



Dear Volunteer Applicant for the Meritus Care Caller Program,

Thank you so much for your interest in volunteering with Meritus Health. We are actively looking for team-players who will enjoy providing services to our patients and community.

As a Care Caller, you will call residents who self-identify as lonely. This may be a weekly call of about 20 minutes, however, we will work with you in this process.

The following steps are involved in becoming a Meritus Care Caller Volunteer:

- Submit the following to Lynnae.Messner@meritushealth.com:
 - Reviewed and signed *HIPAA Booklet for Orientation*
 - Reviewed and signed the *Confidentiality Agreement for Meritus*
 - Completed *Care Caller Volunteer Application*
 - Completed *Background Check Form and Disclosure*
 - Reviewed the *Code of Conduct 2023 Booklet*
 - Reviewed and Signed the *Code of Conduct: Statement of Receipt and Understanding*
- Review [Meritus Care Caller Training Document](#)
- After receiving and reviewing submitted form and the results of the background check, you will meet with the Program Manager via phone or in person.

Knowing at the end of the day that you made a difference in someone's life is very rewarding. Thank you again for your interest; we look forward to you joining the Care Caller team.

Thank you for your support and dedication to eliminate loneliness in our community,

Lynnae Messner

Lynnae Messner, CPhT
Director
Outpatient Care Management
Office | 301-790-8491
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Meritus Medical Center
11116 Medical Campus Road
Hagerstown, MD 21742

HIPAA



Confidentiality and Patient Privacy Training for Volunteers

Meritus Medical Center has a strong tradition of protecting the privacy of patient information. Confidentiality has always been a part of hospital culture. However, now there is a law that sets a national standard to protect medical records and other personal health information. It is called the Health Insurance Portability and Accountability Act or HIPAA.

Training Objectives

Every Meritus Health volunteer must:

- Understand what HIPAA is.
- Know the meaning of PHI (Protected Health Information).
- Understand the significance of Treatment, Payment and Operations (TPO).
- Understand patients' rights.
- Know the consequences for non-compliance with the law.
- Recognize the importance of making a commitment to patient privacy.

What is HIPAA?

HIPAA is federal law passed by the US Congress in 1996. It set national standards for the protection of patients' private medical information. HIPAA applies to nearly all health care providers including hospitals, physicians, insurance companies, labs, home health care companies, and surgery centers.

HIPAA covers all forms of protected health information: oral, written, and electronic.

Volunteers are considered to be hospital staff, and therefore, HIPAA applies to them.

Anytime volunteers come into contact with patient information or anyone's personal health information while they are on duty, they become involved with the requirements of HIPAA regulations and the law. It is every health care worker's responsibility to take confidentiality seriously.

What is Protected Health Information (PHI)?

According to HIPAA all of the following information can be used to identify a patient and therefore must be kept confidential:

- Addresses
- Dates
- Telephone or fax numbers
- Social Security numbers
- Medical record numbers
- Patient account numbers
- Insurance plan numbers
- Vehicle information
- License numbers
- Medical equipment numbers
- Photographs
- Fingerprints
- E-mail addresses
- Internet addresses

All of the above is protected health information (PHI).

Any health information that identifies someone or which can be used to identify someone must be protected.

Sharing Patient Information

Under *the consent rule* of HIPAA, a health care provider may use health information for Treatment, Payment and Operations (TPO). Patients must give prior authorization for the use of the health information for non-TPO purposes.

Under the *Minimum Necessary Rule*, volunteers should only have access to the information they need to know to fulfill their assigned duties. The main question is does the volunteer or any other staff member need to know about a particular patient's health information to perform their duties?

What is TPO?

HIPAA allows us to share patient information for the following:

Treatment Providing care to patients

Payment Getting paid for caring for patients

Operations Normal business activities such as quality improvement, training, auditing, customer service and resolution of grievances.

If use of the information does not fall under one of the above categories, you must have the patient's signed authorization before sharing the information with anyone.

If personal health information (PHI) is involved, ask yourself, "Does my sharing this information involve treatment, payment or operations (TPO) for that patient?" If the answer is NO, you may not pass that information along without authorization in writing from the patient. This includes information you may see or hear about hospitalized friends and acquaintances.

What are the consequences of not complying with the law?

There are fines and penalties for improperly sharing, using or disposing of patient information. Wrongful and willful disclosure of health information may involve jail time.

All healthcare staff are required to sign confidentiality agreements.

A breach of confidentiality may result in termination.

Why should we comply with HIPAA laws?

It is the right thing to do.

It is in keeping with the values of Meritus Health and Meritus Medical Center.

Think how you would feel if your health information or that of a loved-one was shared improperly.

Scenarios / Examples

No. 1 During the course of your regular volunteer duties, you enter a patient room to find a fellow volunteer who has been hospitalized.

OK to: Converse with the volunteer as you would normally do with other patients as part of your routine duties.

NOT OK to: Talk about the hospitalized volunteer, including sharing the information with the volunteer office, unless the patient has authorized the release of that information.

OK to: Mention he/she chooses to have the volunteer office notified it would be best if he/she called the office directly.

No. 2 You work where you have access to the patient census. While performing your regular duties you come across the name of a fellow volunteer or acquaintance.

OK to: Continue with your regular duties disregarding the information you happened upon.

NOT OK to: Assume, because he/she is a volunteer, or a personal friend, that it is ok to notify the volunteer office or others you know.

NOT OK to: Scan the census looking for people you know.

OK to: Only use patient census for minimum necessary to do your job, i.e., responding to a request for a patient room number.

No. 3 You are having lunch in the cafeteria with a group of volunteer friends and someone makes the statement, "Did you know that Mary is in the hospital?"

OK to: Politely stop the conversation and remind your fellow volunteer that sharing personal health information for non-TPO purposes is not something we do. A reminder to all that we need to follow HIPAA regulations.

NOT OK to: Talk about any person's health information, without authorization, even when among friends.

About Patients' Rights

Under HIPAA, patients have a right to know how their health information may be used or disclosed, and that they have certain privacy rights. These rights, some new and some revised are communicated to our patients through a document called Notice of Privacy Practices (NPP).

Rights allow patients to:

- Obtain a list of certain disclosures of their health information over the past six years.
- Request to amend their medical record.
- Request other communications such as asking to be notified of lab results only at work and not at home.
- Review and copy their medical record.
- Request restrictions on the use or sharing of their information, such as opting out of the hospital directory.

Before HIPAA, it was not uncommon for patients' private information to be given to other companies for the purpose of marketing products or services. Now, HIPAA states you must get the patient's signed authorization before doing this.

Providing for the Security of Patient Information

We must make sure that all health information, no matter where it is, is secure. This includes information stored on computers. HIPAA states that we must protect all patient information on computers by:

- Properly signing-on with individual IDs and passwords.
- Signing-off of computers if walking away from a desk.
- Keeping IDs and passwords confidential.
- Protecting computer screens from unwanted viewing.

We also have to handle and dispose of patient information carefully, such as using a shredder instead of throwing patient information away.

Rule of thumb: never dispose of patient information in any open waste basket. When in doubt, ask someone of authority what to do.

All patient information transmitted by e-mail or fax machines must be protected, too.

Reporting HIPAA Violations

It is everyone's responsibility to report violations of privacy and confidentiality laws and regulations.

Your department coordinator or supervisor or the director of volunteer services will have answers to any questions you have about whether something is a violation or how to report a violation.

You may also call the following numbers and make an anonymous report:

Anonymous Toll-free HIPAA / Compliance Hotline (Guideline) 1-888-847-9247.

Department of Business Integrity 301-790-8845.

HIPAA Quiz (Complete and return to the director of volunteer Services)

1. PHI stands for: P_____ H_____ I_____. (pg. 3)
2. The following information can be used to identify patients: (pg. 3)
 - A) Address
 - B) License number
 - C) Account number
 - D) All of the above
3. Without prior authorization, patient information can only be shared if it pertains to:
T_____ P_____ O_____. (pg. 4)
4. Wrongful disclosure of health information carries fines and can involve jail time.
 True False (pg. 4)
5. Under HIPAA, patients can choose to NOT be listed in the patient directory.
 True False (pg. 6)
6. Placing patient information in a wastebasket is ok as long as it is behind a desk.
 True False (pg. 6)
7. Reporting HIPAA violations is everyone's responsibility.
 True False (pg. 7)
8. The anonymous phone number for the HIPAA hotline is _____ (pg. 7)

I agree to follow all Meritus Health and Meritus Medical Center privacy and confidentiality policies.

Volunteer's Signature

Date



11116 Medical Campus Rd. * Hagerstown * Maryland * 21742 * ph: 301-790-8899

CONFIDENTIALITY AGREEMENT

EXECUTION OF THIS AGREEMENT AND CONTINUED COMPLIANCE WITH ALL OF THE PROMISES MADE, AND OBLIGATIONS IMPOSED BELOW, ARE CONDITIONS OF RECEIVING AUTHORIZATION FOR ACCESS TO ANY OF MERITUS HEALTH SYSTEM, INC. CONFIDENTIAL INFORMATION, INCLUDING BUSINESS INFORMATION, PATIENT INFORMATION AND COMPUTERIZED SYSTEMS.

I understand that confidential information specifically includes, but is not limited to, patient health information and proprietary business information, whether written, verbal, or computerized (including password (s)).

I also acknowledge and agree that any disclosure of, unauthorized use of, or access to confidential information will cause irreparable or loss to the Health System. As result, I expressly agree to treat all confidentiality information in strict confidence and to undertake the following obligations with respect to confidential information.

1. To access or use confidential information strictly in connection with, and for the sole purpose of, performing my assigned duties for Meritus Health System, Inc., on a need to know basis as specified in Personnel policy and procedure V-50;
2. Not to access, disclose, or communicate any confidential information to any person whatsoever, except in connection with the performance of my assigned duties;
3. Not to copy or reproduce in whole or in part, or permit any other person to copy or reproduce, in whole or in part, any confidential information other than in the regular course of the Health System business;
4. Not to disclose to any other person the computer password (s) issued to me;
5. To read, understand , and strictly comply with all policies and rules of the Health System regarding security and confidentiality of the Health System computerized systems and of confidential information; and
6. Immediately to report and disclose to the Health System any unauthorized use, duplication, disclosure, or dissemination of confidential information by any person.

As relates to the Health System computer system, I understand that during my association with Meritus Health System, it may be necessary for me to obtain access to one or more of the Health System computerized systems. In return for my obtaining this access, I expressly acknowledge and agree that any and all information that I obtain through the use of the computerized systems, including information about the systems and their software, is strictly confidential.

I understand that as part of the system security, the Health System has the ability to identify access to the information databases by user-ID, time, device, and by location. The Health System reviews these security reports on a regular basis to maintain the highest level of security and confidentiality as possible.

I further expressly agree that upon termination of my association with the Health System, for any reason, I will immediately return to the Health System any documents or other media containing any confidential information, and I will certify, in writing, that such documents and other media have been returned to the Health System.

I understand and expressly agree that my obligation to this Confidentiality Agreement shall survive termination of my association with the Health System, regardless of the reason for such termination.

I also understand and agree that failure to fulfill any of the obligations set forth in this Confidentiality Agreement or my violation of any of the terms of this agreement may result in my being subjected to:

- a.) If still associated with the Health System, to disciplinary action, up to and including discharge, in accordance with the Health System's policies and procedures; and/or
- b.) To appropriate legal action.

Unauthorized disclosure of information contained in a patient's medical record is a breach of Federal and State Criminal Law. Federal law imposes a maximum fine of \$10,000.00 for each offense (42 US 290 dd-2). Maryland law imposes a maximum fine of not more than \$1,000.00 for conviction of the first offense and not more than \$5,000.00 for each subsequent conviction. In addition, civil penalties are permitted (Health General Article, Section 4-309(c)).

I have read this Confidentiality Agreement and fully understand all of its terms: I expressly agree to comply with all of its terms.

Signature & Date

Name (Print)



Volunteer Care Caller Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____

Position Applied for: Meritus Care Caller

Have you ever worked for Meritus? YES NO If yes, when?
[] [] _____

References

Please list two references.

Full Name: _____ Relationship: _____ Phone: _____

Full Name: _____ Relationship: _____ Phone: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.
I understand that false or misleading information in my application or interview may result in my release.
I authorize Meritus Health to conduct reference and police records inquiries as it deems necessary.
I authorize and request each reference to answer any and all questions that may be sought in connection with this application.
In consideration of my volunteer service, I agree to conform to the rules and regulations of Meritus Health.

Signature: _____ Date: _____

Meritus Health, Inc. Volunteer Department

To be completed by the Applicant

The following information is True and Correct to the best of my knowledge and will be used for Criminal Background Screening Purposes Only. Please use an Ink Pen-write and clearly, use "UPPERCASE" letters, One letter per block.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
 - **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
 - **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
 - **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
 - **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
 - **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
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- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688)
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

Consumers have the right to obtain a security freeze

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480

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<p>Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>

Maryland Summary of Rights

As a resident of the State of Maryland, you have the following rights as a consumer under the laws of the State of Maryland relating to consumer credit information.

- You have the right to request, in writing, that a consumer reporting agency restrict the sale or other transfer of information in your credit file to:
 - 1) A mail-service organization;
 - 2) A marketing firm; or
 - 3) Any other similar organization that obtains information about a consumer for marketing purposes.

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- You have a right, upon request and proper identification, to receive from a consumer reporting agency an exact copy of any consumer file on you, including a written explanation of codes or trade language used in the report.
- You have a right to receive disclosure of information in your consumer file during normal business hours:
 - In person, upon furnishing proper identification.
 - By telephone, if you make written request with proper identification, and toll charges, if any, are charged to you.
 - In writing, if you make written request and furnish proper identification
You may be accompanied by one other person of your choosing, who must furnish reasonable identification, and the consumer reporting agency may require a written statement from you granting permission to discuss your consumer information in this person's presence.
- You have a right to dispute the completeness or accuracy of any item of information contained in your consumer file, and if you convey the dispute in writing, the consumer reporting agency will, within 30 days, reinvestigate and record the current status of that information, unless it has reasonable grounds to believe that the dispute is frivolous or irrelevant.
- If, after reinvestigation, the information you disputed is found to be inaccurate or cannot be verified, the consumer reporting agency will delete the information and mail you a written notice of the correction and will also mail to each person to whom erroneous information was furnished written notice of the correction. You will also be sent a written notice if the information you disputed is found to be accurate or is not verified.

You have 60 days after receiving notice of correction or other findings to request in writing that the consumer reporting agency furnish you with the name, address, telephone number of each creditor contacted during its reinvestigation, and it will provide this information to you within 30 days after receiving your request.

- If the reinvestigation does not resolve your dispute, you may file with the consumer reporting agency a brief statement of not more than 100 words, setting forth the nature of your dispute. This statement will be placed on your consumer file, and in any subsequent report containing the information you dispute, it will be clearly noted that the information has been disputed by you, and your statement or a clear and accurate summary of it will be provided with that report.

Following deletion of any information you disputed that is found to be inaccurate or could not be verified, at your request, the consumer reporting agency will furnish notification of the information deleted or your statement, or statement summary, to any person you designate who has received your report within the past two years for employment purposes, or within the past one year for any other purpose.

- Under the law, you will not be charged for any of the information requested nor for our handling of the information you dispute, nor for the corrected reports resulting from our handling. Under the law, you may be charged a fee not exceed \$5 for a second or subsequent report requested by you during a 12-month period.

You have a right to file a complaint with the Commissioner of Consumer Credit, State of Maryland, if you have reason to believe that this law or any other law regulating consumer credit reporting has been violated, and the Commissioner will thoroughly inspect and investigate your complaint.

The name, address, and telephone number of the Commissioner of Consumer Credit is:

Antonio Salazar, Commissioner of Financial Regulation
Maryland Department of Labor, Licensing & Regulation
500 N. Calvert St., Suite 402
Baltimore, Maryland 21202
(410) 230-6077

NOTICE

You have a right, under § 14-1212.1 of the Commercial Law Article of the Annotated Code of Maryland, to place a security freeze on your credit report. The security freeze will prohibit a consumer reporting agency from releasing your credit report or any information derived from your credit report without your express authorization. The purpose of a security freeze is to prevent credit, loans, and services from being approved in your name without your consent.

You may elect to have a consumer reporting agency place a security freeze on your credit report by written request sent by

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certified mail or by electronic mail or the Internet if the consumer reporting agency provides a secure electronic connection. The consumer reporting agency must place a security freeze on your credit report within 3 business days after your request is received. Within 5 business days after a security freeze is placed on your credit report, you will be provided with a unique personal identification number or password to use if you want to remove the security freeze or temporarily lift the security freeze to release your credit report to a specific person or for a specific period of time. You also will receive information on the procedures for removing or temporarily lifting a security freeze.

If you want to temporarily lift the security freeze on your credit report, you must contact the consumer reporting agency and provide all of the following:

- (1) The unique personal identification number or password provided by the consumer reporting agency;
- (2) The proper identifying information to verify your identity; and
- (3) The proper information regarding the person who is to receive the credit report or the period of time for which the credit report is to be available to users of the credit report.

A consumer reporting agency must comply with a request to temporarily lift a security freeze on a credit report within 3 business days after the request is received, or within 15 minutes for certain requests. A consumer reporting agency must comply with a request to remove a security freeze on a credit report within 3 business days after the request is received.

If you are actively seeking credit, you should be aware that the procedures involved in lifting a security freeze may slow your own applications for credit. You should plan ahead and lift a security freeze, either completely if you are seeking credit from a number of sources, or just for a specific creditor if you are applying only to that creditor, a few days before actually applying for new credit.

A consumer reporting agency may charge a reasonable fee not exceeding \$5 for each placement, temporary lift, or removal of a security freeze. However, a consumer reporting agency may not charge any fee to a consumer who, at the time of a request to place, temporarily lift, or remove a security freeze, presents to the consumer reporting agency a police report of alleged identity fraud against the consumer or an identity theft passport. A consumer reporting agency also may not charge any fee to a consumer for the first placement of a security freeze with the consumer reporting agency.

A security freeze does not apply if you have an existing account relationship and a copy of your credit report is requested by your existing creditor or its agents or affiliates for certain types of account review, collection, fraud control, or similar activities.

i. West Virginia consumers Have the Right to Obtain a Security Freeze.

You may obtain a security freeze on your credit report to protect your privacy and ensure that credit is not granted in your name without your knowledge. You have a right to place a security freeze on your credit report pursuant to West Virginia law.

The security freeze will prohibit a consumer-reporting agency from releasing any information in your credit report without your express authorization or approval.

The security freeze is designed to prevent credit, loans and services from being approved in your name without your consent. When you place a security freeze on your credit report, within five business days you will be provided a unique personal identification number or password to use if you choose to remove the freeze on your credit report or to temporarily authorize the distribution of your credit report for a period of time after the freeze is in place. To provide that authorization, you must contact the consumer-reporting agency and provide all of the following:

- (1) The unique personal identification number or password provided by the consumer-reporting agency;
- (2) Proper identification to verify your identity; and
- (3) The period of time for which the report shall be available to users of the credit report.

A consumer-reporting agency that receives a request from a consumer to temporarily lift a freeze on a credit report shall comply with the request no later than three business days after receiving the request.

A security freeze does not apply to circumstances in which you have an existing account relationship and a copy of your report is requested by your existing creditor or its agents or affiliates for certain types of account review, collection, fraud control or similar activities.

If you are actively seeking credit, you should understand that the procedures involved in lifting a security freeze may slow your own applications for credit. You should plan ahead and lift a freeze, either completely if you are shopping around or specifically for a certain creditor, a few days before actually applying for new credit.

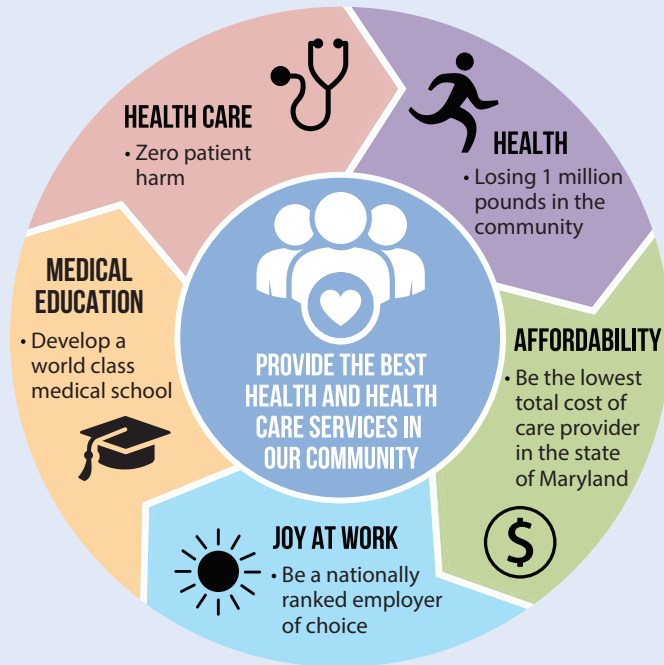
You have the right to bring a civil action against someone who violates your rights under the credit reporting laws. The action can be brought against a consumer-reporting agency

Code of Conduct



2030 Bold Goals

The Meritus Health strategic plan has Bold Goals to be achieved by 2030. Utilizing the quadruple aim framework, the 2030 Bold Goals were created to improve the health in our community, improve health care, having joy at work, and medical care that is affordable for our community; as well as a fifth goal for providing world class medical education.



Mission

Improve the health of our community.

Vision

To be the best health system.

Values

At Meritus, we each support our mission and vision by living our values each and every day. By following our pledge, “I act”, we each support Meritus with:

I = Integrity - We do the right thing, no matter what.

A = All in for quality and outcomes - Quality improvement isn't just something we talk about, it's a commitment we each live.

C = Community obsessed - We are our community and we are here to take care of our neighbors. This isn't just about medical care, it's about caring for the whole person.

T = Teamwork - Nobody can do it alone. At Meritus we are one team that is diverse and inclusive.

Dear Colleague,

Meritus Health has a vision to relentlessly pursue excellence. That vision can only be accomplished with all of us working together as a team and deeply committed to our Code of Conduct.

This Code of Conduct is essential to how we behave and how we operate to serve our patients and our community. This Code of Conduct is about us committing to the highest level of ethical standards and are our expectations for doing our work every day with integrity. This Code of Conduct is not a nicety, but a necessity. A culture of compliance is the foundation to doing the right thing, all the time, for everyone that we serve.

Please read this Code of Conduct carefully and take the time to discuss any questions or concerns with your supervisor, department leader, or our department of business integrity, at 301-790-8414.

We want Meritus Health to be the most trusted, honest, ethical organization, with unmatched integrity. You make that happen by living this Code of Conduct.

Thank you for what you do for Meritus Health. You make a difference in improving the health status of our region.



Maulik S. Joshi, Dr.P.H.
President and Chief Executive Officer
Meritus Health

A handwritten signature in black ink that reads "Maulik Joshi".



Robert "BJ" E. Goetz, Jr.
Chairman, Board of Directors
Meritus Medical Center

A handwritten signature in black ink that reads "Robert E. Goetz, Jr." with a stylized flourish.



Thomas Amalfitano, M.D.
Chief of Staff
Meritus Medical Center

A handwritten signature in black ink that reads "Thomas Amalfitano".

Purpose of the Code of Conduct

Meritus Health is firmly committed to operating with a spirit of trust and integrity. As an organization, it is only through the actions of our staff that trust is built and a reputation for honesty and fairness is earned.

This Code of Conduct, which has been adopted by the Meritus Health board of trustees, outlines the health system's commitment to:

- Provide safe, high-quality, compassionate care and service;
- Respect patient rights, including the right to privacy and confidentiality;
- Provide a safe and respectful work environment;
- Comply with all laws and regulations that govern our business;
- Bill for the services that we provide with honesty and integrity;
- Avoid conflicts of interest and safeguard the assets of our organization; and
- Honor the trust of our patients, our employees and the community we serve.

The Code of Conduct sets forth a series of expectations regarding the manner in which employees and other members of our organization are to conduct themselves. The Code applies to employees, officers, board members, medical staff members, contracted employees, students and volunteers of Meritus Health and its subsidiaries.

The Code of Conduct is intended to be both comprehensive and easily understood. However, in some cases, the subjects discussed are complex, or may apply more specifically to certain disciplines or departments. Therefore, additional guidance is often necessary. To provide

that guidance, Meritus Health has developed a comprehensive set of policies, procedures, bylaws and/or rules and regulations. Members of our organization are expected to follow those policies that apply to their areas of responsibility.

In each section of the Code of Conduct, lists of expected behaviors and unacceptable behaviors are provided. These lists are not intended to be exhaustive. Rather, they are intended to be used as guidance to assist us in carrying out our daily responsibilities to the organization, the patients and the community that we serve.



Our commitment to provide safe, high-quality and compassionate care and service.

Patients and families who entrust their care to Meritus Health are our number-one priority. We are committed to providing high-quality care and service to those we serve and to delivering that care in a manner that is safe, compassionate and caring.

We are committed to understanding the needs and expectations of all of our customers and continually striving to meet or exceed those needs and expectations.

We support and uphold recognized quality standards and guidelines, as well as sound standards of professional practice. We strive to continually improve the quality and safety of the care that we deliver.

Expected Behaviors

You are expected to:

- Strive for quality in your job performance, always giving your best effort on the job
- Maintain skills and current competence in your areas of responsibility
- Provide care in accordance with all professional standards that apply to your position
- Act in the best interests of patients and others in your care
- Comply with your departmental and system-wide safety rules, policies, procedures
- Abide by all customer service standards of your department and the health system
- Actively participate in the quality improvement and safety activities of your department / business unit and of the health system
- Report all deficiencies or errors, even if they appear small, so as not to jeopardize the health and safety of our patients and fellow workers
- Make care decisions based solely on clinical needs and the medical appropriateness of those decisions
- Complete all records and documentation needed to provide excellent care in a timely, accurate and legible manner

Unacceptable Behaviors

It is unacceptable to:

- Ignore safety concerns or patient care needs expressed by another caregiver
- Refuse to comply with known and generally accepted practice standards
- Deliberately fail to adhere to organizational policies designed to protect our patients and improve patient care
- Provide care that you are not qualified to provide

Our commitment to respect the rights of patients and other customers, including the right to privacy and confidentiality.

We recognize that the provision of health care is often a very personal decision. We respect the right of patients and customers to have their own personal values and beliefs. We support each patient's right to make his or her own decisions regarding medical treatment and to choose the providers of their health care services.

We also recognize that health care is a very private matter. We are committed to maintaining patient privacy and confidentiality.

Expected Behaviors

You are expected to:

- Treat all patients and customers with dignity and respect regardless of sex, race, age, sexual orientation, national origin, disability, diagnosis or ability to pay
- Involve patients and as appropriate, their family members and representatives in decisions about their care
- Understand and follow departmental, hospital and system-wide policies on patient and customer rights
- Protect the privacy and confidentiality of all medical and other information of those in your care
- Follow the health system's policies on privacy, confidentiality and release of information and to access patients' personal and health information only on a need-to-know basis
- Safeguard confidential information regarding our customers from misuse, theft or unauthorized access

Unacceptable Behaviors

It is unacceptable to:

- Discriminate against patients or customers based on sex, race, age, sexual orientation, national origin, disability, diagnosis or ability to pay
- Violate patient privacy or confidentiality by:
 - Discussing patient information in common areas where privacy and confidentiality may be compromised
 - Discussing patients with family or friends
 - Posting or discussing patient information on social media.
 - Accessing patient information for any reason other than a need-to-know basis
 - Making unauthorized disclosures of protected health information
- Violate patient or customer rights in any other manner

Our commitment to provide a safe and respectful work environment.

The delivery of high quality patient care requires teamwork among all individuals involved. Data shows that work environment has a direct impact on the quality and safety of care delivered.

At Meritus Health, we are committed to providing a work environment where all team members are treated with honesty, dignity, fairness and respect. We support the right of every employee, medical staff member, volunteer, contractor and student to work in an environment free of unlawful harassment or abusive, threatening or intimidating behavior.

Disruptive behavior endangers patient safety and will not be tolerated.

Expected Behaviors

You are expected to:

- Treat every member of the organization and health care team with courtesy and respect
- Work together to resolve conflicts that may arise among colleagues and co-workers
- Be considerate of the needs of others and consider a wider view when making decisions
- Take ownership of problems and become part of the solution
- Report disruptive, threatening, harassing or intimidating behavior
(See: *How to Report a Concern* on page 14)

Unacceptable Behaviors

It is unacceptable to:

- Use inappropriate words (e.g., profane, insulting, intimidating, demeaning, humiliating or abusive language)
- Make sexual comments or innuendo
- Engage in inappropriate touching, sexual or otherwise
- Make racial or ethnic slurs or jokes
- Engage in intimidating behavior that has the effect of suppressing input by other members of the health care team (e.g., outbursts of anger, throwing instruments, charts or other objects, etc.)
- Criticize fellow employees in front of patients, customers, families or other staff
- Make comments that undermine a patient's or customer's trust in fellow employees or the hospital, or that undermine a caregiver's self-confidence in caring for patients
- Retaliate or threaten retaliation, as a result of an individual's negative response to harassing conduct
- Shame others for negative outcomes
- Not return pages or calls promptly

Our commitment to comply with the laws and regulations that govern our business.

The delivery of health care is a complex business that is subject to many state, local and federal laws and regulations. Examples include, but are not limited to: 1) employment and non-discrimination laws, 2) fraud, abuse and referral laws (Stark, Anti-kickback, False Claims Act), 3) billing and financial reporting laws, 4) privacy and security laws, including HIPAA, 5) environmental and safety laws and 6) multiple laws and regulations designed to protect patients and ensure the quality of care (e.g., Emergency Medical Treatment and Labor Act, Medicare Hospital Conditions of Participation, etc.).

Meritus Health is committed to complying with all laws and regulations which apply to our business. We continually update our policies, procedures, monitoring plans and educational programs to support ongoing organizational compliance with these laws.

Expected Behaviors

You are expected to:

- Follow all laws that apply to your work and ask for assistance if you have questions about how they affect you
- Abide by the policies and procedures of Meritus Health and its subsidiaries
- Participate in training and education opportunities on laws or regulations that apply to your work responsibilities
- Report any suspected violations of law
(See: *How to Report a Concern* on page 14.)

Unacceptable Behaviors

It is unacceptable to:

- Knowingly violate any federal, state or local laws in the performance of your work
- Knowingly contract or otherwise engage with a provider who is excluded from participation in the Medicare and Medicaid programs by the federal government
- Offer, pay or accept money, goods or anything of value in return for the referral of patients or health care business
- Offer or give something of value to patients or customers in order to induce them to use or purchase health care services that are reimbursed by federal health care programs. (Note: In limited circumstances, individual gifts of less than \$10 may occasionally be provided.)

Our commitment to honesty and integrity in billing for the services we provide.

At Meritus Health, we are committed to accurate billing for the services we provide. We employ policies, procedures and systems to facilitate timely, complete and accurate billing.

Our federal and state governments are responsible for a significant portion of the health care services we provide to patients covered by the Medicare and Medicaid programs. We are committed to following the requirements of these programs, as well as other third-party payors.

The Federal False Claims Act (see following page) makes it a crime for any person or organization to knowingly make a false record or file a false claim with the government for payment. Meritus Health expects that all employees who are involved with creating or filing claims, or documenting services rendered, will do their part to ensure that true, complete and accurate information is used.

Expected Behaviors

You are expected to:

- Provide and maintain honest and accurate records of all services provided to patients and customers
- Follow established rules and procedures when charging patients and customers
- Understand the billing requirements specific to your department or ask questions if you do not understand them
- Do your part to ensure that we submit bills for payment that are appropriately coded, using current rules and guidelines
- Follow billing guidelines for medical necessity
- Correct and resubmit bills when errors are discovered
- Follow federal rules requiring the return of overpayments by Medicare or Medicaid within 60 days of identification (See Meritus Policy, ADMN 0447, Reporting and Returning Overpayments to Federal Health Care Programs)
- Actively participate in performance improvement activities to identify, understand and prevent billing errors
- Immediately report any concern about possible false claims at Meritus Health to the department of business integrity so that any erroneous claims may be investigated and corrected
(See: *How to Report a Concern* on page 14.)

Unacceptable Behaviors

It is unacceptable to:

- Knowingly submit or cause to be submitted a claim which is inaccurate or misleading
- Make false statements or representations to obtain payment for services or to gain participation in a program
- Fail to report the discovery of any false claim submissions to your manager, supervisor or the department of business integrity
- Fail to take steps to correct known errors in billing

Federal False Claims Act

As a recipient of federal health care program funds, including Medicare and Medicaid, Meritus Health is required by law to include in its policies detailed information about the federal False Claims Act and the Maryland State False Claims Act.

The federal False Claims Act prohibits any person or organization from knowingly submitting a false record or claim for payment to the federal government. A false claim is basically a claim that is inaccurate or untrue. Penalties for violations, as of 2020, which are updated annually, range from \$11,665 - \$23,331 per claim, plus up to 3 times the Government's damages. In addition, the violator can be excluded from participating in the Medicare and Medicaid programs.

The False Claims Act contains provisions that allow individuals with information regarding federal health care fraud to file a lawsuit on behalf of the government and to receive a portion of the recoveries, if the lawsuit is successful. Finally, the False Claims Act has what is known as "whistleblower protections." Individuals who file or otherwise assist in a false claims action are protected from any form of retaliation by their employer.

Maryland has enacted its own version of the False Claims Act for false claims submitted for payment to State health care programs. Violators may be liable for a penalty up to \$10,000 per claim, plus up to 3 times the State's damages. Like the federal False Claims Act, individuals may file a lawsuit on behalf of the State and whistleblowers are protected from any form of retaliation by their employer.

How We Prevent False Claims

Meritus Health is committed to prompt, complete and accurate billing of all services. Neither the health system, nor its employees, shall knowingly make or submit any false or misleading entries on any bills or claim forms. Examples of prohibited behaviors include: 1) billing for services, equipment or supplies that were not provided; 2) billing twice for the same service (duplicate billing); 3) coding or billing a higher level of service when a lower level was provided; 4) unbundling of charges; 5) charging for medically unnecessary supplies or services, including unnecessary hospital days or 6) providing false documentation on a record or claim.

We recognize that billing is often a complex process involving multiple individuals (e.g., coders, billing staff, information technology staff, clinicians, etc.) and complex rules. Therefore, we know that errors in billing will occur from time to time. What is important is that each employee do his or her part to help us identify and correct these errors when discovered and take steps to prevent them in the future.

As part of its commitment to integrity, Meritus Health has implemented policies and procedures to prevent the filing of false claims (See the system-wide policy entitled Preventing False Claims). If you know or suspect that false claims are being filed, you are expected to report this to your manager, supervisor or to the department of business integrity at 301-790-8414. You may also report anonymously by calling the GUIDELINE at 301-790-7950 or 888-847-9247 (toll-free).

Our commitment to avoid conflicts of interest and to safeguard the assets of our organization.

Meritus Health is a community-based, tax-exempt organization. All employees and other individuals working on behalf of the health system have a duty to act in the best interest of the organization and the patients it serves. This means avoiding situations where relationships with vendors or other business partners or affiliates influence decisions that are made by the health system or its subsidiaries.

It also means that all employees, medical staff and contractors with whom we do business must recognize that any decisions regarding choice of medications, supplies, instrumentation or medical devices to be purchased by the health system for use in patient care will be made solely upon the basis of the value and safety of the product and not upon any relationship that an individual may have with a business or vendor.

Expected Behaviors

You are expected to:

- Act in the best interest of Meritus Health and the patients, customers and community it serves, when dealing with vendors and others with whom we do business
- Disclose potential and actual conflicts of interest to your supervisor or manager (Note: if you are an individual who is in a position to make or influence decisions for the organization, you may be expected to complete an annual Disclosure Statement.)
- Safeguard and protect the property and other assets of Meritus Health

Unacceptable Behaviors

It is unacceptable to:

- Knowingly pay more than “fair market value” for goods or services that we purchase
- Solicit gifts from vendors or others with whom we do business
- Accept personal gifts (unless of nominal value) or entertainment from vendors or others with whom we do business
- Make any decision which may impact the safety and effectiveness of patient care based upon personal or business relationships
- Misuse or fail to protect the property of Meritus Health against loss, theft or abuse
- Discuss or release confidential health system business with outside individuals or groups

Our commitment to honor the trust of our patients, employees and the community we serve.

Meritus Health holds a unique position of public trust. Our mission, vision and strategic plans are to be achieved without ever resorting to moral compromise. It is never acceptable for us to falsify information or conceal factual circumstances in an attempt to present better results clinically, operationally or financially. We are committed to representing ourselves fairly in all marketing materials, public relations activities, fundraising solicitations and media releases.

We realize that many parties may be interested in the affairs of our community-based health system. We believe that these stakeholders are entitled to appropriate disclosures of quality, financial and operational data to meet their legitimate needs. Such disclosures will be timely, accurate and complete to the best of our ability.

Expected Behaviors

You are expected to:

- Serve as ambassadors of Meritus Health.
- Adhere to Meritus Health's policy on Social Media use.
- Do your part to ensure that data and information that is reported internally or externally (to regulatory agencies, investors or the public) is complete, timely and accurate
- Notify your manager of any external requests for data or information so that he or she may institute the necessary review and approval process
 - All releases of information to the media must be reviewed and approved by the applicable Meritus Health department;
 - Any release of personal health information to the media, which we initiate, must have a signed consent by the patient and be approved by the applicable Meritus Health department
 - Any release of quality data must be reviewed and approved by the applicable Meritus Health department

Unacceptable Behaviors

It is unacceptable to:

- Provide data or information that you know to be false
- Misrepresent facts or falsify records in any manner
- Release confidential or sensitive information about the organization
- Use social media to post images or comments about one's self, co-workers, supervisors, or Meritus & Health which are vulgar, obscene or defamatory.

Your Responsibility

You have a responsibility to:

- **Review and follow this Code of Conduct**

The Meritus Health Code of Conduct must be followed by all employees, officers, board members, medical staff members, contracted services, students and volunteers of Meritus Health and its subsidiaries. Adherence to this Code of Conduct is a condition of employment, credentialing and affiliation with Meritus Health. Violations of the Code of Conduct may be subject to disciplinary action.



- **Ask questions when you are uncertain about what to do**



In the delivery of health-care services, we often deal with new and complex rules and procedures. As a result, there will likely be times when the answer to a particular issue is not clear. It is your responsibility to ask questions when you don't know the answer and are uncertain about what to do. Resources available to answer your questions include: 1) your supervisor or manager; 2) the human resources department; 3) the division of medical affairs; 4) the risk management department; 5) corporate communications; 6) any member of senior management; 7) the department of business integrity; and 8) the regulatory compliance and patient safety department.

- **Speak up when you are concerned about behavior that is inconsistent with the Code of Conduct**

It is your responsibility to report violations of this Code of Conduct. If you believe that you have information about suspected violations or if you have questions or concerns about a potential violation, it is your obligation to report.

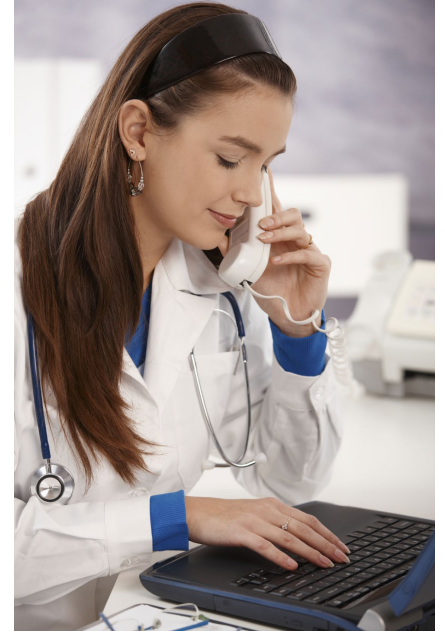
It is the policy of Meritus Health that **no person will be subject to retaliation for reporting suspected violations or concerns in good faith.** Retaliation is subject to discipline, up to and including, dismissal from employment, suspension of medical staff privileges and/or termination of business relationships.



How to Report a Concern

If you believe that this Code of Conduct may have been violated or you have a question or concern, you may file a report by:

- Contacting your manager, supervisor or medical staff leader
- Completing an electronic event report
- Contacting the department of business integrity at 301-790-8414
- Email compliance@meritushealth.com
- Making an **anonymous report** by calling the Meritus Health GUIDeline at 301-790-7950 or 888-847-9247 (toll-free). **The GUIDeline is completely confidential and is available 24 hours a day, 7 days a week.**



How Reports Are Handled

The business integrity department is responsible for oversight of the health system's Code of Conduct reporting process. Every attempt will be made to resolve issues quickly and at the lowest possible level of the organization. However, depending upon the circumstances and individuals involved, the appropriate board, medical staff and human resources policies, procedures and bylaws may be utilized in responding to incidents of inappropriate conduct.



Remember ...



Meritus Health strictly prohibits retaliation, in any form, against an individual for reporting an issue or concern in good faith.

Our organization, our patients and our community all count on your personal commitment to ensuring that we operate with integrity and the highest standards of ethical behavior.

If you have any questions or concerns about the way that Meritus Health (or any of its employees or agents) conducts business, you may call the Chief Compliance Officer, Laurie Bender, at 301-790-8812 or the Privacy & Associate Compliance Officer, Melissa Clitandre, at 301-790-8730.



Department of Business Integrity

11116 Medical Campus Road
Hagerstown, MD 21742
301-790-8414
MeritusHealth.com

CODE OF CONDUCT

Statement of Receipt and Understanding

I acknowledge that I have received my personal copy of Meritus Health's Code of Conduct.

I understand that I am responsible for reading the Code of Conduct and discussing any questions I may have with my supervisor, manager, medical staff leader, or other individual responsible for my relationship with the organization. I may also contact the office of Business Integrity.

Printed Name: _____

Department: _____

Signature: _____ Date: _____

Return to Human Resources or Immediate Supervisor

