only when the MEC has determined that the Member's behavior violates the Member's obligations contained in these bylaws.
- c. After the Member has received at least two written warnings within the last twelve months regarding the conduct in question. Such warnings must state the conduct or behavior that is questioned; and
- d. When the Member has been offered an opportunity to meet with the MEC prior to the imposition of the administrative time out. Failure on the part of the Member to accept the MEC's offer of a meeting will constitute a violation of the Medical Staff Bylaws regarding interviews and will not prevent the MEC from issuing the administrative time out.

VIII.3-2. Patient Care Coverage During Administrative Time Out. An administrative time out will take effect after the Member has been given a reasonable opportunity, not to exceed seven days, to arrange for their patients currently at the Facility to be cared for by another qualified Member or to provide needed care prior to discharge or to transfer the patient. During this period, the Member will not be permitted to schedule any admissions or procedures. The President or their designee will determine details of the extent to which the Member may continue to be involved with extended stay patients prior to the effective date of the administrative time out.

VIII.4. Suspensions for Delinquent Medical Records, Medical Staff Committee Inquiries and Dues. A Practitioner's failure to timely complete medical records, answer inquiries from medical staff committees or pay medical staff dues may result in the suspension or termination of the Practitioner's Medical Staff membership and/or Clinical Privileges. If suspended or terminated under this Section 4, such Practitioner shall not be entitled to the hearing and appeal rights specified in these bylaws, unless otherwise expressly provided.

VIII.4-1. Delinquent Medical Records.

a. Time Limits. A Practitioner's failure to timely complete medical records in accordance with these bylaws may result in the suspension of the Practitioner's Clinical Privileges and shall not entitle the Practitioner to the hearing and appeal rights specified in these bylaws, unless otherwise expressly provided. The MEC shall determine a volume of delinquent records which shall lead to suspension. Medical records shall be considered delinquent if the Practitioner fails to complete them within thirty (30) days, or such shorter period as required by State law.

b. Notice to Practitioner. The medical records director or the Administrator shall notify Practitioners in writing of incomplete medical records. The written notification shall be sent at least twenty (20) days after the volume of the Practitioner's delinquent records has reached the determined amount. Such notification shall inform the Practitioner that their Clinical Privileges shall be automatically suspended if the medical records are not completed within ten (10) days after his receipt of the written notice. If the Practitioner fails to complete medical records within 10 days of their receipt of the written notice, the Practitioner's Clinical Privileges shall be automatically suspended until he satisfactorily completes all of his delinquent medical records. The Practitioner may, however, be permitted to continue to treat patients currently in the Facility. Upon the request of the Practitioner, the President or his designee may temporarily lift the suspension only if it is determined that a situation exists in which the health and safety of any patient will be jeopardized by failure to allow the Practitioner to treat that patient. Nothing in these bylaws shall prohibit the medical records director or Administrator from notifying Practitioners of any amount of delinquent medical records.

c. Notice. The medical records director or Administrator shall notify the Medical Director and President immediately of any suspensions of Clinical Privileges. The MEC and Governing Body shall be informed of any suspensions at their next scheduled meeting.

d. Reinstatement of Clinical Privileges. The Practitioner's Clinical Privileges shall be automatically reinstated upon satisfactory completion of the delinquent medical records. The medical records director or Administrator shall notify the Medical Director and President

immediately of any reinstatements. The MEC and Governing Body shall be informed of any reinstatements at their next scheduled meetings.

e. Reappointment. Suspension of Clinical Privileges for delinquent medical records shall be considered in connection with the Practitioner's application for reappointment to the Medical Staff.

VIII.4-2. Inquiries from Medical Staff Committees.

a. Suspension. Practitioners are obligated under these bylaws to timely and satisfactorily respond to inquiries from Medical Staff committees and their designees on issues relating to the Practitioner's qualifications, character, behavior, ethics, health status health status with respect to the Clinical Privileges requested and/or granted, ability to work with others, billing practices, case management, or the Practitioner's compliance with the bylaws, rules and regulations and policies of the Medical Staff and Facility. The President or their designee shall send written notice to the Practitioner, in accordance with IX.1-1(d), requesting a response within a reasonable time, not to exceed thirty (30) days, and notifying them that if they fail to respond satisfactorily within that time, their Clinical Privileges will be automatically suspended. The automatic suspension shall continue until the Medical Staff committee, or its designee confirms that a satisfactory response has been received. Notwithstanding the foregoing, the President or their designee may allow the Practitioner to provide continuous care for patients already admitted at the time of the suspension and emergency care that which only the Practitioner is qualified and available to render.

b. Automatic Resignation. Failure to satisfactorily respond within ninety (90) days from the date of the automatic suspension shall be deemed an automatic resignation from the Medical Staff and relinquishment of all Clinical Privileges. No hearing and appeal rights shall apply.

c. Termination of Membership. The MEC may sanction a member, including terminating their Membership and Clinical Privileges, for failure to cooperate with any MEC request.

VIII.4-3. Dues. The MEC shall have the option of suspending any Member for failure to pay any dues or fees imposed by the MEC. Any suspended Member under this Section may meet informally with the MEC or its designee upon request.

VIII.5. Automatic Suspension, Restriction and Termination. The following shall result in automatic suspension, resignation, restriction or termination of Medical Staff membership and/or Clinical Privileges and shall not entitle the Practitioner to the hearing and appeal rights specified in these bylaws, unless otherwise expressly provided. The Administrator shall immediately notify the Practitioner and the President in writing, either by personal delivery or mail, of any suspension, restriction, resignation or termination, unless otherwise specified in this Article VIII. The notice shall set forth the effective date

and the reason for such action. The Administrator shall inform the MEC and Governing Body of any such actions at their next scheduled meeting.

VIII.5-1. License Adverse Action.

a. Revocation or Suspension. Whenever a Practitioner's license or other legal credentials authorizing practice in this State is revoked or suspended, such Practitioner's medical staff membership and Clinical Privileges shall be automatically revoked or suspended as of the date such action becomes effective.

b. Restriction. Whenever a Practitioner's license or other legal credentials authorizing practice in this State is limited or restricted by the applicable licensing or certifying authority, any Clinical Privileges which the Practitioner has been granted and are within the scope of said limitation or restriction shall be automatically limited or restricted in a similar manner, as of the date such action becomes effective and throughout its term.

c. Probation. Whenever a Practitioner is placed on probation by the applicable licensing or certifying authority, membership status and clinical privileges shall automatically become subject to the same terms and conditions of the probation as of the date such action becomes effective and throughout its term.

d. Court Order. In the event a temporary restraining order or other type of court order or legal restriction is placed on a Practitioner by a court, such Practitioner's Clinical Privileges shall be automatically restricted or suspended consistent with the terms of the court order until resolution of the matter.

e. Duty to Inform Facility. Each Practitioner has an ongoing duty to inform the Facility of any revocations, suspensions, restrictions, probations, court orders or other limitations on his licensure. Failure to do so shall be governed by Article VIII, Corrective Actions.

VIII.5-2. DEA or State Controlled Substances Registration.

a. Revocation or Suspension. Whenever a Practitioner's DEA or State Controlled Substances registration is revoked, suspended or otherwise limited, the Practitioner shall automatically and correspondingly be divested of the right to prescribe or administer medications covered by the registration, as of the date such action becomes effective and throughout its term.

b. Probation. Whenever a Practitioner's DEA or State

Controlled Substances registration is subject to probation, the member's right to prescribe and administer such medications shall automatically become subject to the same terms of the probation, as of the date such action becomes effective and throughout its term.

VIII.5-3. Loss of Professional Liability Coverage.

a. Suspension. A Practitioner's membership and Clinical Privileges shall be automatically suspended for failure to maintain professional liability coverage as required by these bylaws. The Practitioner shall remain suspended until the Practitioner provides evidence to the MEC or its designee that they have secured professional liability coverage in the required amounts or approved form.

b. Voluntary Resignation. If the Practitioner fails to provide evidence of the required amounts or approved form of professional liability coverage within six (6) months after the date the automatic suspension became effective, he shall be deemed to have voluntarily resigned from the Medical Staff.

VIII.5-4. Felony/Misdemeanor Indictment or Conviction. A Practitioner who has been indicted, convicted of, or pled "guilty" or "no contest" or its equivalent to a felony or misdemeanor involving drugs, alcohol or other moral turpitude (See Glossary) in any jurisdiction shall be automatically suspended. Such automatic suspension shall become effective immediately upon such indictment, conviction or plea, regardless of whether an appeal is filed. This automatic suspension shall remain in effect until terminated by the MEC. The MEC shall meet promptly after the suspension occurs to determine if any subsequent action, including a decision whether to continue the suspension or other corrective action, is necessary. If the MEC decides to terminate this automatic suspension, the Practitioner may exercise his Clinical Privileges in accordance with these bylaws. A Practitioner shall notify the Administrator immediately of any indictment, conviction or plea, and the Administrator shall forward promptly such information to the MEC. The Governing Body shall be informed of any such actions at its next scheduled meeting.

VIII.5-5. Federal Health Care Programs. A Practitioner who is excluded or becomes excluded from participation in federal health care programs or other federal procurement programs or convicted of a criminal offense related to a federal health care program during their appointment shall be deemed an "Ineligible Person" (See Glossary for definition) and shall have their membership and Clinical Privileges automatically terminated on the date such exclusion or conviction becomes effective. If the Facility has actual notice that a Member is charged with a criminal offense that falls within the ambit of 42 U.S.C. §§ 1320a-7(a) (mandatory exclusion by the Secretary of Health and Human Services for federal health care program-related crimes, conviction related to patient abuse, felony conviction related to health care fraud, and felony conviction relating to controlled substance), 1320a-7(b)(1) – (3) (permissive exclusion by the Secretary of Health and Human Services for conviction relating to fraud, conviction relating to obstruction or an investigation, and misdemeanor conviction relating to controlled substance), or is proposed for exclusion during his appointment period, then the Facility and MEC shall take all appropriate actions to ensure that the responsibilities of that Member have not and shall

not adversely affect the quality of care rendered to any beneficiary, patient, or resident, or the accuracy of any claims submitted to any federal health care program. A Practitioner shall notify the Administrator immediately of any debarment, exclusion, suspension or other event that makes that person an "Ineligible Person." The Administrator shall forward such information to the MEC.

VIII.6. National Practitioner Data Bank.

VIII.6-1. Duty to Report. The MEC and the Administrator shall ensure that all reporting and other requirements of the National Practitioner Data Bank and other federal and state organizations are followed.

VIII.6-2. Reportable Actions.

a. Two Kinds of Reportable Actions. The MEC and Administrator shall ensure the following actions are reported:

i. professional review actions based on a Practitioner's professional competence or professional conduct and that adversely affect his Clinical Privileges for a period of more than 30 days; and

ii. acceptance of a Practitioner's surrender or restriction of Clinical Privileges while under investigation for possible professional incompetence or improper professional conduct or in return for not conducting an investigation or reportable professional review action.

b. Miscellaneous. Adverse clinical actions taken against a Practitioner's Clinical Privileges include reducing, restricting, suspending, revoking, or denying privileges, and also include the nonrenewal of a Practitioner's Clinical Privileges if that decision was based on the Practitioner's professional competence or professional conduct. Investigations are considered ongoing until the Governing Body takes final action or formally closes the investigation. Nothing in these bylaws shall prevent the filing of a report which is permitted, but not required.

VIII.6-3. Time for Reporting. Reportable actions must be reported to the National Practitioner Data Bank and state licensure board in accordance with federal law, which requires reports to be filed within 15 days from the date from the date the reportable action was taken, or clinical privileges were voluntarily surrendered. An adverse action is not reportable until: (a) a Practitioner's hearing and appeal is completed and the Governing Body has taken final action; (b) the time for the hearing and appeal has expired and the Governing Body has taken final action; or (c) a summary suspension has become a professional review action through action of the MEC or Governing Body, according to these bylaws.

ARTICLE IX

HEARING AND APPELLATE REVIEW PROCEDURES

IX.1. General Provisions and Definitions.

IX.1-1.Definitions. For the purposes of this Article IX, the following definitions shall apply.

a. *Affected Practitioner* means the Medical Staff Member or applicant for membership and/or Clinical Privileges with respect to whom any of the actions specified in Article IX, Section 2-1 herein (Grounds for Corrective Action) has been taken or recommended, and whose membership or Clinical Privileges may be affected thereby.

b. *Body Whose Decision Prompted the Hearing* means the person, committee, or body (which will generally be the MEC) that, pursuant to these bylaws, took the action or made the recommendation that resulted in a hearing being requested.

c. *Parties or Party* means, unless clearly indicated otherwise by particular context, collectively, or individually as the case may be, the Affected Practitioner, the MEC, and/or the Body Whose Decision Prompted the Hearing (if other than the MEC).

d. *Notice* means a written communication delivered personally to the required addressee or sent by United States Postal Service, first-class postage prepaid, certified or registered mail, return receipt requested, addressed to the required addressee at his address as it appears in the records of the Facility. Copies shall be as effective as the original for the purpose of giving notice. Any such notice shall be deemed effective on the date it was first received or five (5) days after it was deposited with the United States Postal Service, whichever occurs first.

IX.1-2.Duty to Exhaust Remedies. The purpose of this Article is to permit the Medical Staff and Facility to resolve issues related to professional practice and qualifications for Medical Staff membership and Clinical Privileges fairly, expeditiously and with due regard for both the need to protect patients and the interest of Practitioners. Each applicant and Member agree to follow and complete the procedures set forth in this Article, including appellate procedures, before attempting to obtain judicial relief related to any issue or decision which may be subject to a hearing and appeal under this Article. In the event a Practitioner who is the subject of an adverse recommendation or action in connection with the Practitioner's Medical Staff membership or Clinical Privileges initiates a suit against any entity or person who is in any way involved in any peer review, credentialing, re-credentialing, corrective action, or other action, recommendation or decision, the Practitioner filing the suit shall be required to pay all costs and expenses incurred by each individual defendant in defending the suit, including reasonable attorney fees, unless the Practitioner substantially prevails against the individual defendant. The absence of an interlocutory appeal process for reviewing any alleged violation of the bylaws or the Practitioner's fair procedure rights does not warrant judicial intervention. The absence of an interlocutory appeal process for reviewing any alleged violation of the

bylaws or the Affected Practitioner's fair procedure rights does not warrant judicial intervention.

IX.1-3. Right to Only One Hearing and Appeal. No party shall be entitled to more than one evidentiary hearing and one appellate review on any matter that may be the subject of a hearing or appeal.

IX.1-4. Confidentiality of Proceedings. Except as otherwise authorized in these bylaws or by law, all parties, participants, and attendees shall keep the hearing and appellate review proceedings and the contents thereof confidential, and no one shall disclose or release any information from or about the proceedings to any person or the public.

IX.1-5. Settlements.

a. Request by Affected Practitioner. At any time, following receipt of notice of a recommendation or action which entitles a Practitioner to request a hearing, the Practitioner may ask the Body Whose Decision Prompted the Hearing to discuss voluntary settlement or resolution of the matter or any Party may request any other Party to discuss a voluntary settlement or resolution of the matter. Upon such request and subject to the Practitioner's waiver of time requirements in order to allow such discussions to proceed, the Body Whose Decision Prompted the Hearing may authorize one or more of its members or designee to conduct confidential discussions with the Practitioner; provided, however, that the Body Whose Decision Prompted the Hearing shall not be obligated to conduct such discussions if it concludes that the request is interposed primarily for delay or a settlement is not feasible.

b. Proposed Settlement; Written Agreement. Any proposed settlement agreement shall be in writing and subject to Governing Body approval to be deemed final. If the Practitioner and the Body Whose Decision Prompted the Hearing reach a written proposed agreement which could settle the matter, the Body Whose Decision Prompted the Hearing shall promptly notify the Administrator and the Governing Body. Any such written proposed settlement agreement shall include an acknowledgment by the Practitioner that they have: (i) entered into the settlement voluntarily; (ii) voluntarily waived their hearing and appeal rights relating to the matter; and (iii) waived all claims relating in any way to the matter against all Medical Staff and Facility personnel. The Body Whose Decision Prompted the Hearing promptly shall forward the written proposed settlement agreement to the Governing Body for approval, which shall not be unreasonably withheld. The Governing Body shall notify the Practitioner and the Body Whose Decision Prompted the Hearing in writing within five days of its decision.

IX.2. Grounds for a Hearing and Notice to Affected Practitioner.

IX.2-1. Grounds for a Hearing.

a. Grounds. Except as otherwise provided in these bylaws, the taking or recommending of any one or more of the following actions as a result of a professional review action and when based on the Affected Practitioner's professional conduct or competence, shall constitute grounds for a hearing:

i. denial of initial appointment or reappointment to the Medical Staff based on a Completed Application.

ii. termination of Medical Staff Membership.

iii. summary or other suspension of Medical Staff membership and/or Clinical Privileges for more than fourteen (14) days that is not caused by the Affected Practitioner's failure to complete medical records or any other reason unrelated to clinical competence or professional conduct; and

iv. denial, reduction or termination of Clinical Privileges.

b. Not Grounds for Hearing. In no event shall the Practitioner be entitled to hearing and appeal rights when the only action of the MEC was to:

i. issue a letter of guidance, admonition, reprimand or warning.

ii. subject the Affected Practitioner to routine monitoring.

iii. subject the Affected Practitioner to a summary or other suspension for 14 days or less.

iv. subject the Affected Practitioner to an administrative time out for 14 days or less; or

v. refer the Affected Practitioner to or if the Affected Practitioner voluntarily participates in a program concerning physical or mental health.

IX.2-2. Notice of Adverse Action or Recommended Action. The person, committee, or body that takes or recommends adverse action constituting grounds for a hearing shall give written notice to the Affected Practitioner of the adverse action or recommendation. The written notice shall:

- a. describe what action has been taken or recommended.
- b. state the reasons for the action (a Statement of Charges will be provided in the event a hearing is properly requested);
- c. advise the Affected Practitioner that they have the right to request a hearing, and that such request must be in writing, accompanied by a bond to secure their obligation to pay for one-half of the reasonable costs and expenses of the hearing or a request for a waiver with documentation of financial hardship, and received by the Administrator within thirty (30) days after the Notice of Adverse Action is deemed effective in accordance with these bylaws;
- d. contain a summary of the Affected Practitioner's major hearing rights and obligations.
- e. state that the Affected Practitioner shall have the right to legal counsel at the hearing, but if the Affected Practitioner does not request legal counsel at the hearing in accordance with these bylaws, then the Body Whose Decision Prompted the Hearing and the Facility shall not be represented by legal counsel at the hearing; and
- f. state that the action, if finally adopted may be reported to the appropriate licensing entity and to the National Practitioner Data Bank in accordance with applicable law.

IX.3. Affected Practitioner's Request for a Hearing.

IX.3-1. Written Request. The Affected Practitioner shall have thirty (30) days following the date the notice of the adverse action was deemed effective (Article IX.1-1(d)) in which to request a hearing. The Affected Practitioner's request for a hearing shall be in writing and addressed to the Administrator. By delivering a request for a hearing, the Affected Practitioner irrevocably agrees to pay for one-half of the reasonable costs and expenses of the hearing, which shall include at a minimum, the costs and expenses of the court reporter, copies of the transcript of the hearing, and if applicable, the Hearing Officer. A bond, as provided for herein, to cover the Affected Practitioner's one-half of the reasonable costs and expenses of the hearing must be delivered with the Affected Practitioner's written request. The Affected Practitioner has a right to legal counsel at the hearing and must state if they so desire to be represented by legal counsel at the hearing in his written request for a hearing.

IX.3-2. Affected Practitioner's Obligation to Pay One-Half of the Reasonable Costs and Expenses.

- a. Bond Required. In order to secure the obligation of the Affected Practitioner to pay for one-half of the reasonable costs and expenses of the hearing, the Affected Practitioner's request for a hearing

must be accompanied by a bond in the form of a good check, bank check, money order or cash in the amount of \$3,000 which shall be applied to Affected Practitioner's one-half of the costs and expenses. If the Affected Practitioner's one-half of the costs and expenses are less than \$3,000, then any excess amount shall be returned to the Affected Practitioner after all costs and expenses have been paid. If the Affected Practitioner's one-half of such expenses are more than \$3,000, then additional amounts owed by the Affected Practitioner shall be paid by him promptly upon the Facility's written request. If the Affected Practitioner fails to pay any amount owed within ten days of the Facility's written request, then the Affected Practitioner agrees to also pay all costs and expenses the Facility incurs in collecting such amounts, including reasonable attorney's fees and court costs.

b. Financial Hardship and Inability to Pay. If the Affected Practitioner cannot afford to post the bond and/or pay one-half of the hearing's reasonable costs and expenses, then, along with his written request for a hearing, the Affected Practitioner must submit a written request for a waiver of the bond and/or payment of one-half of the hearing costs and expenses. The written request for a waiver must include financial documentation capable of proving the Affected Practitioner's financial hardship and inability to pay, such as bank statements or a tax return. A mere statement that financial hardship exists will not be considered sufficient to prove the Affected Practitioner's financial hardship and inability to pay. The Administrator promptly shall forward the request for a waiver to the Governing Body. The Governing Body, in its sole and absolute discretion, may waive, or partially waive any payment obligations or condition payment or waiver of payment on such actions as it deems reasonable.

IX.3-3. Waiver of Rights.

a. Hearing and Appeal Rights. Failure of the Affected Practitioner to request a hearing or submit a bond or financial documentation capable of proving the Affected Practitioner's financial hardship and inability to pay the bond and/or one half of the reasonable costs and expenses of the hearing within the time and manner set forth in these bylaws shall be deemed an acceptance by them of the adverse action or recommendation and a waiver of all hearing and appeal rights under these bylaws.

b. Right to Represent by Legal Counsel. The failure of the Affected Practitioner to give notice of their desire to be represented by legal counsel at the hearing in their written request for a hearing shall constitute a waiver of such right.

c. Referral to Governing Body After Waiver. If the Affected Practitioner waives their hearing and appeal rights, the matter shall be forwarded to the Governing Body for its final decision in

accordance with these bylaws. The Administrator shall give written notice to all parties of any such waiver and acceptance.

IX.4 Hearing Responsibilities.

IX.4-1. Delivery of Hearing Request to MEC by Administrator. Upon receipt of a proper written request for hearing, the Administrator shall deliver the request to the MEC and state the date he received it.

IX.4-2. Hearing Date Set by MEC. The MEC shall have thirty (30) days after the Administrator's receipt of the hearing request to set a hearing date, which shall be at least thirty (30) days but not later than sixty (60) days from the date of the Administrator's receipt. The parties shall cooperate with each other in scheduling hearing sessions as necessary, in order to complete the process as soon as practicable, and may mutually agree to a hearing date and time other than as provided above. In the event an Affected Practitioner who is under summary suspension properly requests a hearing, the hearing date shall be as soon as reasonably practicable, but no later than forty (40) days from the date of the Administrator's receipt of the request. In such instances, the written hearing notice and copy of the bylaws shall be provided within a reasonable time prior to the hearing date.

IX.4-3. Appointment of Medical Staff Representative by MEC. After a hearing has been properly requested, the MEC shall appoint a Medical Staff Member or other person ("Medical Staff Representative") to present the case on behalf of, and otherwise represent, the Body Whose Decision Prompted the Hearing. The MEC may, at its sole discretion, remove or replace the Medical Staff Representative at any time.

IX.4-4. Hearing Panel or Arbitrator Determined by Administrator. After receiving a proper written request for a hearing, the Administrator, acting on behalf of the Governing Body, shall determine whether the hearing shall be before a committee of the Affected Practitioner's peers ("Hearing Panel") or an arbitrator.

a. Hearing Panel. When a hearing is requested, the Administrator, acting for the Governing Body, and after considering the recommendations of the MEC (and those of the Governing Body Chairman, if the hearing is occasioned by a Governing Body determination), shall appoint a Hearing Panel that shall be composed of not fewer than three (3) members nor more than seven (7), and designate one of the appointees as the Hearing Panel chairman. The Hearing Panel chairman shall conduct the hearing if no Hearing Officer is appointed. All Hearing Panel members shall be entitled to one vote. The Hearing Panel shall not include any individual who is in direct economic competition with the Affected Practitioner or is related to the Affected Practitioner. No individual appointed to the Hearing Panel shall have actively participated in the consideration of the matter involved at any previous level, for example, Hearing Panel members cannot have acted as accusers, investigators, fact finders or initial decision-makers in connection with the same matter. However, mere knowledge of the matter involved shall not preclude any individual from serving as a member of the Hearing Panel. Each member must be willing to hear the matters

objectively and without prejudice. Employment by, or a contract with, the Facility or an affiliate shall not preclude any individual from serving on the Hearing Panel. Hearing Panel members need not be members of the Facility Medical Staff. Hearing Panel members need not be Practitioners in the same specialty as the Affected Practitioner requesting the hearing.

b. Arbitrator. As an alternative to the Hearing Panel described above, the Administrator, after consulting with the President (or Governing Body Chairman if the hearing was occasioned by a Governing Body determination) may determine that the hearing shall be before an arbitrator. The arbitrator chosen must be mutually acceptable to the Affected Practitioner and the Administrator, acting on behalf of the Governing Body. The arbitrator should be familiar with the law applicable to medical administrative proceedings and may be an attorney, but attorneys from a firm regularly utilized by the Facility, the Medical Staff or the Affected Practitioner for legal advice regarding their affairs and activities shall not be eligible to serve as arbitrator. The arbitrator shall gain no direct financial benefit from the outcome.

IX.4-5. Appointment of Hearing Officer to Preside at Hearing by Administrator. If the hearing will be before a Hearing Panel, then the Administrator may appoint a Hearing Officer to preside at the hearing. The Hearing Officer may be an attorney familiar with the law applicable to medical administrative proceedings, but attorneys from a firm regularly utilized by the Facility, the Medical Staff or the Affected Practitioner for legal advice regarding their affairs and activities shall not be eligible to serve as Hearing Officer. The Hearing Officer may, however, consult legal counsel to the Facility regarding specific procedural or other matters. The Hearing Officer shall gain not direct financial benefit from the outcome and must not act as a prosecuting officer or as an advocate. The Hearing Officer shall conduct the hearing impartially such that the proceeding will be, to the extent reasonably possible, fair, efficient, and protective of the rights of all parties and witnesses. All references to the "Hearing Officer" shall be deemed to refer to the chairman of the Hearing Panel or arbitrator, unless the context would clearly require otherwise.

IX.4-6. Written Notice of Hearing to Affected Practitioner by MEC. The MEC shall give at least thirty (30) days' prior written notice to the parties of the time, place, and date of the hearing and provide a copy of these bylaws along with the written notice. As a part of, or together with, the notice of hearing, the MEC shall state the acts or omissions with which the Affected Practitioner is charged, including, if applicable, a list of chart numbers under question, if any, and the reasons for the action or recommendation ("Statement of Charges"). Amendments to the Statement of Charges may be made from time to time, but not later than the close of the case by the Medical Staff Representative at the hearing. Such amendments may delete, modify, or add to the acts, omissions, charts, or reasons specified in the original notice. Notice of each amendment shall be given to the Hearing Panel, the Hearing Officer, and each party. If the Affected Practitioner promptly gives written request to the Hearing Officer, he shall be entitled to a reasonable postponement of the hearing to prepare a response or defense to any such amendment that adds acts, omissions, charts, or reasons to the original notice. The Hearing Officer shall give prompt notice to the parties of each such postponement.

IX.5. Hearing Procedure.

IX.5-1. Prehearing.

a. Discovery; Hearing Officer's Authority. The Hearing Officer shall consider and rule upon any dispute or controversy concerning a request for access to information. The Hearing Officer may impose any safeguards, including the denial or limitation of discovery to protect the peer review process and justice. When ruling upon requests for access to information and determining the relevancy thereof, the Hearing Officer shall, among other factors, consider the following:

- i. whether the information sought may be introduced to support or defend the charges;
- ii. the exculpatory or inculpatory nature of information sought, if any, i.e., whether there is a reasonable probability that the results of the hearing would be influenced significantly by the information if received into evidence;
- iii. the burden imposed on the party in possession of the information sought, if access is granted; and
- iv. any previous requests for access to information submitted or resisted by the parties to the same proceeding.

b. Exchange of Information. At the request of either party, the parties must exchange at least five (5) days before the hearing: (1) lists of witnesses expected to testify at the hearing; and (2) copies of all documents expected to be introduced at the hearing. Failure of a party to produce these materials, or to update them, at least five (5) days before the commencement of the hearing, shall constitute good cause for the Hearing Officer to grant a continuance, or to bar or otherwise limit the introduction of any documents not provided to the other party or testimony from witnesses not identified pursuant to this provision.

c. Objections. It shall be the duty of the Affected Practitioner and the Body Whose Decision Prompted the Hearing to exercise reasonable diligence in notifying the Hearing Officer of any pending or anticipated procedural irregularity or any objection to the Hearing Panel or to the Hearing Officer, as far in advance of the scheduled hearing as possible, in order that decisions concerning such matters may be made expeditiously. Objections to any such prehearing decisions shall be raised on the record at the hearing by the Party objecting and when so raised shall be preserved for consideration at any appellate review meeting which thereafter might be requested. The Hearing Officer shall

have great latitude in dealing with pre-hearing matters and issues, and may discuss matters with a Party or their counsel without having the other Party or their counsel present.

d. Postponements and Extensions. Postponements beyond the times required by these bylaws may be requested by any of the parties, and shall be granted upon agreement of the parties or by the Hearing Officer on a showing of good cause. The Hearing Officer shall promptly give notice to the parties of each such postponement. Because of the difficulties involved in scheduling the professionals who will attend the hearing, extensions and postponements should be granted liberally.

IX.5-2. Failure to Appear. Failure of the Affected Practitioner to appear at the hearing or cooperate with these procedures shall be deemed to constitute the Affected Practitioner's voluntary acceptance of the recommendation or action involved and waiver of all hearing and appeal rights under these bylaws, unless the Hearing Panel finds good cause for such failure, based upon written request by the Affected Practitioner or their representative.

IX.5-3. Legal Representation. The hearings provided for in these bylaws are for the purpose of intraprofessional resolution of matters bearing on conduct or professional competency. Accordingly, neither the Affected Practitioner nor the Body Whose Decision Prompted the Hearing is required to be represented at the hearing by legal counsel. If the Affected Practitioner desires to be represented by legal counsel, they must make that request at the time they make their request for a hearing. Nothing in this Section or any other section of these bylaws shall permit or require a Member to be represented by legal counsel at any MEC or Governing Body meeting, hearing or investigation, other than the hearing provided for in this Article IX. In no event shall the Body Whose Decision Prompted the Hearing be represented by legal counsel if the Affected Practitioner is not so represented (unless the Affected Practitioner also is an attorney). Any party may obtain legal counsel at their expense for the purpose of preparing for the hearing. The Affected Practitioner shall be entitled to be accompanied by and represented at the hearing by a Practitioner licensed to practice in the State who is not also an attorney and who, preferably, is a Member in good standing of the Medical Staff. The Body Whose Decision Prompted the Hearing shall appoint a representative from the Medical Staff to present the evidence in support of the recommendation or actions. A representative may also be a witness.

IX.5-4. Record of the Hearing. The Hearing Panel proceedings shall be taken and transcribed by a court reporter and a copy of the transcript of each session shall be available for purchase by either party. The Affected Practitioner and the Facility shall each be responsible for one-half of the cost of the court reporter and one transcript for the MEC's records. Each party shall be responsible for payment of all costs and charges associated with any transcript that it requests.

IX.5-5. Oath of Witness. The Hearing Officer may, at its discretion, order all testimony at the hearing to be under oath administered by a person authorized to administer oaths.

IX.5-6.Burden of Proof. The Affected Practitioner shall have the burden of proving by a preponderance of the evidence that the action or recommendation of the Body Whose Decision Prompted the Hearing, which is the subject matter of the hearing, was arbitrary, capricious or unfounded or unsupported by credible evidence. It is the Affected Practitioner's burden to demonstrate that he satisfies, on a continuing basis, all criteria for initial appointment, reappointment and Clinical Privileges; and that they fully comply with all Medical Staff and Facility policies.

IX.5-7.Admissible Evidence and General Procedures. Except as otherwise provided in these bylaws, the following rules shall apply in the hearing.

a. Admissibility of Evidence. The general rule of evidence shall be that any relevant matter, whether written or oral, upon which responsible individuals would be expected to rely in the conduct of serious affairs, shall be admitted, regardless of its admissibility in a court of law. Settlement discussions between the parties shall not be admissible. The Hearing Panel shall have the discretion to recognize any matters, either technical or scientific, including statistical data, relating to the issues under consideration, which are common knowledge in the general medical community and/or any medical specialty.

b. Rights. Parties or their representatives shall have the right to:

(i) a reasonable opportunity to voir dire the Hearing Panel members and the Hearing Officer, and the right to challenge the impartiality of any Hearing Panel member or the Hearing Officer. Such challenges shall be ruled upon by the Hearing Officer;

(ii) be provided with all information made available to the Hearing Panel;

(iii) call and examine witnesses and cross examine on relevant evidence;

(iv) introduce relevant documentary evidence; and

(v) submit a written statement at the close of the presentation of evidence.

c. No Outside Contact with Hearing Panel Regarding Substantive Matters. Under no circumstance shall any Party have contact with the members of the Hearing Panel outside the hearing, except for scheduling and other non-substantive issues. If any Party breaches this section, the Hearing Officer may sanction them in any reasonable manner, including, without limitation, directing a verdict against such Party or making them pay all the costs and expenses of the other party. By requesting or participating in the hearing, each Party agrees to be bound by the Hearing Officer's decision under this section. The Hearing Officer, at the expense of the offending party, may obtain relief in a court of law to enforce their ruling hereunder, including injunctive relief without bond.

IX.5-8. Organization and Conduct of Hearing. Unless otherwise expressly provided in these bylaws, the hearing shall be conducted as follows:

a. Voir Dire. The parties shall have a reasonable opportunity to voir dire the Hearing Panel members and the Hearing Officer, and the right to challenge the appointment of any Hearing Panel member or the Hearing Officer. The Hearing Officer shall establish the procedure by which this right may be exercised, which may include requirements that voir dire questions be proposed in writing in advance of the hearing and that the questions be presented to the Hearing Officer. The Hearing Officer shall rule on any challenges in accordance with applicable legal principles defining standards of impartiality for Hearing Panels and Hearing Officers in proceedings of this type;

b. Opening Statement and Initial Presentation by Medical Staff Representative. The Medical Staff Representative shall present an opening statement summarizing the background of the matter, the notices given, any administrative decisions rendered to date, and, if they choose, the salient general conclusions the Representative expects to prove. The Medical Staff Representative shall then present the facts upon which they are relying, by calling the witnesses and presenting the written evidence to support the case. They may call any person or opposing party, who is present, in support of the case;

c. Opening Statement and Initial Presentation for Affected Practitioner. At the close of the Medical Staff Representative's case, unless the Hearing Panel believes that the action or recommendation being reviewed was clearly not supported by the Medical Staff Representative's presentation (in which case the hearing may terminate by such a ruling at this point), the Affected Practitioner or their representative shall make an opening statement and shall make a case presentation of evidence and testimony. They may call any person or opposing party, who is present, in support of the case;

d. Rebuttals. Upon the close of the initial presentations of the opposing parties, each party shall be entitled to present evidence to rebut the presentation of the other, subject to reasonable limitations by the Hearing Officer as to order, time, relevance, and repetition;

e. Closing Statements. Upon the close of the all presentations and evidentiary rebuttals, the parties shall be entitled, subject to reasonable limitations imposed by the Hearing Officer, to submit a written statement and give closing statements;

f. Adjournment. Upon the close of all the presentations, rebuttals and statements, the Hearing Officer shall declare the hearing fully adjourned, and all persons other than the Hearing Panel and Hearing Officer shall thereupon leave the hearing. The Hearing Panel shall

thereafter, at the convenience of its members but subject to the provisions of Section 6 below, deliberate in order to reach its decision;

g. Allowances for Scheduling. Liberality may be exercised in accommodating the schedules of witnesses, Hearing Panel members, parties, and representatives, in allowing modification of required notices, in allowing recesses or extensions of time upon a reasonable showing of need, and in allowing changes in the order of the proceedings or the presentation of evidence. The decision of the Hearing Officer after consultation with the Hearing Panel regarding such matters shall be final, subject to later reconsideration for good cause only;

h. Hearings Shall be Conducted in an Orderly Manner. No person shall disrupt any hearing. Any person in attendance (whether a Party or any other person) who disrupts a hearing after being warned by the Hearing Officer to cease such disruptions on penalty of indefinite exclusion, shall, at the direction of the Hearing Officer, leave the hearing. Unless directed otherwise for good cause by the Hearing Officer, the hearing shall proceed in the absence of such excluded person. If such excluded person is the Affected Practitioner or a witness, they shall have the right to submit to the Hearing Panel, no later than five (5) days after such exclusion (unless extended by the Hearing Officer for good cause) a written affidavit of their testimony or other evidence, with copies thereof to the other parties;

i. Persons Permitted to Attend Hearing. Except as otherwise provided in these bylaws and subject to reasonable restriction by the Hearing Officer, the following shall be permitted to attend the entire hearing in addition to the Hearing Panel, Hearing Officer, court reporter, and parties: the Administrator or his designee, one (1) person designated by the Administrator or his designee, the Medical Staff Representative, any representative of the Affected Practitioner selected pursuant to Article IX.5-3 (Legal Representation) and one (1) representative of the entity that owns the Facility; and

j. Hearing Officer's Authority. The Hearing Officer may put reasonable restrictions on the conduct of the hearing including time constraints on witnesses, statements and other matters.

IX.6. Decision and Report of Hearing Panel. The Hearing Panel shall render a decision, based on the evidence produced at the hearing, within thirty (30) days after final adjournment of the hearing, or such shorter time as required by State law. The Hearing Panel's decision shall be accompanied by a written report, which shall contain: (i) a concise statement of the reasons in support of the decision, with sufficient detail to determine the basis for the Hearing Panel's decision on each charge; (ii) a conclusion articulating the connection between the evidence produced at the hearing and the Hearing Panel's decision; and (iii) an explanation of the procedure for appealing the decision. If the Hearing Panel's decision: (i) adversely affects the Clinical Privileges of the Affected Practitioner for longer than thirty (30) days and (ii) is based on competence or professional conduct, then the Hearing Panel's report shall state that the

action, if finally adopted by the Governing Body, will be reported to the National Practitioner Data Bank and the state licensure board. The Hearing Panel's report shall include the text of the report as agreed upon by the Hearing Panel. The Hearing Panel's decision and report shall be delivered to the Administrator. The Administrator shall, within five (5) working days after receiving the decision and report, send a copy to the Parties and the Governing Body. The decision of the Hearing Panel shall be subject to such rights of appeal or review as described in these bylaws, but shall otherwise be affirmed by the Governing Body as the final decision if it is supported by substantial evidence, following a fair procedure. The Governing Body shall not take final action regarding the decision and report of the Hearing Panel until after the time for requesting appeal has expired or the adversely affected party waives the right to appeal, whichever occurs first.

IX.7. Appeal to Governing Body.

IX.7-1.Nature and Effect of Appellate Review. The appellate review shall be by the Governing Body or a committee thereof and all references to the "Governing Body" shall include such committee. No person or entity that participated in bringing the charges or in officially reviewing the matter previously shall participate in the appellate review process, even if such removal leaves the Governing Body with less than a quorum. Appellate review shall consist of a review of the prior proceedings and decision in the matter being reviewed, an appellate review meeting, deliberations, review of any further recommendations, and a final decision. The Governing Body shall affirm the decision of the Hearing Panel as its final decision if it is supported by substantial evidence.

IX.7-2.Grounds for Appeal. Either the Affected Practitioner or the Body Whose Decision Prompted the Hearing may request an appellate review by the Governing Body. The grounds for appeal are limited to: substantial and prejudicial failure of the Hearing Panel or the Body Whose Decision Prompted the Hearing to comply with these bylaws or to afford due process or a fair hearing; the action or recommendation that prompted the hearing, or any substantial part thereof, was arbitrary or capricious; the Hearing Panel's decision, or any substantial part thereof, was clearly contrary to the weight of the evidence; or that a Medical Staff bylaw, rule or regulation relied on by the Hearing Panel in reaching its decision lacked substantive rationality.

IX.7-3.Requesting Appeal. All requests for appellate review shall be in writing, shall set forth any and all ground(s) for appeal as stated in these bylaws and shall be submitted to the Administrator within thirty (30) days of the requesting party's receipt of written notice of the Hearing Panel's decision. If an appellate review is not requested in accordance with these bylaws, all parties shall be deemed to have waived all rights to appeal.

IX.7-4.Notice of Appellate Review Meeting. Upon receipt of a proper request for appellate review, the Administrator shall immediately deliver copies of the request to the Governing Body and the other party. The Governing Body shall have thirty (30) days after the Administrator's receipt to set a date for an appellate review meeting, which shall not be later than sixty (60) or sooner than ten (10) days from the date of the Administrator's receipt. The Governing Body shall give the parties at least ten (10) days' prior written notice of the time, place, and date of the appellate review meeting. In the event an Affected Practitioner who is under suspension properly requests an appellate review, the appellate

review meeting shall be held as soon as reasonably practicable, but no later than forty (40) days from the date of the Administrator's receipt of the request. The date for the appellate review meeting may be extended by the Chairman of the Governing Body for good cause.

IX.7-5. Appellate Review Proceedings. The appellate review proceedings shall be conducted as follows:

a. Scope of Appellate Review. The Governing Body shall limit its review to the record of the hearings before the Hearing Panel, the Hearing Panel decision and report, and any written briefs submitted by the parties. The Governing Body may, however, in its sole discretion, accept additional issues or oral or written evidence subject to the same rights of cross-examination and rebuttal provided for Hearing Panel hearings. Such acceptance of additional issues or evidence may be based on the Governing Body's own motion, or upon the request of a party if, not less than seven (7) days prior to the appellate review meeting date, the party desiring to present such additional issues or evidence makes written request to the Governing Body to do so, specifying the nature and relevance of the issues or evidence, and gives notice of such request to all other parties. The Governing Body shall give notice of its decision in such matters to all parties as soon as reasonably possible;

b. Governing Body May Appoint a Hearing Officer. The Governing Body may, in its sole discretion, appoint a Hearing Officer to conduct the appellate review meeting, rule on procedural matters, act as advisor to the Governing Body as to procedural matters, and without voting rights, participate in its deliberations and assist in the preparation of its decision;

c. Written Briefs. Each party shall have the right to submit, at least five (5) days prior to the hearing, a written brief in support of his position on appeal, provided that copies of such brief shall be given to all other parties at such time as may be directed by the Governing Body;

d. Oral Argument. The Governing Body, in its sole discretion, may allow each party or party's representative to appear personally and make oral argument at the appellate review hearing, provided that such party shall make written application therefore to the Governing Body not less than seven (7) days prior to the date of the appellate review meeting. The Governing Body shall give notice of its response to such applications to all parties as soon as reasonably possible. If personal appearance is allowed, the Affected Practitioner, if present, and all other parties and representatives present, shall answer any questions posed by any member of the Governing Body;

e. Adjournment. The Governing Body may, from time to time, adjourn and continue the appellate review meeting to another date or dates if it decides, in its sole discretion, that such action is necessary or desirable in order to conduct a fair and thorough appellate review in the matter. The Governing Body shall give notice to the parties of any such date and time announced by the Governing Body;

f. Governing Body Deliberations. At the conclusion of the appellate review meeting, including oral argument, if held, the Governing Body shall, at a time convenient to itself, conduct deliberations outside the presence of the parties and their representatives, in order to determine whether to affirm, modify, or reverse the decision of the Hearing Panel;

g. Order of Procedures. The Governing Body shall, in its sole discretion, decide the order of procedures to be followed in the appellate review, as well as answers to questions not otherwise addressed in these bylaws, to the end that the appellate review, including the appellate review meeting, shall be thorough, orderly, efficient, and fair; and

h. Appellate Review Proceedings Shall be Conducted in an Orderly Manner. No person shall disrupt any appellate review proceeding. Any person in attendance (whether a party or any other person) who disrupts an appellate review meeting after being warned by the Chairman of the Governing Body (or his designee or the Hearing Officer) to cease such disruption on penalty of indefinite exclusion, shall, at the direction of such Chairman (or his designee or the Hearing Officer), leave the meeting. Unless directed otherwise for good cause by the Chairman (or his designee or the Hearing Officer), the appellate review meeting shall proceed in the absence of such excluded person. Any party may enforce the provision of this Section by court order upon injunctive or other appropriate relief.

IX.7-6. Final Decision; Effective Date. The appellate review process shall conclude with the Governing Body's final decision in the matter which shall be made in accordance with the following rules:

a. Final Decision; Refer for Further Review. Within thirty (30) days after either the waiver of appellate rights or the conclusion of the appellate review meeting, the Governing Body shall render its final decision, unless it refers the matter to the Hearing Panel for further review and recommendation. The Governing Body shall affirm the Hearing Panel's decision as the final decision if it is supported by substantial evidence, following a fair procedure. The Governing Body shall exercise its

independent judgment in determining whether the hearing procedures in these bylaws were followed.

b. Further Review by Hearing Panel. If the Governing Body refers the matter to the Hearing Panel for further review and recommendation, such referral may include instructions such as that the Hearing Panel arrange for further hearings on specific issues. The Governing Body shall give notice of such referral to the parties. The Hearing Panel shall conduct such review in accordance with any instructions, and shall deliver its written recommendation to the Governing Body within forty-five (45) days after its receipt of the referral from the Governing Body. The Governing Body shall render its final decision within forty-five (45) days after its receipt of the recommendation from the Hearing Panel.

c. Effective Date of Final Decision. The Governing Body's final decision shall be in writing and shall include a statement of the Governing Body's basis for its decision. The decision shall be effective immediately and not subject to further hearing or appeal. As soon as the final decision is effective, a copy of it shall be delivered to each Party and the Administrator, either in person or by mail in accordance with Article IX.1-1(d).

d. National Practitioner Data Bank. If the final decision adversely affects the Clinical Privileges of the Affected Practitioner for a period longer than 30 days and is based on competence or professional conduct, the Facility shall report such adverse final decision to the National Practitioner Data Bank and state licensure board.

IX.8. Termination of Hearing and Appeal Rights. Notwithstanding any other provision of these bylaws, whenever the Affected Practitioner unconditionally: (a) resigns from the Medical Staff; (b) resigns and relinquishes the Clinical Privileges that are the subject matter of a hearing; (c) withdraws the application that is the subject matter of hearing; (d) amends an application or request with regard to the items that are the subject matter of the hearing; (e) enters into a voluntary settlement; or (f) consents in writing to the action or recommendation that prompted the hearing, and there are no other issues outstanding, all hearing and appellate review proceedings with respect to the Affected Practitioner, their application, as the case may be, shall terminate as of the first day after such resignation, withdrawal, amendment, or consent. Once so terminated, the proceedings shall not be reopened except when ordered by the Governing Body, after receiving a written request from, or giving notice to, the Affected Practitioner, and determining that good cause exists for such reopening. Any Affected Practitioner who resigns from the Medical Staff while under investigation or in exchange for the discontinuance of an investigation shall have their resignation reported to the National Practitioner Data Bank and state licensure board in accordance with the Health Care Quality Improvement Act of 1986 (HCQIA), if such investigation is based on incompetence or improper professional conduct.

IX.9. Exceptions to Hearing and Appeal Rights. In addition, to other exceptions set forth in these bylaws, the hearing and appeal rights under these bylaws are not applicable under the following circumstances:

IX.9-1. Closed Staff or Exclusive Contracts. The hearing and appeal rights under these bylaws do not apply to a Practitioner whose application for Medical Staff membership and/or specific Clinical Privileges was denied on the basis that the Clinical Privileges they seek are granted only pursuant to a closed staff or exclusive contract policy.

IX.9-2. Termination of Employed Practitioners. The Clinical Privileges and membership of any Practitioner employed by the Facility shall be subject to termination in accordance with the terms of the Practitioner's employment contract. Such Practitioner shall not be entitled to the hearing and appeal rights under these bylaws, except to the extent that the Practitioner's Medical Staff membership and/or Clinical Privileges which would otherwise exist independent of the employment contract are to be limited or terminated, or unless otherwise provided in the Practitioner's employment contract.

IX.9-3. Contracted Services. The effect of expiration or termination of a contract for clinical services upon a Practitioner's Medical Staff membership and/or Clinical Privileges will be governed solely by the terms of the Practitioner's contract. If, under the terms of the contract, the Practitioner's Staff membership and Clinical Privileges expire or are terminated upon the expiration or termination of the contract, then the hearing and appeal rights under these bylaws do not apply. If the contract is silent on the matter, then the expiration or termination of the contract will not affect the Practitioner's Medical Staff membership or Clinical Privileges, except that the Practitioner may not exercise any Clinical Privileges for which the Facility has an exclusive contractual arrangement with another Practitioner. The hearing and appeal rights under these bylaws shall apply if the Practitioner's Medical Staff membership and/or Clinical Privileges are independent of the Practitioner's contract are terminated, removed or suspended.

IX.9-4. Denials, Suspensions, Terminations or Restrictions. No hearing and appeal rights apply when a Member's Medical Staff membership or Clinical Privileges are denied, suspended, terminated, restricted or voluntarily resigned pursuant to Article III, Article VIII, Section 4-1 (Medical Records), Article VIII, Section 4-2 (Inquiries from Medical Staff Committees), Article VIII, Section 4-3 (Dues), Section 5-1 (Licensure), Article VIII, Section 5-2 (DEA or State Controlled Substances Registration), Article VIII, Section 5-3 (Loss of Professional Liability Insurance), Article VIII, Section 5-4 (Felony or Misdemeanor Indictment or Conviction) or Article VIII, Section 5-5 (Federal HealthCare Programs) or are summarily suspended or restricted or administratively suspended for fourteen (14) days or less.

IX.9-5. Alternatives to Corrective Action. In no event shall the Practitioner be entitled to the rights under Article IX (Hearing and Appeal) when the only action of the MEC was to issue a letter of guidance, admonition, reprimand or warning or subject the Practitioner to routine monitoring or have the Practitioner participate in a program concerning physical or mental health.

IX.9-6. Allied Professionals. Except as expressly required by State law, Allied Professionals are not entitled to the Medical Staff hearing and appeal rights under these bylaws but are afforded a similar grievance process as detailed in Article VI, Section 8.

ARTICLE X

MEDICAL STAFF OFFICERS

X.1. Officers. The officers of the Medical Staff shall be:

- a. President;
- b. Vice President; and
- c. Second Vice President, who shall be the immediate past president, or such other past officer or other Member as the MEC may determine.

X.2. Qualifications. Officers must be Members of the Medical Staff at the time of their nomination and election and must remain in good professional and ethical standing during their term of office. All officers must have: (a) indicated a willingness to accept the responsibilities of the office; (b) demonstrated competence in their fields of practice; (c) the ability to direct the medico-administrative aspects of Medical Staff Members and Facility staff. A Member may hold one or more offices at the same time, provided that, they shall only have one vote for all purposes.

X.3. Nomination of Officers. Nominations may be made by the following three methods:

a. By the MEC. The MEC shall convene at least thirty (30) days prior to the meeting designated for elections to nominate one or more qualified candidates for each of the offices of President and Vice President. The MEC shall submit the names of the candidates to the current President at least twenty (20) days prior to the meeting.

b. By Petition. Members may nominate qualified candidates by petition. Nominating by petition requires the signature of at least thirty percent (30%) of the Members and petitions must be submitted to the MEC at least ten (10) days prior to the meeting designated for elections. The Medical Staff shall be notified of these additional nominees at the meeting designated for election of officers; and

c. From the Floor at the Time of the Meeting. Members may nominate qualified candidates from the floor during the meeting designated for the election of officers; however, written consent to serve must be obtained from the proposed candidate prior to his nomination from the floor.

X.4. Election of Officers. The Medical Staff officers shall be elected by the Members at the final meeting of the Medical Staff Year or at such other meeting as the MEC shall reasonably determine. Voting shall be by: (a) oral vote or showing of hands, unless written ballot is requested by either: (i) two or more eligible voters or (ii) the MEC; and (b) written proxy ballot as provided for in these bylaws (XII.1-3, Meetings by Proxy/Proxy Ballots). A candidate must be elected by majority vote. When three (3) or more candidates are running and a majority is not obtained, the candidate with the least votes will be eliminated each time until one candidate receives a majority vote.

X.5. Term of Office. Each officer shall serve a three-year term or such lesser term as determined by the MEC. The term shall begin with the first day of the Medical Staff Year following the election. Each officer shall serve until the end of his term or until a successor is elected, unless he resigns or is removed. The MEC shall have the authority to establish the number of consecutive terms a Member may serve.

X.6. Responsibilities, Duties and Authority of Officers.

X.6-1. President. The responsibilities, duties, and authority of the President are as follows:

- a. call, preside at, and determine the agenda of all general and special meetings of the Medical Staff;
- b. serve as chairman of the MEC, with tie-breaking vote prerogative only, and as Ex-Officio member of all other Medical Staff committees without vote;
- c. enforce Medical Staff bylaws, rules and regulations and appropriate Facility rules and policies; implement sanctions when they are indicated; and enforce the Medical Staff's compliance with procedural safeguards in all instances in which corrective action has been requested or initiated against a Practitioner;
- d. appoint the chairmen and all Medical Staff Members of Medical Staff standing and ad hoc committees, except the MEC; appoint the Medical Staff Members of Facility and Governing Body committees when these are not designated by position or by specific direction of the Governing Body;
- e. present the views, policies, concerns, needs, and grievances of the Medical Staff to the Governing Body through the Medical Director and/or Medical Staff Representative and to the Facility's administration;
- f. advise the Governing Body on the effectiveness of the quality management program and the overall quality of patient care in the Facility;
- g. advise the Governing Body, Facility administration and MEC on matters that impact patient care and clinical services, including the need for new or modified programs and services, recruitment and training of professional and support staff personnel, and staffing patterns;
- h. serve as spokesman for the Medical Staff in its external professional and public relations as requested; and
- i. sign checks for all Medical Staff checking accounts when expenditures have been approved by the MEC and maintain records of any Medical Staff dues, collections, accounts and expenditures.

X.6-2. Vice President. The responsibilities, duties, and authority of the Vice President are as follows:

- a. assume the responsibilities, duties, and authority of the President during the latter's absence whether the absence is temporary or permanent, including signing checks for Medical Staff accounts; and
- b. serve as an Ex-Officio voting member of the MEC.

X.6-3. Second Vice President. The responsibilities, duties, and authority of the Second Vice President are as follows:

- a. serve as an Ex-Officio voting member of the MEC;
- b. advise the President and MEC on matters concerning the Medical Staff;
- c. perform other functions at the request of the President; and
- d. assume the responsibilities, duties, and authority of the President when both the President and the Vice President are temporarily absent.

X.7. Removal of Officers/Vacancies.

X.7-1. Removal. Removal of a Medical Staff officer for cause may be initiated by a two-thirds (2/3) majority vote of the Medical Staff. Voting shall be by: (a) oral vote or showing of hands, unless written ballot is requested by either: (i) two or more eligible voters or (ii) the MEC; and (b) written proxy ballot as provided for in these bylaws (XII.1-3 Meeting by Proxy/Proxy Ballots). Removal initiated by the Medical Staff shall require approval by the MEC and Governing Body. The Governing Body also may remove any officer for cause as described in Section 7-2, below.

X.7-2. Grounds for Removal. Each of the following conditions by itself shall constitute cause for removal of a Medical Staff officer from their office:

- a. revocation, suspension, restriction (including terms of probation), or non-renewal of the Medical Staff officer's professional license by the authorizing State agency;
- b. suspension from the Medical Staff;
- c. failure to perform the required duties of the office;
- d. failure to adhere to professional ethics;
- e. failure to comply with or support enforcement of the Facility and Medical Staff bylaws, rules and regulations, and policies;
- f. failure to maintain adequate professional liability insurance;

- g. failure to maintain Staff membership; and
- h. any other reason deemed reasonable by the MEC or the Governing Body.

X.7-3. Vacancies in Office. The MEC shall appoint Members to fill any vacancies, except for the office of President. If there is a vacancy in the office of President, the Vice President shall serve out the remaining term, and a new Vice President shall be appointed by the MEC. If the MEC is unable to fill any vacancy within a reasonable time, then the Governing Body shall appoint a Member to fill the vacancy until such time that the Medical Staff can vote.

ARTICLE XI MEDICAL STAFF

COMMITTEES

XI.1. Medical Executive Committee.

XI.1-1. Composition. The MEC shall be a standing committee of the Medical Staff and composed of at least the officers of the Medical Staff and the Medical Director. The MEC may have one or more additional members who are Practitioners; such additional members shall be elected by Medical Staff as provided for herein. The officers of the Medical Staff, Medical Director and all other Practitioner members of the MEC shall be Medical Staff Members and remain in good professional and ethical standing during their term of service. Each MEC member shall only have one (1) vote, and the MEC chairman shall only vote to resolve a tie vote. The Administrator, Nurse Executive and Director of Quality Management services may serve on the MEC as Ex-Officio members, without voting rights.

XI.1-2. Responsibilities and Duties. The MEC shall be responsible for the general supervision of the Medical Staff and for the following responsibilities and duties:

- a. performing the functions identified in these bylaws.
- b. representing and acting on behalf of the Medical Staff between meetings, subject to such limitations as may be imposed by these bylaws.
- c. reviewing, investigating, and making recommendations to the Governing Body on all matters relating to credentialing, appointments, reappointments, Clinical Privileges and corrective actions. When Allied Health Professionals provide, or are recommended to provide, services in the Facility, the MEC shall make recommendations to the Governing Body on their qualifications to provide those services and on the degree of supervision required.
- d. receiving, investigating and acting upon reports and recommendations from all committees concerning quality management

activities and the discharge of their delegated administrative responsibilities.

e. causing, through evaluation by committee, each Medical Staff peer evaluation and quality assessment and improvement activity to be performed effectively, responding to trends and monitoring effectiveness of actions taken in risk management, pharmacy and therapeutics, infection control, invasive and operative procedures, medical records, safety and preparedness plans and operational processes.

f. coordinating the activities of the Medical Staff and committees;

g. fulfilling the Medical Staff's accountability to the Governing Body for the medical care rendered to patients in the Facility;

h. initiating, investigating and pursuing alternatives to corrective action (including referral to practitioner health programs when necessary) and corrective action when warranted, in accordance with these bylaws;

i. taking all reasonable steps to help assure professional ethical conduct, competence, and clinical performance on the part of all Medical Staff Members, and initiating such prescribed disciplinary measures as are indicated;

j. making recommendations to the Governing Body through the Medical Director and/or Medical Staff Representative, regarding medico-administrative and Facility management matters, particularly as they relate to patient care;

k. submitting recommendations to the Governing Body for changes in the Medical Staff bylaws, Medical Staff rules and regulations, Medical Staff policies, patient care manuals and other organization documents pertaining to the Medical Staff, clinical procedures and treatments provided at the Facility;

l. appointing a medical staff representative to the Governing Body if the Medical Staff desires to have a representative and has not been able to vote on the matter;

m. providing and promoting effective liaison among the Medical Staff, Facility administration and Governing Body;

n. participating in identifying community health needs, setting Facility goals and implementing programs to meet those needs;

o. promoting in-house Medical Staff continuing education activities that are relevant to the care and services provided in the Facility

and, in particular, to the findings of Medical Staff peer evaluation and quality assessment and improvement activities;

p. monitoring compliance with licensure, certification and accreditation standards; and

q. performing such other functions as the Governing Body may reasonably request.

XI.1-3. MEC Conflict of Interest. If the Practitioner MEC members have a conflict of interest such that they cannot act, or otherwise cannot perform their duties in a timely manner pursuant to Article VIII (Corrective Action) or any other provision of these bylaws, then the matter shall be sent to the Governing Body for action in accordance with the Governing Body Bylaws and these bylaws.

XI.2. Other Committees. Other medical staff committees shall be identified and structured as the MEC, Governing Body or these bylaws designate. The Medical Director and Administrator, or their designees, shall serve as Ex-Officio members, without vote, on all Medical Staff committees to which they are not expressly appointed. The President, or his designee, shall appoint, with the approval of the Administrator, Medical Staff Members and Allied Health Professionals to Interdisciplinary Facility committees.

XI.3. Miscellaneous.

XI.3-1. MEC or Committee Authority to Act. Whenever these bylaws require that a function be performed by:

a. a Medical Staff committee, but no committee has been specified, the MEC shall either perform the function or designate a committee to perform it; or

b. the MEC, but a committee has been formed to perform the function, the committee shall act in accordance with the authority delegated to it.

XI.3-2. Participation on the Governing Body. The Medical Staff has representation on the Governing Body by the Medical Director, who serves on the Governing Body by virtue of their position. However, the Medical Staff shall have the right to elect one or more members of the Medical Staff to serve as members of the Governing Body, in accordance with the Facility's partnership agreement. The Medical Staff may elect the Medical Director to serve as its representative or another Medical Staff member in addition to the Medical Director. If there is a vacancy in the Medical Staff Representative position and the Medical Staff desires to have a representative in addition to the Medical Director, then the MEC shall appoint the Medical Staff Representative until such time as the Medical Staff can vote on a representative. The Medical Staff Representative shall, together with the Medical Director, represent the views and concerns of the Medical Staff. Removal of the Medical Staff Representative shall be by vote of the Medical Staff in accordance with voting requirements as provided herein.

ARTICLE XII

MEDICAL STAFF AND COMMITTEE MEETINGS

XII.1. Medical Staff Meetings. Medical Staff Meetings may be in-person or held by proxy as provided for in these bylaws.

XII.1-1. Regular Meetings. The Medical Staff may hold meetings during the Medical Staff Year as needed or called. The order of business and agenda of such meetings shall be determined in advance of the meeting and include cumulative reports by Medical Staff officers and committees. Elections for Medical Staff officers and MEC members may be held at the meeting designated for the election of officers. The Medical Staff may also elect one of its Members who is in good standing to the Governing Body to represent its views and concerns. The Medical Staff may elect the Medical Director, who is already a member of the Governing Body, as its representative, or it may elect another Member in good standing.

XII.1-2. Special Meetings. Special meetings of the Medical Staff: (a) may be called at any time by the President; and (b) shall be called at the written request of the Administrator, Governing Body, MEC or at least one-fourth (1/4) of the Medical Staff Members. The President shall call a special meeting within fifteen (15) days of his receipt of written request for a special meeting.

a. Notice. Written notices stating the day, hour, place and reason of any special Medical Staff meetings shall be delivered, either personally or by mail, to each Member not less than three (3) nor more than thirty (30) days before the date of such special meetings. If mailed, the notice of the special meeting shall be deemed delivered when deposited, postage prepaid, in the United States mail, addressed to each Member at his address as it appears in the records of the Facility. The attendance of a Member at a special meeting shall constitute a waiver of notice of such meeting.

b. Limited to Business. No business shall be transacted at any special Medical Staff meeting except that which is stated in the written notice calling the meeting.

XII.1-3. Meetings by Proxy/Proxy Ballots. In lieu of a regular or special meeting, the MEC may permit meetings to be conducted by written proxy. Only proxy meetings authorized by the MEC shall be permitted and no other proxy meetings shall be allowed. In the case of a regular meeting conducted by proxy, the MEC shall distribute a written summary of reports by Medical Staff officers, committees, a list of candidates for Medical Staff officers and a written summary of changes to these bylaws or the Medical Staff rules and regulations, if any. If any other items are to be voted on, a written summary of such items shall be included in the notice. In the case of a special meeting, the MEC shall distribute a written summary of the items to be voted on. In all cases of proxy meetings, a written proxy ballot shall be included for each Member to vote and return signed and dated. The MEC may give its recommendation on each item to be voted on, including election of officers, and in such case, the failure of a Member to timely return a signed proxy shall be

considered a vote on the item as recommended by the MEC. Proxies not received by the MEC by the date specified in the notice and proxies received without the signature of the Member shall not be effective and shall be considered as if such Member did not return his proxy. If any peer review or confidential material is to be voted on by proxy, then the notice of such vote shall state only that a peer review or confidential item is being considered and the specifics may be reviewed in person, and by no other method, in the Medical Staff office at the Facility. The MEC may establish any other reasonable requirements or conditions not inconsistent with these bylaws in connection with any particular proxy vote as it deems necessary and appropriate. In addition, the MEC may authorize written proxy ballots be allowed at designated meetings for the express purposes of electing medical staff officers, members of the MEC, Governing Body medical staff representative and amending these bylaws, rules and regulations, in addition to any voice votes, hand votes or written ballots cast at that meeting. Such written proxy ballots must follow the requirements for proxy ballots in this Section.

XII.2. MEC and Other Committee Meetings.

XII.2-1. MEC Meetings. The MEC shall meet at least quarterly. Each quarter, the MEC is responsible for reviewing and reporting to the Governing Body on the following topics: (a) environment of care; (b) infection control; (c) medical record review data; (d) medical staff reports and recommendations; (e) patient complaints and grievances; (f) patient safety; (g) patient satisfaction; (h) performance improvement; (i) program evaluation/outcomes; (j) quality of care; (k) reports from any reviews, surveys or accreditations; and (l) risk management. The MEC is also responsible for reviewing and reporting on the annual evaluations of the environment of care management plan and evaluation of infection control during the first or second quarter of the calendar year and reviewing and approving these bylaws and the Medical Staff Rules and Regulations during the fourth quarter of the calendar year or the first quarter of the next calendar year. In addition, the MEC shall on an annual basis review the following: (a) approved abbreviation list or source; (b) approved procedure list; (c) clinical policies; (d) clinical protocols; (e) delineation of privileges; (f) discharge criteria; (g) ethics committee activities; (h) Failure Mode Effect Analysis (FMEA); (i) infection control plan; (j) medication safety practices, including formulary, look alike/sound alike and risk management/medication policy; (k) new services; (l) patient safety plan; (m) policies requiring medical staff input; (n) preprinted orders; (o) prohibited abbreviations, acronyms, symbols and dose designations; and (p) utilization review plan. Unless specifically permitted by these bylaws, no person or Member in attendance at a MEC meeting shall have the right to be represented by legal or other counsel.

XII.2-2. Notice of Regular Committee Meetings. The MEC and all other Medical Staff committees may establish the time and place for holding regular meetings by resolution and no other notice shall be required. For any committee that does not have a regular meeting time and place established by resolution, each committee member shall be given written or oral notice stating the day, hour and place of the meeting not less than five (5) days before the time of such meeting. If mailed, the notice of the committee meeting shall be deemed delivered when deposited, postage prepaid, in the United States mail addressed to the member at his address as it appears on the records of the Facility. The frequency of such meetings shall be as required by these bylaws.

XII.2-3. Notice of Special Meetings. A special meeting of any committee may be called at the request of the chairman, President, Administrator or one-third (1/3) of the committee's current members. Written or oral notice stating the day, hour, place and reason of the special committee meeting shall be given to each committee member not less than five (5) days before the time of the special meeting. If mailed, the notice of the special meeting shall be deemed delivered when deposited, postage prepaid, in the United States mail, addressed to the committee member at his address as it appears on the records of the Facility. No business shall be transacted at any special meeting except that which is stated in the written meeting notice or by the oral notice. Notwithstanding the foregoing, the MEC has the authority to meet as authorized by these bylaws in situations regarding summary suspensions or other corrective actions.

XII.2-4. Waiver of Notice. The attendance of a member at a meeting shall constitute a waiver of notice of such meeting.

XII.3. Attendance Requirements.

XII.3-1. MEC and Other Committee Meetings. A Member is expected to attend at least fifty percent (50%) of all meetings of any committee which he is a member of, including the MEC.

XII.3-2. Mandatory Attendance Must Be Specifically Required.

a. Notice. A Practitioner whose membership and/or patient's clinical course of treatment is scheduled for discussion at a MEC or other committee meeting may be so notified in writing by the chairman of the meeting. Any notification shall indicate: (i) the time and place of the meeting; (ii) a statement of the issue(s) involved; and (iii) whether the Practitioner's appearance is mandatory. The Practitioner may make a timely request for postponement supported by an adequate excuse as to why his absence will be unavoidable, and the chairman of the meeting may postpone the meeting, but not later than the next regular MEC or committee meeting, as applicable.

b. Failure to Appear. If the Practitioner was given notice that his attendance was mandatory and he fails to appear, the information available shall be presented and discussed as scheduled, and his failure to appear shall be a basis for corrective action, unless excused by the MEC upon a showing of good cause.

XII.4. Quorum. The presence of those eligible voting members present at any regular or special Medical Staff, MEC or other Medical Staff committee meeting shall constitute a quorum, but at least three voting members must be present for a quorum.

XII.5. Manner of Action. Except as otherwise specified in these bylaws, the Medical Staff, MEC or other committee may take action at any meeting at which a quorum is present and by the action of a majority of the Members present and entitled to vote. Action may be taken without a meeting of a committee by a writing setting forth the action taken, and which is signed by a majority of the Members entitled to vote.

XII.6. Meeting Minutes. Minutes of all meetings (Medical Staff, MEC and other committees) shall be prepared by the Facility staff appointee or other designated person and shall include a record of attendance and vote taken on each matter. The minutes shall record a brief discussion of all problems discussed and indicate any conclusions reached, actions taken, and recommendations made to the Governing Body. Minutes of committees other than the MEC shall be signed by the presiding officer, approved by the attendees at the next regular meeting, and forwarded to the MEC. A permanent file of the minutes of each meeting, including any actions taken without an actual meeting, shall be maintained. Minutes shall be confidential, as provided for in Article XIII (Confidentiality/Immunity from Liability) below.

XII.7. Facility Staff Appointee. The MEC may appoint a Facility staff member to give proper notice of all Medical Staff and MEC meetings, maintain minutes of all Medical Staff and MEC meetings and handle and prepare Medical Staff and MEC correspondence.

XII.8. Nonvoting Ex-Officio Members. Individuals serving under these bylaws as nonvoting Ex-Officio members of a committee shall, unless otherwise specified, have all other rights and privileges of regular members.

XII.9. Conduct of Meetings. All meetings shall follow an acceptable form of parliamentary procedure, such as Robert's Rules of Order, in its conduct of business.

XII.10. Discussion or Voting on a Committee Member or Other Member. If the MEC or any other committee discusses or votes on a person who is a member of that committee, or is otherwise in attendance, then that person shall leave the room during such discussion or vote.

ARTICLE XIII

CONFIDENTIALITY/IMMUNITY FROM LIABILITY

XIII.1. Confidentiality.

XIII.1-1. Minutes. Minutes of proceedings of all Medical Staff committees having the responsibility of evaluation and improvement of quality of care rendered in the Facility, including information regarding any Member or applicant to the Medical Staff or for Clinical Privileges, shall be confidential, subject to release only in accordance with policies of the Medical Staff and applicable law, and shall be privileged to the fullest extent permitted by law.

XIII.1-2. Agreement to Maintain Confidentiality. Each Member agrees to maintain as confidential all information and documents related to patients' condition or treatment, peer review, performance improvement and evaluation, risk management, utilization review and other information related to the evaluation of the provision of health care, or actions or conduct of health care providers. Such information is subject to release only in accordance with state and federal law and shall be privileged to the fullest extent permitted by law.

XIII.1-3. Breach of Confidentiality. Effective peer review, credentialing and quality management activities must be based on free and candid discussions. Any breach of confidentiality of the discussions, deliberation or records of any Medical Staff meeting

is outside appropriate standards of conduct for this Medical Staff and will be deemed disruptive to the operation of the Facility and as having an adverse impact on the quality of patient care. Failure to maintain the confidentiality of confidential information may be grounds for immediate suspension and/or termination of Medical Staff membership and Clinical Privileges.

XIII.2. Privileged Information.

XIII.2-1. Acts and Communications Privileged. Any act, communication, report, recommendation, or disclosure with respect to any applicant or Member of the Medical Staff, committee member, or Clinical Privileges performed or made for the purpose of assessing patient care or achieving and maintaining quality patient care, in this or any other health care facility, shall be privileged to the fullest extent permitted by law.

XIII.2-2. Persons Covered. Such privileges shall extend to the Facility and its affiliates, and to all individuals participating in the process of assessing patient care or achieving and maintaining quality patient care including, but not limited to, Members of the Medical Staff, Allied Health Professionals, Governing Body members, the Medical Director, the Administrator and his representatives and all third parties who supply information to any of the individuals authorized to receive, release or act upon such information. For the purpose of this Article, the term "third parties" means both individuals and organizations from which information has been requested and/or received by an authorized representative of a health care facility, its Governing Body, the Medical Staff, or any committee or component thereof.

XIII.3. Immunity. Immunity from civil liability shall be to the fullest extent permitted by law. Immunity shall apply to the acts, communications, reports, recommendations and disclosures made in connection with the Facility's or any other health care institution's activities that may relate to a practitioner's professional qualifications, clinical competency, character, mental or emotional stability, criminal activity, disruptive behavior, physical condition, ethics, or any other matter that might directly or indirectly have an effect on patient care, which shall include, but not be limited to:

- a. applications for appointment or clinical privileges;
- b. periodic appraisals for reappointment or clinical privileges.
- c. any and all investigations and corrective actions, including summary suspensions;
- d. hearings and appellate reviews;
- e. quality assurance activities and medical care evaluations;
- f. all peer review materials;
- g. utilization reviews; and

h. other Facility or committee activities related to
quality
patient care and intraprofessional conduct.

XIII.4.Releases. All applicants and Members shall execute releases of liability and of confidential information upon request of the Facility, in accordance with this Article.

XIII.5.Survival. The confidentiality, immunities, privileges, releases and other items in this Article XIII shall be express conditions to any Practitioner's application for membership and/or exercise of Clinical Privileges at the Facility and shall survive the termination or expiration of a Practitioner's Medical Staff membership and/or Clinical Privileges.

ARTICLE XIV

ADOPTION, AMENDMENT AND ENFORCEMENT OF THE BYLAWS

XIV.1.Responsibility. The MEC shall have the initial responsibility to formulate, adopt and recommend to the Governing Body Medical Staff bylaws and any amendments, which shall be effective when approved by the Governing Body. Such responsibility shall be exercised in good faith and in a reasonable, timely and responsible manner, reflecting the interests of providing patient care of the generally recognized professional level of quality and efficiency and of maintaining a harmony of purpose and effort with the Governing Body and the community.

XIV.2.Methodology. Medical Staff bylaws shall be adopted, amended, or repealed by the following combined action:

- a. a majority affirmative vote of the MEC; or
- b. a two-thirds the affirmative vote of the Medical Staff Members eligible to vote on this matter by written ballot or by action at a meeting at which a quorum is present; and
- c. the approval of the Governing Body, which shall not be unreasonably withheld.

XIV.3. Enforcement. The MEC and Governing Body shall have all necessary power and authority required to enforce these bylaws, including, without limitation, self-help and obtaining injunctive relief from the appropriate courts. Nothing in these bylaws shall grant any right or license for any person to remain on Facility premises after being asked to leave by the Administrator or other appropriate Facility representative.

ARTICLE XV

RULES AND REGULATIONS

XV.1. Medical Staff Rules and Regulations. The Medical Staff (through its MEC) shall adopt such rules and regulations as may be necessary to implement more specifically the general principles found within these bylaws. The rules and regulations shall relate to the proper conduct of Medical Staff organizational activities and will embody the specific standards and level of practice that are required of each Medical Staff Member and other designated individuals who exercise Clinical Privileges or provide

designated patient care services in the Facility. Such rules and regulations may be amended or repealed at any meeting of the MEC at which a quorum is present, and without previous notice. All such changes in the rules and regulations shall not become effective until approved by the Governing Body.

XV.2. Relationship to Bylaws. Medical Staff rules and regulations shall be consistent with these bylaws and with established Facility policies. In the event there is a discrepancy between the bylaws and any rules and regulations, the bylaws shall supersede the rules and regulations.

ARTICLE XVI

MISCELLANEOUS

XVI.1. Use of Pronouns. The use of the masculine pronouns “he,” “his” and “him,” throughout these bylaws is applicable to either male or female.

XVI.2. Construction of Terms and Headings. The captions or headings in these bylaws are for convenience only and are not intended to limit or define the scope of or affect any of the substantive provisions of these bylaws.

ARTICLE XVII

GLOSSARY OF TERMS

Allied Health Professionals. The terms “Allied Health Professionals” or “Allied Professionals” include Independent Allied Professionals, Dependent Allied Professionals and Ancillary Health Care Providers.

Ancillary Health Care Provider. Any person assisting a Medical Staff Member in the Facility who is not required to be licensed or credentialed by the state and is not a Facility employee. Such a person shall be allowed to work in the Facility under direct supervision of a Medical Staff Member at the discretion of the MEC and Governing Body, provided that the Member shall be responsible for all actions of such person, including without limitation, all malpractice and other wrongful acts of such person.

Administrator. The Administrator of the Facility or other individual approved by the owner and Governing Body of the Facility to act in its behalf in the overall management of the Facility, including any individual serving on a temporary basis.

Clinical Privileges/Privileges. Specified diagnostic, surgical and other services that may be exercised by authorized individuals on approval of the Governing Body, based on the individual's professional license, documented current competence, education, training, health status with respect to the Clinical Privileges requested, experience, and clinical judgment. Only Practitioners shall be granted Clinical Privileges. Allied Professionals shall not be granted or entitled to Clinical Privileges.

Completed Application. An application either for initial appointment or reappointment to the Medical Staff or for Clinical Privileges that has all necessary documentation pursuant to these Bylaws so as to allow the MEC to make a recommendation or the Governing Body to take final action thereon.

Days. Calendar days, unless otherwise noted.

Dentist. An individual who has received a doctor of dental surgery or a doctor of dental medicine degree and has a current, unrestricted license to practice dentistry in this State.

Dependent Allied Professional. Health care providers who hold a license, certificate or such other legal credentials as are required by the State which authorizes the individual to provide healthcare services. Dependent Allied Professionals may be granted permission to participate in the provision of certain patient care services under the supervision of a Member of the Medical Staff.

Disruptive. Any behavior that is considered lower than the standards of the Facility or disturbs the orderly operation of the Facility or its Medical Staff, including the inability of a Member to work harmoniously with others. Examples of disruptive behavior include, but are not limited to, threatening or abusive language directed at Facility personnel, patients, visitors, physicians or other members of the medical staff; degrading or demeaning comments regarding Facility personnel, patients, visitors, physicians or other members of the medical staff; inappropriate comments made in patient medical records or other official documents; impugning the quality of care in the Facility outside of the usual quality standards process or attacking particular physicians, nurses, allied health professionals or facility policies; profanity or similarly offensive language while in the Facility and/or while speaking with Facility personnel, patients or physicians; inappropriate contact with another individual that is offensive, threatening, demeaning or intimidating; retaliatory behavior, including, but not limited to, retaliation against any individual who reported the disruptive behavior; or refusal to abide by Medical Staff requirements as delineated in the Medical Staff Bylaws, rules and regulations or Facility policies.

Ex-Officio. Service as a member of a body by virtue of an office or position held, and unless otherwise expressly provided, means without voting rights.

Facility. The surgical facility named in Article I of these bylaws.

Hearing Panel. The committee appointed pursuant to these bylaws for the purpose of evaluating the evidence and making findings in a Medical Staff hearing.

Governing Body. The Governing Body is an entity mandated by the Medicare Conditions of Participation, comprised of members of the Facility's owners, administration, Medical Staff, clinical leadership and others as may be required by State law, and which, among other responsibilities, has authority over the Facility's clinical activities, including establishment of the Medical Staff, approvals of appointments and reappointments and approval of the Medical Staff Bylaws, rules and regulations.

Independent Allied Professional. Independent Allied Professionals are non-Practitioner health care providers who are permitted by law, the MEC and the Governing Body to practice without a supervising Practitioner but are under the general supervision of the MEC and the Medical Director. Such individuals must hold a license and other legal credentials as required by this State that authorize the Independent Allied Professional to provide independent healthcare services. Independent Allied Professionals are granted Practice Prerogatives by the MEC specific to their scope of service under applicable law. Facility policy does not allow Independent Allied Professionals to practice independently as Practitioners can.

Ineligible Person. An Ineligible Person shall include an individual or entity who: (i) is currently excluded, debarred, suspended, or otherwise ineligible to participate in federal health care programs or in federal procurement or nonprocurement programs; or (ii) has been convicted of a criminal offense that falls within the ambit of 42 U.S.C. Section 1320a-7(a) (improperly filed claims), but has not yet been excluded, debarred, suspended, or otherwise declared ineligible.

Medical Director. The person designated as the Medical Director by the Facility, or in his absence, the President of the Medical Staff.

Medical Executive Committee ("MEC"). The Medical Executive Committee of the Medical Staff.

Medical Staff. The formal organization of all Physicians (M.D. or D.O.) and all Dentists and Podiatrists who hold an unrestricted license in this State and who are privileged to provide patient care services in the Facility within the scope of their licensure and approved Clinical Privileges.

Medical Staff Year. The period from January 1 to December 31.

Medico-Administrative Practitioner. A Practitioner, such as a medical director, who is under contract, employed by, or otherwise engaged by the Facility on a full or part-time basis, compensated or uncompensated, whose responsibilities may be both administrative and clinical in nature. Clinical duties may relate to direct medical care of patients and/or supervision of the professional activities of individuals under such Practitioner's direction.

Member. A Practitioner who has been granted and maintains Medical Staff membership pursuant to these bylaws.

Moral Turpitude. Moral turpitude is defined by the law of the jurisdiction where the crime was committed and is not a subjective decision on the part of the MEC or Governing Body. In general, though, it means any act or behavior that gravely violates moral sentiment or accepted moral standards of community. Moral turpitude may include crimes involving fraud, such as writing bad checks or tax evasion.

Physician. An individual who has received a doctor of medicine or doctor of osteopathy degree and holds a current, unrestricted license to practice medicine in this State. The term, "Physician," may include other health care providers, if allowed by State law.

Podiatrist. An individual who has received a doctor of podiatric medicine degree and holds a current, unrestricted license to practice podiatry in this State.

Practitioner. A Physician, Podiatrist or Dentist with a current, unrestricted license issued by the State who is authorized by law and the organization to provide healthcare services independently.

Practice Prerogatives. Specified diagnostic, therapeutic and other services that may be exercised by Allied Health Professionals under proper supervision as approved by the MEC and the Governing Body. Such approval shall be based on the individual's professional license as required, documented current competence, education, training, health status, experience, supervisor and judgment.

President. A Member of the Medical Staff who is elected in accordance with these bylaws to serve as chief officer of the Medical Staff of this Facility.

Sexual Harassment. Sexual harassment is unwelcome verbal or physical conduct of a sexual nature which may include verbal harassment (such as epithets, derogatory comments or slurs), physical harassment (such as unwelcome touching, assault or interference with movement or work), and visual harassment (such as the display of derogatory cartoons, drawings or posters). Sexual harassment includes unwelcome advances, requests for sexual favors, and any other verbal, visual, or physical conduct of a sexual nature when: (1) this conduct substantially interferes with the individual's employment or creates an intimidating, hostile, or offensive work environment or (2) submission to or rejection of this conduct is used as a factor

in decisions affecting aspects of that individual's employment. State. The state where the Facility is located.

Statement of Charges. A statement made by the MEC as a part of, or together with, a notice of a corrective action hearing, in which the MEC states the acts or omissions with which an Affected Practitioner is charged, including, if applicable, a list of chart numbers under question, if any, and the reasons for the action or recommendation.

Approved by the Medical Director

By Harold McKenna

Date 10/22/24

Approved by the President

By [Signature]

Date 10-22-24

Approved by the Administrator

By [Signature]

Date 10/22/24