Dear Colleagues:

It is my privilege to write to you in support of our Code of Ethics.

We are committed to delivering the highest quality care and services in full compliance with the law and with our internal policies and procedures. To that end, we encourage all Atlantic Health System (AHS) team members and vendors to live by our Code in every interaction with patients and families, colleagues and members of our broad community.

Our Code, initially adopted by our Board of Trustees in 1998, sets out basic principles to guide our behavior. While it does not address every issue that may arise in a care setting or in your workplace, it is intended to help us maintain the highest standards of ethical conduct at all times.

By delivering safe, high quality and compassionate care over many decades, Atlantic Health System has established an exceedingly positive reputation. Each day, your behaviors, actions and decisions will help us uphold our valued and respected position within our community. Please ensure that your performance and conduct are always consistent with the ethical standards contained in the Code.

After reading the Code carefully, please make sure you fully understand its contents. If you have questions, speak with your leader or AHS point of contact at the earliest possible opportunity. This will help to ensure that you are prepared to adhere to these helpful guidelines.

Should you ever find yourself in a situation that you believe may violate the Code or disregard its ethical principles, please follow the Code’s procedures. If necessary, consult with your leader or AHS contact to determine the best path forward.

We appreciate your care and attention in reading and respecting our Code of Ethics. As always, thank you for everything you do to care for our patients, communities and each other.

Brian Gragnolati  
President and CEO, Atlantic Health System
Table of Contents

Message from the President and CEO ........................................... 2
Purpose ......................................................................................... 4
Corporate Compliance Program ......................................................... 4
Report a Concern ........................................................................... 5
Patient Care ...................................................................................... 6
Patient Privacy .................................................................................. 7
Employee Conduct .......................................................................... 8
Research .......................................................................................... 11
Business Conduct .......................................................................... 13
Contact Information ....................................................................... 15
Purpose

The Atlantic Health System (AHS) Code of Ethics (Code) has been developed to help our team members, medical staff and vendors understand and meet the highest standards of ethics and integrity. The Code details and promotes our institutional values. In this Code, you will not find a description of the myriad responsibilities associated with your specific position. Instead, it is intended to describe our institutional standards and guide you in conducting yourself ethically and legally. Throughout the Code, team members, vendors and medical staff are collectively known as team members.

Each section of the Code provides information about who you may contact with questions related to that section’s topic. You may find additional, helpful resources on the AHS Corporate Compliance Compass page.

Corporate Compliance Program

The Corporate Compliance department is responsible for monitoring compliance with federal and state laws, regulations and AHS Corporate Compliance policies. The department investigates possible breaches of patient privacy and compliance matters and assists departments with responses to issues and corrective action when needed.

Additionally, the department provides guidance on compliance and privacy-related questions. The department tracks and analyzes compliance and privacy activities, and develops training and risk mitigation programs.

The Corporate Compliance department carries out the day-to-day implementation of the compliance program. The Corporate Compliance department is composed of a team of legal, nursing, financial, ethics and compliance professionals. For more information about AHS’ compliance program, visit the department’s web page on The Compass.
AHS’ Board of Trustees is responsible for overseeing the compliance program. The Vice President, Corporate Compliance and Internal Audit, Chief Compliance Officer reports to the Audit and Compliance Board Committee of the full Board on a periodic basis to ensure that the Trustees are fully informed on compliance issues and that transparency exists in the compliance program.

The Vice President, Corporate Compliance and Internal Audit, Chief Compliance Officer leads the compliance department and reports to the President and CEO of AHS. AHS has a Senior Management Compliance Committee, led by the Chief Compliance Officer. This committee provides direction, oversight and guidance to the compliance program.

Report a Concern

In order to ensure AHS team members follow the rules in our everyday work activities, the Corporate Compliance department requires everyone’s commitment to:

› avoid situations that are improper or have the appearance of being improper; and
› report activities that may violate AHS policies.

Upholding this commitment requires teamwork. For this effort to be successful, all team members must work together.

Anyone can report a suspected or actual violation to one of the following:

›  His/her supervisor, manager, director or site HR representative
›  Chief Compliance Officer
›  Director, Corporate Compliance
›  Director, Internal Audit
›  Compliance Manager
›  Privacy Manager
›  Chief Legal Officer
›  Compliance@atlantichealth.org
›  Fax to the Corporate Compliance secure fax machine at 973-660-9059,
›  Corporate Compliance program hotline’s toll-free phone number at 888-213-0837. Our anonymous multilingual hotline is available 24 hours a day, every day of the year
›  Anonymously by direct web access at atlantichealth.alertline.com.

If anyone is making a report of non-compliance, please remember to provide as much information as possible, such as:

›  Who is involved
›  What the involved parties are doing
›  When the improper acts occurred or are occurring
›  Why you believe that they are occurring,
›  How you have become aware of the problem
Confidentiality

The Corporate Compliance department endeavors to treat all reports confidentially and all team member’s identities will only be revealed if it is absolutely necessary.

AHS will not take adverse action against any team member if they, in good faith, report a suspected or actual violation.

Non-Retaliation

AHS team members may be worried that other staff will know they came forward and may retaliate against them. Team members who are found to have engaged in retaliation will be subject to disciplinary action up to and including employment termination. If AHS team members report a problem or concern in good faith, they will be protected from retaliation, retribution and harassment.

Contact

Chief Compliance Officer .............................................. 973-660-3143
Director, Corporate Compliance .............................. 973-660-3264
Director, Internal Audit .............................................. 973-660-3134
Compliance Manager .............................................. 973-660-3158
Privacy Manager .................................................. 973-660-3178
Research Compliance Manager .............................. 973-660-3554
Chief Legal Officer .................................................. 973-660-3179
Hotline (Anonymous) .............................................. 888-213-0837
Web Access (Anonymous) ...................................... atlantichealth.alertline.com
Email .............................................................. compliance@atlantichealth.org
Fax ............................................................... 973-660-9059

Key Policies

1-02 Mandatory Reporting (Corporate Compliance)
6-01 Patient Confidentiality (Corporate Compliance)
Non-Retaliation (Human Resources)

Patient Care

AHS’ mission is to design and deliver high quality, innovative and personalized health care, to build healthier communities and to improve lives for patients, consumers, and caregivers. AHS’ main concern is for the well-being, comfort and dignity of our patients and members. In its provision of services and care, AHS does not distinguish or discriminate based on age, gender, disability, race, color, religion, national origin, actual or perceived sexual orientation, marital status, veteran status or based on the source of payment for the patient or member’s services or the patient or member’s ability to pay.
Patient Privacy

Team members must demonstrate respect for our patients by protecting the confidentiality of all personal information they share with us for the purpose of receiving medical care. This information, known as “protected health information” or “PHI,” can include names, addresses, phone numbers, Social Security numbers, medical diagnoses, family illnesses and other personal information.

Federal and state laws, as well as quality of care standards, require team members to keep this information confidential. Our patients are accorded confidentiality with respect to their medical records and the PHI contained in them.

AHS team members must never access, use, disclose or discuss patient information except as necessary for patient care or as required by law.

Subject to limited exceptions, patient privacy will be protected and patient and member specific information will be released only to persons authorized by law or by the patient’s written authorization. For example, it is inappropriate to:

- Discuss patients’ cases in a public area where conversation may be overheard by others.
- Permit access to a patient record by individuals who are not involved in legitimate activities relating to the patient.
- Access team member’s medical records when they are receiving medical care at our facilities, unless it is for the purpose of treatment, payment or health care operations.

If any team member is unsure of the rules governing the release of PHI or other patient related data, they should ask and be sure they understand them before they release any information.
Employee Conduct

Conflict of Interest

AHS team members have a duty to avoid conflicts of interest and a duty of loyalty to AHS. Our business conduct must always put AHS’ interests ahead of our personal interests. For example:

› AHS team members should not use their positions or confidential information obtained in the course of their work for personal gain.
› AHS team members must make sure that any outside jobs or positions do not conflict with their work at AHS.
› AHS team members must disclose any potential conflict of interest by filling out a Conflicts/Gifts/Travel/Endorsements/Disclosure form and submitting it to Corporate Compliance.

The following examples demonstrate possible conflicts of interest:

› Acting as a director, partner or consultant of a firm that provides services, supplies or equipment to AHS or is a competitor
› Having a material financial interest (or a family member having such a financial interest) in a firm that is either a competitor of, or a vendor (or potential vendor) to AHS
› Purchasing or leasing real estate that may increase in value based on knowledge that AHS may have an interest in the property
› Hiring AHS vendor personnel to perform personal work for a team member or a team member’s family without appropriate administrative approval
› Having research funded by a company or evaluating a product owned, manufactured or distributed by a company in which AHS team members (or a family member) have
a material ownership interest or from which AHS team members (or a family member) have received significant compensation

Certain members of the AHS community must file annual Conflict of Interest disclosure forms. They will be notified if they are required to do so.

**Contact**

Chief Compliance Officer ............................................. 973-660-3143  
Director, Internal Audit .......................................................... 973-660-3134  
Compliance Manager ............................................................... 973-660-3158  
Hotline (Anonymous) ............................................................... 888-213-0837  
Web Access (Anonymous) ....................................................... atlantichealth.alertline.com  
Email ..............................................................compliance@atlantichealth.org  
Fax .......................................................... 973-660-9059

**Key Policies**

4-01 Conflicts, Gifts and Endorsement  
5-04 Financial Conflict of Interest  
8-01 Conflicts/Gifts/Travel/Endorsements/Disclosure

**Confidentiality of Business Data**

In addition to patient information, other information created by AHS during the course of business, such as staff data, financial data, development plans, proprietary research data, marketing strategies or information about pending or contemplated business deals, is confidential information that belongs to AHS. All data relating to team members, including data generated when team members are patients at AHS facilities, is strictly confidential.

When a team member receives confidential information in the course of performing their
job, they may only use it for AHS business purposes; they may not use it for their own or their family’s benefit and they must not disclose it to others for their personal use.

Information received by AHS, under an obligation to maintain its confidentiality, may not be disclosed in violation of the obligation to maintain its confidentiality.

**Equal Opportunity**

It is AHS’ policy to provide equality of opportunity to all team members and applicants for employment. AHS team members do not discriminate based on a person’s age, gender, disability, race, color, religion, pregnancy, gender identity or expression, or related medical conditions, ancestry, creed, breastfeeding, liability for service in the Armed Forces of the United States, national origin, genetic information including refusal to submit to a genetic testing and refusal to provide genetic information and/or atypical hereditary cellular or blood trait, use of a service dog, unemployed status, smoker or use of tobacco products, actual or perceived sexual orientation, marital status or veteran status.

**Leadership and Professionalism**

Appropriate leadership and professionalism requires that AHS team members engage in reasonable conduct patient advocacy, recommend improvement in patient care, and participate in the operations, leadership or activities of the staff, including the medical staff. Behaviors that undermine a culture of safety include, but are not limited to:

› The use of profanity within hearing distance of patients or visitors
› The refusal to speak or respond to others
› Inappropriate physical contact
› Sexual, religious, racial or other unlawful harassment
› Aggressive actions or behaviors
› Destruction of AHS property

Violations of the Code of Ethics by any team member affiliated with, or employed by, AHS will be addressed in accordance with our policies. Violations by practitioners credentialed by a medical board, physician trainees and medical students will be addressed by the procedures provided for in the bylaws, rules and regulations of the medical staff, as well as relevant AHS policies.

**Harassment**

AHS team members must commit to maintaining a work environment in which all individuals are treated with respect and dignity. All team members have the right to work in a professional atmosphere free from harassment and discrimination.

Work relationships among team members and between team members and persons outside of AHS should be businesslike and free of harassment and discrimination.

If a team member believes they are being harassed or discriminated against in the workplace, they should contact their human resources business partner, or their supervisor.
Team members who report harassment or discrimination, in good faith, are protected by AHS’ non-retaliation policy.

**Drug-Free Workplace**

AHS prohibits the unauthorized manufacture, possession, use, sale, and distribution of drugs in the workplace. AHS also prohibits team members from being under the influence of alcohol, any illegal drug, or any non-prescribed controlled substance while at work or conducting business as a representative of AHS.

Personnel with substance abuse problems can find help through AHS’ Employee Assistance Program. If a team member or another staff member shows signs or symptoms of illness or impairment, they should notify their supervisor, Human Resources, Employee Health & Wellness Services or the AHS compliance hotline.

**Violence-Free Workplace**

AHS does not tolerate aggression or violence on AHS premises by anyone working with or on behalf of AHS.

If a team member witnesses someone engaging in violent or threatening behavior, they must report it immediately to a manager or to the Protection and Security Services Department. This includes persons acting in a disruptive or aggressive manner.

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<tr>
<th>Contact</th>
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<tbody>
<tr>
<td>Chief Compliance Officer</td>
<td>973-660-3143</td>
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<tr>
<td>Employee Resource Center</td>
<td>973-660-3521</td>
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<tr>
<td>Protection &amp; Security Services</td>
<td>973-971-8687</td>
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<tr>
<td>Hotline (Anonymous)</td>
<td>888-213-0837</td>
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<tr>
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<tr>
<td>Fax</td>
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**Research**

AHS research informs and makes vital contributions to the development of new and better therapies for the treatment of our patients. Our mission requires that we adhere to high professional standards in conducting clinical research. AHS also complies with all relevant statutes and regulations.

AHS is committed to protecting the rights of participants in our clinical research. People who participate in clinical research at AHS must do so voluntarily. They must be informed about the potential risks and benefits of their participation before they agree to participate. AHS protects the privacy and confidentiality of research study participants.

AHS has established an Institutional Review Board (IRB) to fulfill its mandate to protect human research subjects. The IRB consists of members from AHS medical centers, as well as non-affiliated members.
The IRB has the authority to review and approve, require changes in, and/or disapprove proposed research conducted at any AHS facility or otherwise under the auspices of AHS. The IRB is required to review and approve all non-exempt research projects at intervals appropriate to the degree of risk, but not less than once a year.

Responsible Conduct of Research

Everyone involved in the research process must follow AHS policies on the responsible research conduct of and guidelines for investigators in scientific research. This helps to ensure the quality and integrity of our research. Proper research conduct includes, but is not limited to:

› The formulation of proposals
› Interactions with physicians, research associates and patients
› Collection and handling of data
› Evaluation of data, peer review and protection and presentation of results

Research involving human subjects must be administered according to institutional policies and federal regulations with a commitment to the highest ethical standards.

Contact
Chief Compliance Officer, Research Integrity Officer .................. 973-660-3143
Research Compliance Manager ............................................. 973-660-3554
Manager, IRB .......................................................... 973-660-3128
Hotline (Anonymous) ..................................................... 888-213-0837
Web Access (Anonymous) ......................... atlantichealth.alertline.com
Email .......................................................... compliance@atlantichealth.org
Fax .......................................................... 973-660-9059

Key Policies
5-01 Responsible Conduct of Research 5-03 Research Misconduct
5-02 Prohibited and Restricted Research 5-04 Research Financial Conflict of Interest
Business Conduct

Billing and Coding

One of the most important aspects of AHS’ commitment to compliance is our dedication to the preparation and submission of accurate claims for payment to federal and state health care programs.

Team members can bill for only those goods and services actually provided and medically necessary. All claims for payment for services provided by AHS must be supported by complete and accurate documentation in the medical record, proper coding based on that record and bills that accurately reflect the coding.

Accurate and timely documentation also depends on the diligence and attention of our clinicians who treat patients in our facilities. AHS expects clinicians to provide us with complete and accurate information in a timely manner.

AHS should always bill accurately for services rendered in accordance with the law and with its agreements with third-party payers. When AHS team members receive a question from a patient or third-party payer about an invoice or charge, they promptly address the question, if authorized to do so, or refer the matter to the person who is authorized to address it.

Under federal law, all identified overpayments must be refunded to the government payer within 60 days of identification. Failure to do so can result in fines and other penalties.

Financial Reporting

AHS receives reimbursement under federal and state health programs. These programs require AHS to submit complete and accurate reports of operation and other information.

These laws, regulations and guidelines define what costs are allowable and outline the appropriate methodologies to claim reimbursement for the cost of services provided to program beneficiaries.

Anti-Kickback/Bribes

AHS strictly prohibits its team members and other service providers from offering, paying, requesting or accepting money or other benefits in exchange for patient referrals, purchases, leases or orders.

Antitrust

AHS engages in activities that are subject to state and federal antitrust laws. Generally, these laws prohibit competitors from entering into agreements to fix prices or to reduce price competition. AHS team members should not provide information about AHS’ business to a competitor. In addition, AHS team members are to refrain from engaging in unfair practices that might restrict competition.
Record Retention

Accurate and complete records are crucial for the continuity of patient care, appropriate and proper billing, and for compliance with regulatory, tax, and financial reporting requirements. A team member who enters information into a medical record, business record, regulatory or financial report has a responsibility to do so in a truthful, accurate, legible and timely manner. Records must be retained by AHS, as required by federal and state laws.

Endorsements

AHS and its team members cannot express support for or endorse products, services or ventures without prior approval. This includes vendors with whom AHS conducts business. Requests or proposals to use AHS’ name, logo, likeness or statements for an endorsement must be reviewed and approved by AHS’ Endorsements Committee. Vendor requests to include comments, quotes, or referrals from AHS staff, or an AHS case study, in any publication or media of any type must also be approved by AHS’ Endorsements Committee. This includes press releases, marketing materials, and websites.

Business Partners

AHS selects suppliers, vendors, contractors, and consultants based on the quality, price, delivery capabilities and supply of their goods and services. AHS obtains these services only when there is a legitimate need for them.

AHS examines the background of our business partners before allying with them to ensure they demonstrate high standards of ethical business conduct.

Referrals of Patients

AHS does not pay or offer to pay anyone for the referral of patients to AHS.

Similarly, AHS does not accept payments for patient referrals that AHS team members make to third parties. When AHS discharges patients or refers them to other providers, AHS ensures that the referrals are based on the patient’s need for the service and the ability of the referral provider to meet that need.

AHS’ patients’ freedom to choose a service provider must be honored at all times. Financial relationships with providers with whom AHS has a referral relationship are reviewed to ensure compliance with relevant laws.

Gifts

AHS does not solicit, accept, make or offer to make any payment, or accept or provide any other thing of value to another person or company with the understanding or intention that such payment is to be used for an unlawful or improper purpose. AHS does not offer or give gifts of any kind to government officials.

Limitations on Obligations Associated with Prescriber Acceptance of Compensation from Pharmaceutical Manufacturers (N.J.A.C. 13:45J) is a NJ rule that became effective on
January 16, 2018 that limits the prescriber acceptance of gifts and compensation from pharmaceutical manufacturers and their agents.

**Contact**

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Fax .................................................................  973-660-3143  

**Key Policies**

4-04 Anti-Kickbacks 1-08 Screening and Exclusion  
2-12 Record Management 4-01 Conflicts, Gifts and Endorsement  
2-12a Record Retention Schedule 8-01 Conflicts/Gifts/Travel/Endorsements/Disclosure  
4-07 Insider Information  

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**Contact Information**

Chief Compliance Officer ................................................ 973-660-3143  
Chief Legal Officer ............................................................  973-660-3179  
Director, Corporate Compliance ..............................................  973-660-3264  
Compliance Manager ..............................................................  973-660-3158  
Employee Resource Center ...................................................  973-660-3521  
Grants and Research Manager, IRB ........................................  973-660-3128  
Director, Internal Audit ..........................................................  973-660-3134  
Privacy Manager .................................................................  973-660-3178  
Protection & Security Services ..................................................  973-971-8687  
Research Compliance Manager ...............................................  973-660-3554  
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Web Form (Anonymous) ...................................................... atlantichealth.alertline.com  
Email ................................................................. compliance@atlantichealth.org  
Fax .................................................................  973-660-3143