

LMH Health Code of Conduct

Purpose

LMH Health is committed to honest and ethical behavior, and to conducting our business operations with integrity. The practice of behaving honestly, ethically and with integrity is an organizational and individual responsibility. We make decisions about how to conduct ourselves every day as we go about our work. Each of us is accountable for the actions that we decide to take.

The LMH Health Corporate Compliance Program and the LMH Health Code of Conduct are the foundations of our corporate integrity philosophy. Each is vital to how we achieve our purpose to be a partner for lifelong health and serve as a compass for our board members, associates, physicians, volunteers, students, vendors, and all others who work on behalf of LMH Health. The Corporate Compliance Program and Code of Conduct emphasize our responsibility to operate with the highest principles and ethical business practices as we work to care for our patients and each other with respect, honesty, compassion, teamwork, and excellence through this Code of Conduct and our Cultural Beliefs. They guide and support our compliance with applicable federal, state, and local laws, rules, and regulations, as well as the standards of The Joint Commission ("TJC"), other accrediting bodies, and our own internal policies.

This commitment permeates all levels of the organization. The LMH Health Board of Trustees, through delegation of responsibilities to the President & Chief Executive Officer and the Corporate Compliance Officer, oversees the Corporate Compliance Program. The Corporate Compliance Department, at the direction of the Compliance Officer, is responsible for conducting ongoing auditing, monitoring activities and leading investigations in an effort to ensure the organization's compliance with the Corporate Compliance Program and the Code of Conduct, address and resolve compliance issues, and reduce fraud, waste, and abuse.

The Corporate Compliance Committee, established to provide additional oversight and guidance to the President & Chief Executive Officer and the Corporate Compliance Officer, are responsible for assisting the CEO and the Compliance Officer in complying with the laws, regulations, policies, and procedures that govern LMH Health's day-to-day operations.

The Compliance Department oversees the Corporate Compliance Program and ensures compliance with our Code of Conduct. In line with the recommendations stated in the Department of Health and Human Services ("DHHS") Office of Inspector General ("OIG") Compliance Program Guidance for Hospitals and the elements of an effective compliance plan as described in the Federal Sentencing Guidelines, the LMH Health Corporate Compliance Officer, the Corporate Compliance Committee, and the Compliance Management Department, our Corporate Compliance Program outlines what we do as an organization to comply with legal and ethical requirements, including the following:

- Setting integrity standards through written policies, procedures and our Code of Conduct;
- Communicating standards through awareness, education and training programs;

- Providing a process for reporting potential violations of laws, policies or our Code of Conduct;
- Conducting ongoing auditing and monitoring activities;
- Identifying, investigating and responding to potential compliance problems;
- Performing routine sanctions checking to ensure we are not conducting our business with individuals and entities ineligible to participate in federal healthcare programs;
- Enforcing integrity standards and disciplining non-compliant actions.

The LMH Health Code of Conduct guides us in carrying out our daily activities within appropriate ethical and legal standards. Our Code of Conduct standards are mandatory and must be followed. LMH Health will respond to violations of the Code of Conduct by following the LMH Health Corrective Action Policy and/or other applicable policies and procedures of LMH Health. Consequences of Code of Conduct or other policy violations may include disciplinary action, up to and including termination. In some cases, violations of the Code of Conduct may also warrant or require disclosure to law enforcement or other government and regulatory agencies. Code of Conduct is an evolving document that will be updated periodically to respond to the changing regulatory landscape and to reflect changes in the law.

Our Code of Conduct is not intended to cover every situation that may be encountered. We must comply with all applicable laws, regulations, and our policies whether or not specifically addressed in our Code of Conduct. In some cases, a subject discussed in our Code of Conduct involves such complexity that additional guidance may be needed. In these cases, you should consult with your Department Director or the Compliance Department for additional guidance.

Obligation to Report and Cooperate with Investigations

Our Code of Conduct is to be used as a guide if you are confronted with a situation that raises questions about ethical business conduct. If you think a law, policy, or our Code of Conduct is not being followed, you must report it to our Compliance Department. You should also report it to your supervisor. If you feel uncomfortable talking to your supervisor, voice your concern to the next supervisory level, up to and including the highest level of management. In following our cultural belief of Speak Up, LMH Health encourages open and honest discussion of issues with management. We are committed to providing an environment that allows reporting in good faith without fear of retaliation.

It is very important, as well as required, that you immediately report perceived violations of compliance law, policy, or our Code of Conduct to the Compliance Department. Failure to report to the Compliance Department may result in disciplinary action, up to and including termination. Our Compliance Department will evaluate all reports promptly, completely and fairly.

You can report compliance concerns to the Compliance Department in one of the following ways:

- Contact the Compliance Officer directly by calling 785-505-4905;
- Email your concern to compliance@lmh.org;
- Call the Compliance and Privacy 24-hour Hotline at 877-474-1363.

All calls to the Compliance and Privacy 24-hour Hotline are confidential, and the caller may remain anonymous. To ensure confidentiality, the telephone hotline is operated by an organization not affiliated with LMH Health. Calls are answered 24-hours a day, seven days a week. Follow up on all calls is available by a return call to the hotline.

The findings of a compliance investigation are confidential to protect all involved in the investigation process. As a result, details and specific findings of a compliance investigation will be shared only on a need-to-know basis. The Compliance Officer ensures that all reports will be thoroughly and fairly investigated and that appropriate action will be taken.

No adverse actions will be taken against someone for making a report in good faith or for cooperating with a compliance investigation in good faith. LMH Health has a policy that protects against retaliation or retribution for reporting a compliance concern in good faith or cooperating with a compliance investigation with good intentions. The non-retaliation policy ensures that no one is penalized for reporting what is honestly believed to be a compliance problem or for honestly participating in a compliance investigation. However, if someone purposely falsifies or misrepresents a report or makes false statements during an investigation, that person will not be protected under the non-retaliation policy. False accusations or statements made in a report or during an investigation, including those made with the intent of harming or retaliating against another person, may result in disciplinary action, up to and including termination. Although we have a policy that does not permit retaliation for reporting or cooperating in good faith, it is important to understand that there may be consequences if you have broken the law or violated our policies. Breaking the law or violating our policies may result in disciplinary action, up to and including termination, as well as possible state and federal actions and penalties.

Sometimes LMH Health is required by law to report certain compliance issues to state or federal agencies. When this is the case, the Compliance Department will evaluate the issue in terms of state or federal reporting requirements and will notify the appropriate state or federal agencies on behalf of the organization, when applicable. LMH Health is committed to correcting wrongdoing, whether intentional or inadvertent, wherever it may occur in the organization, and to cooperating fully with government investigations.

Patient Care

Excellent Patient Care

In following our cultural belief of Patient First, LMH Health associates shall strive to treat all patients with a spirit of kindness, patience, and understanding. Each patient is an individual and should be treated as such. Each patient should be respected, with their needs and desires considered as health care decisions are made. Steps shall be taken so that each patient understands his or her treatment needs and options, treatment methods to be utilized, and treatment outcomes.

LMH Health will provide services in a manner that does not discriminate against any person because of race, religion, age, ethnicity, culture, language, socio-economic status, sex, sexual orientation, gender identity or expression, national origin, physical or mental disability or source of payment. At all times, competent and qualified individuals will provide appropriate care, while considering the safety and wellbeing of the patients.

Emergency Medical Treatment

We comply with the Emergency Medical Treatment and Labor Act (EMTALA) in providing a medical screening examination and stabilizing treatment to all patients who come to the hospital for emergency treatment or who are in labor, regardless of the patient's ability to pay or lack of insurance. Patients with emergency medical conditions are only transferred to another facility at the patient's request or if we do not have the capacity or capability to meet the patient's medical needs and appropriate care is available at another facility. Such transfers must follow state and federal EMTALA requirements.

Patient Rights and Patient Choice

We encourage patient and family involvement in all aspects of care. The LMH Health patient rights and responsibilities are available on our website and can be found throughout our organization. This includes information about the right to make decisions regarding medical care. We involve patients and families in decisions regarding care to the extent that this is practical and possible. We inform patients about therapeutic alternatives and the risks associated with the care they are seeking.

We provide coordinated discharge planning to all patients as an integral part of the treatment plan to support the level of medical, psychological, occupational, rehabilitative, and social services needed post-discharge. Our health care teams collaboratively develop discharge plans, individualizing each plan to each patient's and family's needs. Patients, families and caregivers are participants in the care and discharge processes and their preferences and choices are given priority whenever possible. We address the wishes of patients related to advance directives and end of life decisions.

Research and Clinical Trials

LMH Health is committed to following high ethical and legal standards when conducting research and clinical trials involving human research subjects. LMH Health adheres to all local, state, and federal rules and regulations about research and clinical trials involving human subjects conducted by LMH Health associates and members of the medical staff. Patient rights will be respected during all phases of clinical trials. Any research involving human subjects must be performed under the policies and procedures of the LMH Health Institutional Review Board. All human subject research activities will be guided by the appropriate international ethical standards recognized by U.S. federal departments and agencies.

Protect Confidential Information

LMH Health is committed to maintaining the confidentiality of patient, personnel, and other proprietary information by following all applicable legal and ethical standards. Consistent with HIPAA (Health Insurance Portability and Accountability Act), we collect information about the patient's medical condition, history, medication, and family illnesses to provide quality care. We realize the sensitive nature of this information and are committed to maintaining its confidentiality. Consistent with HIPAA, we do not use, disclose, or discuss patient information, including patient financial information, with others unless it is necessary to serve the patient or permitted by law.

LMH Health associates must never access, use, or disclose confidential information that violates the privacy rights of our patients. Under our privacy and security policies and procedures, which reflect HIPAA requirements, no LMH Health associate, member of the medical staff, or other healthcare partner has a right to access, use, or disclose any patient information other than that which is necessary to perform his or her job. Subject only to emergency exceptions, patients can expect their privacy will be protected and patient information will be released only to persons authorized by law or by the patient's written authorization.

Billing and Financial Matters

Coding and Billing

All individuals responsible for coding and billing for services will adhere to all official coding and billing guidelines, rules, regulations, statutes, and laws. Associates are prohibited from knowingly causing or permitting false or fraudulent claims. Furthermore, associates shall not engage in any deception or misrepresentation that may influence any entitlement or payment under any federal healthcare benefit program. Claims must only reflect the actual services ordered, documented, and performed. Coding of diagnoses and procedures will follow CMS recognized coding guidelines. LMH Health will audit and monitor to verify the accuracy and validity of coded data and claims regardless of the source of payment.

Comply with Federal and State False Claims Act Laws

The Federal Deficit Reduction Act requires that certain entities, such as LMH Health, provide their associates, contractors, and agents with information related to the federal False Claims Act (FCA) law. This law provides that civil penalties may be imposed against any person or entity that knowingly presents or causes to be presented a false or fraudulent claim to a federal healthcare program for payment. The federal False Claims Act includes whistleblower protection provisions that protect any individual who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against for filing an action under the federal False Claims Act. The Kansas False Claims Act (KFCA) protects whistleblowers by providing a private cause of action for any associate who is retaliated against in any manner for actions that he or she, in good faith, undertakes to support an action under the KFCA.

Financial Reporting

We maintain a high standard of accuracy and completeness in the documentation and reporting of all financial records. These records serve as the basis for managing our business and are important in meeting our obligations to patients, staff, suppliers, and others. These records are also necessary for compliance with tax and financial reporting requirements. Our financial information fairly represents actual business transactions and conforms to generally accepted accounting principles or other applicable rules and regulations. We maintain a system of internal controls to ensure accuracy and completeness in documenting, maintaining, and reporting financial information. We cooperate fully with internal and external auditors and any regulatory agencies that examine our books and records.

We treat credit balances and bad debt in compliance with applicable state and federal law. In some instances, a credit balance will exist in a patient account after payment by both the patient and a federal, state, or other healthcare program. We endeavor to accurately track, report, and refund credit balances.

State and federal laws require us to submit reports of our operating costs and statistics, known as cost reports. These laws define what costs are allowable and outline the appropriate methodologies to claim reimbursement for the cost of services provided to government program beneficiaries. We are committed to the preparation, submission, and settlement of accurate, timely, and complete cost reports.

Business Conduct

Not-for-Profit Tax-Exempt Status

LMH Health is a not-for-profit tax-exempt organization under the Internal Revenue Code section 115. Therefore, we are not organized or operated for the benefit of private interests. No organizational earnings may financially benefit any private individual. This status makes LMH Health eligible to receive tax-deductible contributions. Please contact the LMH Health Foundation for additional guidance regarding monetary or in-kind donations.

Use of Resources and Assets

Our organizational assets and resources are to be used for our not-for-profit purpose of serving our patients and our community. Physical assets including space, furniture, vehicles, equipment, machinery, and supplies may only be used by private individuals and for-profit organizations on a restricted basis with hospital approval in compliance with all federal laws, state laws, and organizational policies. These restrictions include personal use of organizational assets. Contact the Compliance Department for additional guidance regarding appropriate use of our not-for-profit facilities and assets.

Political Activities

LMH Health does not participate or intervene in (including the publishing or distributing of statements) any political campaign on behalf of or in opposition to any candidate for public office. While LMH Health supports associate, medical staff, and volunteer participation in the political process, associates, medical staff members, and volunteers are not permitted to use positions in LMH Health or LMH Health resources or assets for the purpose of influencing the personal decisions of others to contribute or otherwise support political parties or candidates except as lawfully permitted through political action committees.

LMH Health may participate in lobbying activities or advocating the passage or defeat of certain legislation that pertains to issues that affect the health and wellbeing of the community. Lobbying activities, or advocating the passage or defeat of certain legislation, shall not constitute a substantial part of the activities of LMH Health.

Antitrust Regulations

Many activities engaged in by LMH Health are subject to state and federal antitrust laws. Generally, these laws prohibit agreements or actions that may illegally restrain trade or reduce competition. Examples of activities that violate these laws include, but are not limited to, agreements among competitors to fix or stabilize prices, inappropriate exclusive dealings, and boycotts of specified suppliers or customers. Sharing information with a competitor, such as how prices are set, labor costs, or terms of supplier contracts may also violate antitrust laws.

Conflicts-of-Interest

A conflict-of-interest is any circumstance where your personal activities or interests are advanced at the expense of LMH Health. These circumstances may be financial or involve some other type of personal interest that conflicts with your professional responsibilities. Since our patients and community expect us to make decisions that are not biased by personal interests, actual or perceived, conflicts-of-interest may compromise our ability, and the ability of our organization, to provide patient care, transact business, or make purchasing decisions. They may also pose a risk to the operations and reputation of LMH Health.

Conflicts-of-interest can often be avoided or mitigated when LMH Health is aware of potential conflicts. We are required to follow the Conflicts-of-Interest Policy and disclose at the time of hire and annually thereafter, all information about any actual or perceived conflict-of-interest using our Conflict-of-Interest Disclosure Statement form. All reported, actual or perceived, conflicts of interest are reviewed on a case-by-case basis. Failure to disclose a conflict-of-interest may result in disciplinary action, up to and including termination. The following information provides general guidance on several common potential and actual conflicts-of-interest.

Purchasing Conflicts-of-Interest

We must follow the Purchasing Policy and LMH Health Contract Management Guidelines and disclose any actual or perceived conflicts-of-interest involving the purchases of goods, equipment, and services. We must avoid situations where we have actual or perceived conflicts-of-interest between our purchasing decisions and our personal interests.

Industry Interactions

We must follow the Purchasing Policy and LMH Health Contract Management Guidelines when engaging in business activities with pharmaceutical, biotech, medical device, equipment or supply companies and organizations. These manufacturers and suppliers are known as industry vendors. It is a conflict of interest to accept travel or entertainment from any industry vendor. Also, there are significant limitations regarding our acceptance of complimentary onsite and offsite education from industry vendors. Contact the Compliance Department for additional guidance.

Business Courtesies and Entertainment from Non-Industry Vendors

We must follow the Purchasing Policy and LMH Health Contract Management Guidelines when engaging in business activities with non-industry vendors. It is a potential conflict of interest to accept travel, entertainment, or complimentary education from a non-industry vendor or organization that does, or is seeking to do, business with LMH Health when you can influence the decision to purchase such goods, equipment, or services. Contact the Compliance Department for additional guidance.

Gifts or Gratuities

The following standards apply to the giving or receiving of gifts and gratuities.

Receiving Gifts from Patients and Vendors

Associates are prohibited from soliciting tips, personal gratuities or gifts from patients and vendors. Associates may, however, accept non-monetary gratuities or gifts of a nominal value, such as cookies, flowers or candy if the gift would not influence, or reasonably appear to others to be capable of influencing, the associate's business judgment in conducting

affairs with the patient or vendor. If the value of the gift is substantial or there is any question regarding whether the gift meets this standard of reasonableness, the associate must seek prior approval from the Corporate Compliance Officer or refuse the gift and promptly return the gift to the vendor or patient. Substantial gifts to LMH Health can be made by contacting the LMH Health Foundation.

Giving Gifts to Patients and Vendors

Associates shall not offer or give money, services, or other items of value for any reason to any purchaser, vendor, patient, governmental official, or any other person. An associate who is in doubt about whether a situation involving the giving or receiving of something of value is acceptable, should ask his or her supervisor, or the Corporate Compliance Officer.

Excluded Parties

LMH Health does not hire associates, accept volunteers, contract with, or bill for services rendered by individuals or organizations excluded from participating in federal or state healthcare programs. This includes exclusion from those programs administered by the U.S. Department of Health and Human Services, U.S. General Services Administration, or the Kansas Department of Health and Environment.

We conduct initial excluded party checks on potential associates, medical staff, vendors, and volunteers, as well as periodic excluded party checks after the commencement of the relationship, to ensure continued eligibility to participate in federal and state healthcare programs. You have a duty to immediately report any change in your eligibility status to the Compliance Department.

Visiting Observers

LMH Health permits approved individuals to observe patient care and administrative functions outside of our formal training programs.

- Visiting Observers are not allowed to participate in any patient care activities;
- Visiting Observers must be accompanied and supervised by an LMH Health associate and/or a physician with current Medical Staff privileges at all times;
- Visiting Observers must be at least eighteen years old or in a hospital approved structured program;
- Visiting Observers must be registered through the Volunteer Services office or other appropriate department.

Contact the Compliance Department for additional guidance.

Contact with the Media

Contact the LMH Health Strategic Marketing and Communications Department before responding to any media inquiries or initiating contact with the media. Communications with media involving patient information must comply with federal and state privacy laws in order to fulfill our legal and ethical obligations to protect patient privacy.

Contracting

LMH Health negotiates and enters into fair and equitable contractual arrangements with reputable vendors and individuals that meet the needs of our organizations. All arrangements must comply with applicable federal and state laws.

Prior to executing arrangements for items and services, we verify that all contracted parties are eligible to participate in federal and state-funded healthcare programs. All contracts with patient referral sources must be in-writing. The Purchasing Policy and the LMH Health Contract Management Guidelines provide guidance on the contracting process.

Accuracy of Records/Document Retention and Destruction

LMH Health will create and maintain accurate and complete records, as well as only destroy organizational records, in compliance with federal and state laws and applicable policies. LMH Health policies provide guidance on the proper creation, amendment, maintenance, retention, and destruction of organizational records and documents. Contact the Compliance Department for additional guidance.

Confidential Business Information

Confidential information about our organization's strategy, business, and operations is a valuable asset. Although you may use confidential business information as necessary to perform your job, confidential business information must not be shared with others outside the organization or internally with those who do not need to know about the information to perform their jobs. Confidential and proprietary business information covers anything related to our business or operations that is not publicly known, such as:

- personnel files, wage and salary information;
- financial information;
- billing and pricing information;
- cost data;
- strategic plans;
- marketing strategies;
- projected earnings;
- associate lists;
- information related to investigations;
- disciplinary actions;
- supplier and contractor information;
- information related to acquisitions or joint ventures;
- policies and procedures;
- clinical and patient information;
- computer and system login IDs and passwords, emails, and proprietary computer software.

Even when you are no longer working at LMH Health, you are still bound to maintain the confidentiality of information viewed, received, or used during the course of your relationship with our organization. Copies or electronic files of any confidential or proprietary information in your possession when you leave the organization must be returned at the end of your employment or relationship with the organization.

In addition to proprietary and confidential information, it is our duty to abide by all laws, regulations and our policies related to intellectual property. Intellectual property includes patents, trademarks, copyrights, and trade secrets. LMH Health's intellectual property must be protected from unauthorized use.

If you are provided with an email account to facilitate business communications within and outside the organization, all emails are the property of LMH Health. LMH Health has the right to review your emails and to terminate your email account. You are responsible for the appropriate use of your email account.

Some examples on complying with our confidential business information policies include:

- Make sure you have the right to copy and distribute copyright material before you do so;
- Consult the relevant policies or contact the LMH Health Strategic Marketing and Communications Department before you use the logo on any printed materials;
- Consult with the Compliance Department before you share any of our policies and procedures outside the organization; and
- Consult with the Information Technology department to obtain authorization to download any software onto your workstation before doing so.

Requests for Information

LMH Health promptly and appropriately responds to requests for information pursuant to a government investigation, legal proceeding, or other types of requests of information. These requests may come in the form of a subpoena, summons, warrant, letter or verbal request. Only certain people are authorized to accept them on behalf of the organization. Accepting or acting on these requests may expose the organization, and sometimes you as an individual, to significant fines or other types of criminal, civil or administrative penalties. If you are asked to accept a legal document or to share information of any kind for any reason, immediately consult with your Director, the Compliance Department, the Risk Management Department, or the Administrator On Call.

Information Blocking

LMH Health is committed to making Electronic Health Information (EHI) available and usable for authorized and permitted purposes in accordance with applicable law. LMH Health policies focus on placing patients at the center of their healthcare through provisions that remove the obstacles they encounter when trying to access their own EHI. By implementing appropriate policies, LMH Health will deter the information blocking often faced by healthcare providers when attempting to provide informed care for patients. LMH Health recognizes the eight (8) exceptions that identify reasonable and necessary practices and activities that do not constitute information blocking, and that are to be followed by LMH Health to the extent possible.

Referral Sources

Anti-Kickback Laws

The federal Anti-Kickback Law prohibits individuals and organizations, like LMH Health, from knowingly or willfully offering or paying, directly or indirectly, any form of remuneration in return for, or to induce, the referral of any patient or business that is covered by Medicare, Medicaid, or any other federal or state health care financing program. Remuneration includes kickbacks, bribes, or rebates. If one purpose or reason for a financial transaction or arrangement with an individual or organization is to induce that individual or organization to refer patients or business to LMH Health, or to recommend the

services of LMH Health, then such transaction or arrangement constitutes a violation of the anti-kickback laws. All agreements involving patient referral sources, including physicians, hospitals, ambulance services, managed care organizations, and other health care organizations and service providers, must follow LMH Health policy. The LMH Health Contract Management Guidelines provide additional guidance.

Physician Self-Referral Law

LMH Health conducts all of our business practices with physicians in compliance with the federal Physician Self-Referral or "Stark" Law. The Stark Law prohibits referrals for certain Medicare items and services furnished by an organization with which the referring physician, or his or her immediate family member, has a financial relationship, unless a specific legal exception applies.

It is a violation of organizational policies for us to enter into arrangements with or accept referrals from physicians that would violate the Stark Law. We are required to immediately report all known or suspected violations of any of these policies to the Compliance Department. LMH Health must strictly follow the Purchasing Policy and the Contract Management Guidelines any time we enter into any business arrangement with physicians or their immediate family members, including services agreements, lease agreements, or equipment agreements. We must also strictly follow our organizations' Gifts, Gratuities, and Business Courtesies Policy when offering non-monetary compensation or incidental benefits to physicians or their immediate family members. Contact the Compliance Department for additional guidance.

Workplace Conduct and Employment Practices

Diversity and Equal Opportunity

LMH Health continues the journey to make the organization a better employer, better caregiver, and better community leader through a commitment to inclusion, diversity, and equity. LMH Health strives to do this through discussions, educational offerings, policy/process improvements, and other advances that promote equity, diversity, and inclusion in our workforce at all levels of the organization. We are committed to providing an inclusive work environment where everyone is treated with fairness, dignity, and respect. In following our cultural belief of Own It/Solve It, we hold ourselves accountable to one another for the manner in which we treat one another and for the manner in which people around us are treated.

LMH Health is an equal opportunity workforce and does not discriminate against any person because of race, religion, age, ethnicity, culture, language, socio-economic status, sex, sexual orientation, gender identity or expression, national origin, physical or mental disability or any other classification protected by law. We make reasonable accommodations to the known physical and mental limitations of qualified individuals with disabilities.

Workplace Harassment

LMH Health is committed to maintaining an environment that is free of unlawful harassment and intimidation. Harassment includes any behavior or conduct that is based on a protected characteristic and that unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment. Harassment includes sexual harassment. The determination of what constitutes sexual harassment may vary with the particular circumstances. In

general, unwelcome sexual advances, requests for sexual favors, and other verbal, visual, or physical conduct of a sexual nature may constitute sexual harassment when:

- Submission to such behavior is made a term or condition of employment;
- Submission to or rejection of such behavior is used as a basis for making employment decisions; or
- Such conduct unreasonably interferes with someone's work performance or creates an intimidating, hostile, or offensive work environment.

LMH Health will take appropriate action to prevent unlawful harassment, including sexual harassment. People who engage in such behavior will be subject to corrective action, up to and including termination. If you believe you are being harassed, or witness behavior you feel is harassment, you should contact one of the following:

- Your immediate supervisor or, in cases involving behavior of your immediate supervisor, the next level supervisor or manager;
- Associate Relations in the Human Resources Department; or
- The Compliance Hotline, including reporting concerns anonymously.

Workplace Safety

LMH Health has zero tolerance for threats or acts of violence in the workplace. Workplace violence includes physical assaults or actions or statements that give reasonable cause to believe that personal safety or the safety of others may be at risk. Associates or medical staff who engage in physically abusive and/or violent behavior (even those made in jest) shall be subject to disciplinary action up to and including removal from LMH Health facilities, termination of employment and/or referral to appropriate law enforcement agencies. If you perceive a certain behavior as physically threatening or intimidating, you should immediately report it to

- Your immediate supervisor or, in cases involving behavior of your immediate supervisor, the next level supervisor or manager;
- Associate Relations in the Human Resources Department; or
- The Compliance Hotline, including reporting concerns anonymously.

In the event of an emergency situation or in cases of imminent danger of bodily harm, call the Security Office and then call a second person to assist, as needed. Reported events will be investigated and, if warranted, appropriate support will be provided to the victim(s). LMH Health will track these reports and evaluate trends to develop and implement precautionary measures.

As part of our overall commitment to maintain a healthy and safe environment for our patients, associates, and others, we strive to keep our facilities physically secure. We issue photo ID badges that must be worn above the waist at all times. It is your responsibility to keep your badge in your possession and not let any other person borrow it. If it is lost or stolen, notify the Security Office immediately. In addition, be aware of your surroundings and report any suspicious person or activity to your supervisor or the Security Office.

Workplace Wellbeing

In our continuing commitment to an environment of healing and good health, LMH Health is smoke free. As leaders in healthcare, we have an obligation to assert strongly the demonstrable risks of smoking. Smoking is not permitted anywhere inside LMH Health buildings and outside anywhere on LMH Health property.

The use of illegal drugs and abuse of controlled substances in the workplace is prohibited. As a condition of employment, any involvement in the unlawful use, sale, manufacture, distribution, or possession of controlled substances, illicit drugs and/or unauthorized use of alcohol in the workplace or working under the influence of such substances is prohibited. We encourage associates with alcohol or drug dependencies to seek treatment and/or rehabilitation. For further details, please contact your supervisor or Human Resources.

We have an extensive safety program to reduce the risk of injury for patients, associates, and visitors and to assure compliance with applicable federal, state, and local codes and regulations, as applied to the buildings we inhabit and services we provide. This program includes making sure that:

- our department directors and managers have appropriate information and training to develop safe working conditions and safe work practices within their areas of expertise;
- using knowledge or safety principles to educate staff, design appropriate work environments, purchase appropriate equipment and supplies, and monitor the implementation of the processes and policies;
- regularly evaluating the environment for work practices and hazards to respond to identified risks, hazards and regulatory compliance issues.

Our individual role in this endeavor is to learn and follow job and task specific procedures for safe operations. If you have questions about specific policies that apply to your job or task, please speak with your supervisor.

Decision Making

Our Code of Conduct helps us to make ethical business decisions. It is not designed to address every issue. It is to be used as a framework to assist you in situations if the right course of action is unclear. Ask yourself the following questions when you are unsure of what to do:

- Is it inconsistent with our purpose and cultural beliefs?
- Is it illegal?
- Is it unethical?
- Could it harm patients?
- Could it harm our co-workers, colleagues, or providers?
- Could it harm government programs?

- Could it harm our financial health?
- Would our organization be compromised or embarrassed if it became public knowledge?
- Would we be uncomfortable reading about it in the newspaper?
- Is it unfair or inappropriate?
- Could it adversely impact our organization if everyone did it?
- Is it inconsistent with our policies or our Code of Conduct?

If you are still unsure what decision to make or what action to take, talk to your supervisor or consult with the Compliance Department.

It is critical that our Corporate Compliance Program is effectively communicated throughout all levels of the organization. Compliance is the responsibility of each of us. The Compliance Department welcomes constructive feedback regarding its Corporate Compliance Program and our Code of Conduct. If you have comments, suggestions, or questions, please submit them to the Compliance Department.

Compliance Department
785-505-4905
compliance@lmh.org

The Compliance and Privacy 24-hour Hotline at 877-474-1363, including making anonymous reports.

Document History

Rev	Date	Approved By	Comment
0	08/24/2004	Compliance Officer	Creation of Original Document
1	11/18/2009	Compliance Committee; Board of Trustees	Approved
2	06/01/2013	Administrative Council	Minor Revisions; Approved
3	03/01/2014	Administrative Council	Approved
4	03/01/2017	President & CEO	Revised; Approved
5	07/01/2018	AVP of Clinical Excellence	Revised; Approved
6	07/2/2019	Director Compliance; AVP of Clinical Excellence	Major Revisions; Approved
7	07/28/2021	Compliance Officer; Compliance Committee	Major Revisions; Approved