



EMPLOYEE HANDBOOK



Welcome

Welcome to the Northwest Health Services (NHS) Team! We are delighted that you have chosen to join our organization and hope that you will enjoy a long and successful career with us. As you become familiar with our culture and mission, we hope you will take advantage of opportunities to enhance your career and further NHS's goals.

You are joining an organization that has a reputation for outstanding leadership, dedication to helping surrounding communities, and turning NO Patient away regardless of their ability to pay. We sincerely hope you will take pride in being an important part of NHS' success.

Please take time to review the policies contained in this handbook. If you have questions, feel free to ask your supervisor or to contact the Human Resources Department.

EXCELLENCE IN HEALTHCARE

Northwest Health Services is a not-for-profit FQHC (Federally Qualified Health Center) serving 15 Counties in Northwest Missouri. We accept Medicaid/Medicare, Private Insurance/Pay, and offer a Sliding Fee Scale for individuals and families who are uninsured.

Meet our Northwest Health Services Leaders

Deanna Lamb – Chief Executive Officer

Rebecca Mankin – Chief Financial Officer

Dr. Steven Brushwood - Chief Medical Officer

Dr. Alan Krebs - Chief Dental Officer

Miranda Phillips - Director of Pharmacy

Terry Petersen – Director of Behavioral Health & Training and Education

Heidi Eggers - Director of Clinical Operations

Rodney Hummer – Director of Development & Community Engagement

Abdul Guga – Director of IT

Judy Hood – Director of Compliance

Stacey Lawrence- Director of Human Resources

MISSION

Northwest Health Services serves as a catalyst for health & empowerment in Northwest Missouri through education, medicine & advocacy



Northwest Health Services Core Values

- **Patient- Centered:** The patients we serve are the reason we exist and are the center of all that we do. We recognize and respond to the need of the whole person and foster a spirit of community. Providing our patients and their families with the highest quality of care in an environment that is safe and compassionate is our priority.
- **Pursuit of Excellence:** As individuals and collectively, we strive for excellence. We promote innovation, develop programs and processes to measure and continually improve quality, and encourage continuous learning and empowerment both for staff and the patients we serve.
- **Collaboration:** We provide an environment that promotes teamwork and mutual respect by recognizing that together we are stronger than we are alone, by both formally and informally recognizing contributions of individuals, teams, and partnering agencies, and by creating an inclusive work environment that enables the delivery of respectful and culturally- appropriate care.
- **Community-Driven:** We are committed to understanding and reaching out to the communities we serve. Through the consideration of culture, economics and educational status, traditions, and other socio-cultural needs, we provide services that positively impact community health.
- **Continuity of Care:** It is through coordination and integration that we support our patients and their families as they navigate the multiple systems of care. Caring hand-offs between different providers and entities throughout the community create a shared environment of responsibility for the healthcare team and the patients being served. Demonstrating that the trust extended to us by our patient, funders and the partners is well placed. We prove the effectiveness of our work through measurable results.

Quick Reference Page

Holidays (9 paid)

Good Friday
Memorial Day
Independence Day
Labor Day
Thanksgiving Day
Black Friday
Christmas Eve
Christmas Day
New Year's Day



O-Drive- Policies

To access the O-Drive go to the bottom left of your computer and look for the manila folder and click on that.
Then select the Admin (O)
Select POLICIES & DOCUMENTS

Phone Manger- Extensions

Icon on desk top enter Login name: your extension with @northwest example: 8000@northwest

TABLE OF CONTENTS

Equal Opportunity, Ethics, and Workplace Civility | Pages 6- 21

- Equal Employment Opportunity
- Code of ETHICS and Business Conduct
- Workplace Civility and Anti-Harassment
- Confidentiality Policy
- HIPAA Policy

Employment Relationships | Pages 22- 37

- Employment
- Personal Policies Introduction
- Work Week, Hours, Meal and Rest Breaks, and Overtime
- Fraternization/Relationship Policy
- Resignation Policy

Workplace Safety | Pages 38- 49

- Drug Testing: Drug and Alcohol Policy
- Tobacco-Free Workplace
- Violence in the Workplace
- Fire Safety
- Inclement Weather

Workplace Guidelines | Pages 50- 69

- Attendance
- Conflict Resolution Policy
- Moonlighting/Outside Employment
- Employee Dress Code
- Social Media
- Technology
- Progressive Disciplinary

Leave | Pages 70- 82

- PTO
- Holiday
- Bereavement Leave
- Jury/Court Appearance
- Military Leave
- Time off for Voting
- Family and Medical Leave

Employee Benefits | Pages 83- 86

- Medical, Dental, and Vision Insurance
- Group Term Life Insurance & Long-Term Disability
- Health Savings Account/Flex Spending/Dependent Care
- 401(k) Plan
- Employee Assistance Program



TITLE: Equal Employment Opportunity
DEPARTMENT: Human Resources
EFFECTIVE DATE: June 23, 2016

PURPOSE:

This policy ensures that hiring and personnel practices comply with applicable law relating to nondiscrimination.

POLICY:

Northwest Health Services (NHS) is an Equal Opportunity Employer. It is the policy of Northwest Health Services to comply with all regulatory requirements that fall under the control of the Equal Employment Opportunity Commission (EEOC). NHS will make reasonable accommodations for qualified job applicants and employees with disabilities in accordance with the Americans with Disabilities Act, Amendment Act and other applicable law.

NOTE: It is the policy of Northwest Health Services that employees of NHS are employed at the will of NHS. This EEO Policy does not constitute a contract.

PROCEDURES:

1. Recruitment, selection, placement, training, and layoff decisions made by NHS' supervisors or managers will be based on the job-related qualifications and abilities of candidates.
2. Employees who apply for a promotion or transfer will be fairly considered, along with external applicants, based on job-related qualifications and abilities.
3. Qualifications of candidates for a promotion or transfer will be assessed solely on the basis of an individual's ability and merit (as demonstrated by the individual's performance record).
4. All personnel practices of NHS, including compensation and benefits, will be administered and conducted in compliance with the EEOC.
5. NHS will employ only those individuals who are authorized to work in the United States.
6. Every new employee must complete the Employment Eligibility Verification Form I-9 and present documentation establishing identity and employment eligibility within three (3) days of the date of hire.
7. Human Resources Personnel will review the required documents and sign the Form I-9 in acceptance of the documents. NHS shall retain the employees' I-9 forms for three (3) years from the date of hire or one (1) year from the date the employment relationship is terminated whichever is later.
8. Employees who have EEO-related questions, problems, or complaints should contact their immediate supervisor. If the complaint involves the employee's supervisor, or the employee does not feel comfortable discussing the complaint with his or her supervisor, the employee shall report the complaint to the Director of Human Resources. If the complaint involves Human Resources, the employee shall report the complaint to the Chief Executive Officer (CEO). If the complaint involves the CEO, the employee shall contact the Board of Directors' Personnel Committee Chairperson by calling Human Resources for contact information. Human Resources will not inquire as to the nature of the subject matter when interacting with the employee.

TITLE: CODE OF ETHICS and Business Conduct
DEPARTMENT: Human Resources
EFFECTIVE DATE: April 27, 2017

Core Values

Company Vision

A Northwest Missouri that grows stronger with every patient encounter.

Mission

Northwest Health Services (NHS) serves as a stimulus for health and empowerment in Northwest Missouri through education, medicine and advocacy.

Values

Patient-Centered – Our focus is on our patients and their families, providing the highest quality care in an environment that is safe and compassionate.

Pursuit of Excellence – Striving for excellence, we promote innovation and develop programs and processes that continually improve quality. We encourage continuous learning and empower our staff and the patients we serve.

Collaboration – We recognize that together we are stronger than we are alone. By recognizing contributions of individuals, teams, and partnering agencies we create an inclusive work environment that enables the delivery of respectful and culturally-appropriate care.

Community-Driven – We are committed to understanding and reaching out to the communities we serve. Through the consideration of culture, economic and educational status, traditions, and other socio-cultural needs we provide services that positively impact community health.

Continuity of Care – We support our patients and their families by coordination of care among providers and service agencies throughout the community. We encourage a shared environment of responsibility and accountability for our care team and our patients.

Trust and Credibility

The success of NHS is dependent on the trust and confidence we earn from our employees, patients, and the community. We gain credibility by adhering to our commitments, displaying honesty and integrity and reaching company goals solely through honorable conduct. It is easy to say what we must do, but the proof is in our actions. Ultimately, we will be judged on what we do.

When considering any action, it is wise to ask:

- Will this build trust and credibility for NHS?
- Will it help create a working environment in which NHS can succeed over the long term? Is the commitment I am making one I can follow through with?
- The only way we will maximize trust and credibility is by answering “yes” to those questions and by working every day to build our trust and credibility.

Respect

We all deserve to work in an environment where we are treated with dignity and respect. NHS is committed to creating such an environment because it brings out the full potential in each of us, which, in turn, contributes directly to our business success. We cannot afford to let anyone's talents go to waste.

NHS is an equal employment employer and is committed to providing a workplace that is free of discrimination of all types from abusive, offensive or harassing behavior. Any employee who feels harassed or discriminated against should report the incident to their manager or to human resources.

Open and Honest Communication

At NHS everyone should feel comfortable to speak their mind, particularly with respect to ethics concerns. Managers have a responsibility to create an open and supportive environment where employees feel comfortable raising such questions. We all benefit tremendously when employees exercise their power to prevent mistakes or wrongdoing by asking the right questions at the right times.

NHS will investigate all reported instances of questionable or unethical behavior. In every instance where improper behavior is found to have occurred, the company will take appropriate action. We will not tolerate retaliation against employees who raise genuine ethics concerns in good faith.

For information on NHS' whistleblower policy, refer to AA-40 "Whistleblower Policy."

Employees are encouraged, in the first instance, to address such issues with their managers or human resources, as most problems can be resolved swiftly. If for any reason that is not possible or if an employee is not comfortable raising the issue with their manager or HR, NHS' Chief Executive Officer does operate with an open-door policy.

Leadership

Leadership has added the responsibility for demonstrating, through their actions, the importance of this Code. In any business, ethical behavior does not simply happen; it is the product of clear and direct communication of behavioral expectations, modeled from the top and demonstrated by example. Again, ultimately, our actions are what matters. To make our Code work, managers must be responsible for promptly addressing ethical questions or concerns raised by employees and for taking the appropriate steps to deal with such issues. Managers should not consider employees' ethics concerns as threats or challenges to their authority, but rather as another encouraged form of business communication. At NHS, we want the ethics dialogue to become a natural part of daily work.

Accountability

NHS' commitment to integrity begins with complying with laws, rules and regulations where we do business. Further, each of us must have an understanding of the company policies, laws, rules and regulations that apply to our specific roles. If we are unsure of whether a contemplated action is permitted by law or NHS policy, we should seek the advice from the resource expert. We are responsible for preventing violations of law and for speaking up if we see possible violations.

NHS employees shall perform the functions of his or her job in an efficient, effective, lawful and cooperative manner, exhibiting courteous, considerate, and nondiscriminatory conduct and language with and to every patient and fellow employee.

Employees are expected to respectfully comply with the directives of their supervisors and to attend all required staff meetings, training meetings or other functions as directed by NHS leadership.

Employees will comply with applicable law, NHS policies and procedures, and standards of conduct.

Proprietary Information

It is important that we respect the property rights of others. We will not acquire or seek to acquire improper means of a competitor's trade secrets or other proprietary or confidential information. We will not engage in unauthorized use, copying, distribution or alteration of software or other intellectual property.

Selective Disclosure

We will not selectively disclose (whether in one-on-one or small discussions, meetings, presentations, proposals or otherwise) any material nonpublic information with respect to NHS, its securities, business operations, plans, financial condition, results of operations or any development plan.

Conflicts of Interest

NHS expects all employees to conduct themselves and company business in a manner that reflects the highest standards of ethical conduct, and in accordance with all federal, state, and local laws and regulations. This includes avoiding real and potential conflicts of interest.

Exactly what constitutes a conflict of interest or an unethical business practice is both a moral and a legal questions. NHS recognizes and respects the individual employee's right to engage in activities outside of employment which are private in nature and do not in any way conflict with or reflect poorly on the company.

We must avoid any relationship or activity that might impair, or even appear to impair, our ability to make objective and fair decisions when performing our jobs. At times, we may be faced with situations where the business actions we take on behalf of NHS may conflict with our own personal or family interests. We owe a duty to NHS to advance its legitimate interests when the opportunity to do so arises. We must never use NHS property or information for personal gain or personally take for ourselves any opportunity that is discovered through our position with NHS.

Here are some other ways in which conflicts of interest could arise:

1. Being employed by, or acting as a consultant to, a competitor or potential competitor, supplier or contractor, regardless of the nature of the employment, while you are employed with NHS.
2. Hiring or supervising family members or closely related persons.
3. Serving as a board member for an outside commercial company or organization.
4. Owning or having a substantial interest in a competitor, supplier or contractor.
5. Having a personal interest, financial interest or potential gain in any NHS transaction.
6. Placing company business with a firm owned or controlled by a NHS employee or his or her family.
7. Accepting gifts, discounts, favors or services from a customer/potential customer, competitor or supplier, unless equally available to all NHS employees.

Determining whether a conflict of interest exists is not always easy to do. Employees with a conflict of interest question should seek advice from management. Before engaging in any activity, transaction or relationship that might give rise to a conflict of interest, employees must seek review from their managers or the HR department.

No employee, contractor, agent, officer or member of the Board of Directors of NHS will participate in the selection, award, or administration of a contract or grant (supported by Federal funds') if a real or apparent conflict of interest would be involved. Such a conflict would arise when the employee, contractor, agent, officer, or Board member, or any member of his or her immediate family, his or her partner, or an organization that employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for the contract or award.

DEFINITION: A "*financial or other interest*" includes not only personal and pecuniary (monetary) advantage, but also situations in which there is a duality or diversity of interests between NHS and another organization with which the employee, contractor, agent, officer or Board Member, or relative of any of these individuals, also is associated. In these situations, it is typically not enough for an individual to be aware of the conflict and to attempt to act in NHS's best

interest despite the conflict. NHS requires full disclosure of conflicts of interest consistent with this Policy, as further explained below.

NOTE: For serious, visible, continuing or pervasive conflicts, an individual may be required to withdraw from his or her position with NHS or from the outside position that causes the conflict.

NOTE: ALL NHS staff members are educated on the ethics policy at the time of their orientation.

Conflicts of Interest and Disclosure Requirements

No employee, contractor, agent, officer or Board Member will have a direct or indirect financial interest in, or receive any compensation or other benefits as a result of, transactions between NHS and any individual or business firm:

- From *which* NHS purchases supplies, services, materials or property;
- Which renders any service to NHS, including the leasing of office space;
- To which NHS provides any services or materials; or
- Which has any other contractual relations or business dealings with NHS;

Except with the prior written approval of the CEO (or, if such person is a Board member or the CEO, of the Board of Directors), upon complete disclosure of the facts and after completion of an arms-length procurement that is consistent with NHS's Procurement Policy and OMB Circular A-122 cost principles (if federal funds will be used), and in the best interests of NHS.

In the event the CEO has a conflict, the CEO will disclose such conflict to the Chair of the Board who will, in turn, be responsible for advising the Board. (The financial interests mentioned above do not include interests in corporations listed on a national stock exchange or traded over the counter, providing the financial interest is less than one percent of the corporation's outstanding shares.)

As stated above, no employee, contractor, agent, officer, or member of the Board of Directors may participate in the selection, award, or administration of a contract or grant in which Federal funds are used, if

(At a minimum, these Standards must apply to Federally supported procurements but could be applied generally to all procurements.)

- He or she, or
- His or her immediate family, or
- His or her partner, or
- An organization with whom he or she is negotiating or has any arrangement concerning prospective employment,

Has a financial or other interest in the firm selected for the contract or award. If an employee, contractor, agent, officer, or member of the Board of Directors believes that one of the aforementioned conflicts actually or potentially exists, he or she must immediately disclose this information in writing to the CEO. Disclosures by members of the Board of Directors must also be made to the Chair of the Board of Directors (and if it is the CEO or the Chair who has such a financial interest, he or she must make disclosure to the Chair or Vice Chair, respectively).

NHS requires that all employees, contractors, agents, officers and members of the Board of Directors and candidates for Board membership shall complete and sign an NHS Disclosure Statement. This statement shall be renewed and updated at least annually and at a minimum shall contain:

- All business and family relationships which create an actual or potential a conflict of interest, and

No member of the Board of Directors may vote on any matter which may directly or indirectly result in financial or other gain to that member, or which may conflict with that member's obligations to another organization's Board of Directors or to his or her employer. Provided that the member of the Board of Directors has first disclosed a conflict or potential conflict, and abstains from voting in that regard, he or she may participate in discussions relating to that matter.

- Maintaining an outside business affiliation or engaging in any outside business activity, whether as an officer, director, shareholder, partner or otherwise, which conflicts with the interests of NHS or, which interferes with employee's ability to fully perform job responsibilities.
- Becoming employed by or consulting with a company that competes, or appears to compete, in the northwest Missouri/northeast Kansas area with any of NHS' programs, unless specifically authorized by the Chief Executive Officer or the Board of Directors.

Gifts, Gratuities and Business Courtesies

NHS understands the need for its employees at all levels to be able to exercise good judgment in their daily duties. Expensive and/or inappropriate gifts can impact human behavior in an unprofessional way in the work environment. We should avoid any actions that create a perception that favorable treatment of outside entities by NHS was sought, received or given in exchange for personal business courtesies. Business courtesies include gifts, gratuities, meals, refreshments, entertainment or other benefits from persons or companies with whom NHS does or may do business. We will neither give nor accept business courtesies that constitute, or could reasonably be perceived as constituting, unfair business inducements that would violate law, regulation or policies of NHS, or would cause embarrassment or reflect negatively on NHS' reputation.

Accepting Business Courtesies

We should not feel any entitlement to accept and keep a business courtesy. Although we may not use or position at NHS to obtain business courtesies, and we must never ask for them, we may accept unsolicited business courtesies that promote successful working relationships and good will with the agencies that NHS maintains or may establish a business relationship with.

Employees who award contracts or who can influence the allocation of business, who create specifications that result in the placement of business or who participate in negotiation of contracts must be particularly careful to avoid actions that create the appearance of favoritism or that may adversely affect the company's reputation for impartiality and fair dealing. The prudent course is to refuse a courtesy from a supplier when NHS is involved in choosing or reconfirming a supplier or under circumstances that would create an impression that offering courtesies is the way to obtain NHS' business.

Meals, Refreshments and Entertainment

We may accept occasional meals, refreshments, entertainment and similar business courtesies that are shared with the person who has offered to pay for the meal or entertainment, provided that:

- They are not inappropriately lavish or excessive.
- The courtesies are not frequent and do not reflect a pattern of frequent acceptance of courtesies from the same person or entity.
- The courtesy does not create the appearance of an attempt to influence business decisions, such as accepting courtesies or entertainment from a supplier whose contract is expiring in the near future.
- The employee accepting the business courtesy would not feel uncomfortable discussing the courtesy with his or her manager or co-worker of having the courtesies known by the public.

Gifts

Employees may accept unsolicited gifts, other than money, that conform to the reasonable ethical practices of the marketplace, including:

- Flowers, fruit baskets and other modest presents that commemorate a special occasion.
- Gifts of nominal value, such as calendars, pens, mugs, caps and t-shirts (or other novelty, advertising or promotional items).

Generally, employees may not accept compensation, honoraria or money of any amount from entities with whom NHS does or may do business. Tangible gifts (including tickets to a sporting or entertainment event) that have a market value greater than \$100 may not be accepted unless approval is obtained from management.

Employees with questions about accepting business courtesies should talk to their managers or the HR department.

Offering Business Courtesies

Any employee who offers a business courtesy must assure that it cannot reasonably be interpreted as an attempt to gain an unfair business advantage or otherwise reflect negatively upon NHS. An employee may never use personal funds or resources to do something that cannot be done with NHS resources. Accounting for business courtesies must be done in accordance with approved company procedures.

Other than to our government customers, for whom special rules apply, we may provide nonmonetary gifts (i.e., company logo apparel or similar promotional items) to our customers. Further, management may approve other courtesies, including meals, refreshments or entertainment of reasonable value, provided that:

- The practice does not violate any law or regulation or the standards of conduct of the recipient's organization.
- The business courtesy is consistent with industry practice, is infrequent in nature and is not lavish.
- The business courtesy is properly reflected on the books and records of NHS.

Record Keeping

We create, retain and dispose of our company records as part of our normal course of business in compliance with all NHS policies and guidelines, as well as all regulatory and legal requirements.

All corporate records must be true, accurate and complete, and company data must be promptly and accurately entered in our books in accordance with NHS's and other applicable accounting principles.

We must not improperly influence, manipulate or mislead any unauthorized audit, nor interfere with any auditor engaged to perform an internal independent audit of NHS books, records, processes or internal controls.

Substance Over Form

At times, we are all faced with decisions we would rather not have to make and issues we would prefer to avoid.

Sometimes, we hope that if we avoid confronting a problem, it will simply go away.

At NHS, we must have the courage to tackle the tough decisions and make difficult choices; secure in the knowledge that NHS is committed to doing the right thing. At times this will mean doing more than simply what the law requires. Merely because we can pursue a course of action does not mean we *should* do so.

Although NHS's guiding principles cannot address every issue or provide answers to every dilemma, they can define the spirit in which we intend to do business and should guide us in our daily conduct.

Accountability

Each of us is responsible for knowing and adhering to the values and standards set forth in this Code and for raising questions if we are uncertain about company policy. If we are concerned whether the standards are being met or are aware of violations of the Code, we must contact the HR department.

NHS takes seriously the standards set forth in the Code, and violations are cause for disciplinary action up to and including termination of employment.

Be Loyal

Confidential and Proprietary Information

Integral to NHS's business success is our protection of confidential company information, as well as nonpublic information entrusted to us by employees, customers and other business partners. Confidential and proprietary information includes such things as pricing and financial data, customer names/addresses or nonpublic information about other companies, including current or potential supplier and vendors. We will not disclose confidential and nonpublic information without a valid business purpose and proper authorization.

Use of Company Resources

Company resources, including time, material, equipment and information, are provided for company business use. Nonetheless, occasional personal use is permissible as long as it does not affect job performance or cause a disruption to the workplace.

Employees and those who represent NHS are trusted to behave responsibly and use good judgment to conserve company resources. Managers are responsible for the resources assigned to their departments and are empowered to resolve issues concerning their proper use.

Generally, we will not use company equipment such as computers, phones, copiers and fax machines in the conduct of an outside business or in support of any religious, political or other outside daily activity, except for company-requested support to nonprofit organizations. We will not solicit contributions nor distribute non-work related materials during work hours.

In order to protect the interests of the NHS network and our fellow employees, NHS reserved the right to monitor or review all data and information contained on an employee's company-issued computer or electronic device, the use of the Internet or NHS's intranet. We will not tolerate the use of company resources to create, access, store, print, solicit or send any materials that are harassing, threatening, abusive, sexually explicit or otherwise offensive or inappropriate.

Questions about the proper use of company resources should be directed to your manager.

Media Inquiries

NHS is a high-profile company in our community, and from time to time, employees may be approached by reporters and other members of the media. In order to ensure that we speak with one voice and provide accurate information about the company, we should direct all media inquiries to the Director of Development and Community Engagement. No one may issue a press release without first consulting with the Director of Development and Community Engagement.

Do the Right Thing

Several key questions can help identify situations that may be unethical, inappropriate or illegal.

Ask yourself:

- Does what I am doing comply with NHS' guiding principles, Code of Conduct and company policies?
- Have I been asked to misrepresent information or deviate from normal procedure?
- Would I feel comfortable describing my decision at a staff meeting?
- How would it look if it made the headlines?
- Am I being loyal to my family, my company and myself?
- What would I tell my child to do?
- Is this the right thing to do?

TITLE: Workplace Civility and Anti-Harassment
DEPARTMENT: Human Resources
EFFECTIVE DATE: May 31, 2018

PURPOSE:

Northwest Health Services (NHS) strives to create and maintain a work environment in which people are treated with dignity, decency and respect. The environment of the company should be characterized by mutual trust and the absence of intimidation, oppression and exploitation. Employees should be able to work and learn in a safe, yet stimulating atmosphere. The accomplishment of this goal is essential to the mission of the company. For that reason, NHS will not tolerate unlawful discrimination or harassment of any kind. Through enforcement of this policy and by education of employees, NHS will seek to prevent, correct and discipline behavior that violates this policy.

All employees, regardless of their positions, are covered by and expected to comply with this policy and to take appropriate measures to ensure that prohibited conduct does not occur. Appropriate disciplinary action will be taken against any employee who violates this policy. Based on the seriousness of the offense, disciplinary action may include verbal or written reprimand, suspension or termination of employment.

Workplace Civility

NHS is committed to providing a workplace that fosters mutual respect and promotes productive working relationships free from discrimination and harassment as prohibited by local, state and federal law. All people, regardless of race, gender, background, belief system or position in the company, will be treated with respect, dignity and civility.

NHS strives to create and maintain an organizational culture that promotes quality patient care and a healthy work environment that protects staff from harassment and discrimination in any form as well as inappropriate and disruptive behavior. Such behavior can adversely affect the ability of the healthcare team to work together and can negatively impact the quality of patient care.

Any type of bullying that demeans, diminishes, defames or belittles a person through rumors, lies, devious and selfish acts, unilaterally boastful comments about self and derogatory comments about others, antisocial or aggressive behavior, or any acts that create a hostile work environment will not be tolerated.

This includes behavior that is discourteous or demeaning to other employees that may be verbal or non-verbal (body language, print or social media, etc.). Disrespectful behavior may include but not be limited to: Jokes that demean another individual or group of individuals; name calling or nicknames that may be offensive; taking credit for another individual's work or ideas; refusing to communicate or speak with another individual; offensive verbal, visual, or physical conduct; repeated negative comments about others either orally or in writing; threatening another individual; invading another individual's privacy; knowingly blaming other individuals for a mistake they did not make; purposely invading another's personal space; and gossiping about another individual.

Prohibited Conduct Under This Policy

NHS, in compliance with all applicable federal, state and local anti-discrimination and harassment laws and regulations, enforces this policy in accordance with the following definitions and guidelines:

Discrimination

It is a violation of NHS' policy to discriminate in the provision of employment opportunities, benefits or privileges; to create discriminatory work conditions; or to use discriminatory evaluative standards in employment if the basis of that discriminatory treatment is, in whole or in part, the person's race, color, national origin, age, religion, disability status, gender, sexual orientation, gender identity, genetic information or marital status.

This policy is intended to comply with the prohibitions stated in federal, state and local anti-discrimination laws.

Discrimination in violation of this policy will be subject to disciplinary measures up to and including termination.

Harassment

NHS prohibits harassment of any kind, including sexual harassment, and will take appropriate and immediate action in response to complaints or knowledge of violations of this policy. For purposes of this policy, harassment is any verbal or physical conduct designed to threaten, intimidate or coerce an employee, co-worker or any person working for or on behalf of NHS. Verbal taunting (including racial and ethnic slurs) that, in the employee's opinion, impairs his or her ability to perform his or her job is included in the definition of harassment.

The following examples of harassment are intended to be guidelines and are not exclusive when determining whether there has been a violation of this policy:

- Verbal harassment includes comments that are offensive or unwelcome regarding a person's nationality, origin, race, color, religion, gender, sexual orientation, age, body, disability or appearance, including labels, slurs and negative stereotyping.
- Nonverbal harassment includes distribution, display or discussion of any written or graphic material that ridicules, denigrates, insults, belittles or shows hostility, aversion or disrespect toward an individual or group because of national origin, race, color, religion, age, gender, sexual orientation, pregnancy, appearance, disability, sexual identity, marital or other protected status.

Sexual Harassment

Sexual harassment is a form of unlawful employment discrimination under Title VII of the Civil Rights Act of 1964 and is prohibited under this policy. According to the Equal Employment Opportunity Commission (EEOC), sexual harassment is defined as "unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, when, submission to or rejection of such conduct is used as the basis for employment decisions, or such conduct has the purpose or effect of, creating an intimidating, hostile or offensive working environment."

There are two types of sexual harassment:

- "Quid pro quo" harassment, where submission to harassment is used as the basis for employment decisions. Employee benefits such as raises, promotions and better working hours are directly linked to compliance with sexual advances. Therefore, only someone in a supervisory capacity (with the authority to grant such benefits) can engage in quid pro quo harassment.
- "Hostile work environment," where the harassment creates an offensive and unpleasant working environment. A hostile work environment can be created by anyone in the work environment, whether it be supervisors, other employees or patients or vendors. Hostile environment harassment consists of verbiage of a sexual nature; vulgar or lewd comments or jokes; or unwanted touching or fondling all fall into this category.

Sexual harassment may take different forms. The following examples of sexual harassment are intended to be guidelines and are not exclusive when determining whether there has been a violation of this policy:

- Verbal sexual harassment includes innuendoes, suggestive comments, jokes of a sexual nature, sexual propositions, lewd remarks and threats; requests for any type of sexual favor (this includes repeated, unwelcome requests for dates); and verbal abuse or "kidding" that is oriented toward a prohibitive form of harassment, including that which is sexual in nature and unwelcome.
- Nonverbal sexual harassment includes the distribution, display or discussion of any written or graphic material, including calendars, posters and cartoons that are sexually suggestive or show hostility toward an individual or group

because of sex; suggestive or insulting sounds; leering; staring; whistling; obscene gestures; content in letters and notes, facsimiles, e-mail, photos, text messages, tweets and Internet postings; or other form of communication that is sexual in nature and offensive.

- Physical sexual harassment includes unwelcome, unwanted physical contact, including touching, tickling, pinching, patting, brushing up against, hugging, cornering, kissing and fondling and forced sexual intercourse or assault.

Courteous, mutually respectful, pleasant, non-coercive interactions between employees, including men and women, that are appropriate in the workplace and acceptable to and welcomed by both parties are not considered to be harassment, including sexual harassment.

Retaliation

No hardship, loss, benefit or penalty may be imposed on an employee in response to:

- Filing or responding to a bona fide complaint of discrimination or harassment.
- Appearing as a witness in the investigation of a complaint.
- Serving as an investigator of a complaint.

Retaliation or attempted retaliation in response to lodging a complaint or invoking the complaint process is a violation of this policy. Any person who is found to have violated this aspect of the policy will be subject to sanctions up to and including termination of employment.

Consensual Romantic or Sexual Relationships

NHS strongly discourages romantic or sexual relationships between a manager or other supervisory employee and his or her staff (an employee who reports directly or indirectly to that person) because such relationships tend to create compromising conflicts of interest or the appearance of such conflicts. In addition, such a relationship may give rise to the perception by others that there is favoritism or bias in employment decisions affecting the staff employee. Moreover, given the uneven balance of power within such relationships, consent by the staff member is suspect and may be viewed by others or, at a later date, by the staff member as having been given as the result of coercion or intimidation. The atmosphere created by such appearances of bias, favoritism, intimidation, coercion, or exploitation undermines the spirit of trust and mutual respect that is essential to a healthy work environment. If there is such a relationship, the parties need to be aware that one or both may be moved to a different location, or other actions may be taken.

If any employee of NHS enters into a consensual relationship that is romantic or sexual in nature with a member of his or her staff (an employee who reports directly or indirectly to him or her), or if one of the parties is in a supervisory capacity in the same department in which the other party works, the parties must notify the human resources director or other appropriate corporate officer. Because of potential issues regarding quid pro quo harassment, NHS has made reporting mandatory. This requirement does not apply to employees who do not work in the same department or to parties who do not supervise or otherwise manage responsibilities over the other.

Once the relationship is made known to NHS, the company will review the situation with human resources in light of all the facts (reporting relationship between the parties, effect on co-workers, job titles of the parties, etc.) and will determine whether one or both parties need to be moved to another job, department or location. If it is determined that one party must be moved, and there are jobs in other departments available for both, the parties may decide who will be the one to apply for a new position. If the parties cannot amicably come to a decision, or the party is not chosen for the position to which he or she applied, the parties will contact human resources, which will decide which party should be moved. That decision will be based on which move will be the least disruptive to the organization as a whole. If it is determined that one or both parties must be

moved, but not other jobs are available for either party, the parties will be given the option of terminating their relationship or resigning.

TITLE: CONFIDENTIALITY POLICY
DEPARTMENT: Human Resources
EFFECTIVE DATE: February 29, 2016

PURPOSE:

Access to confidential as well as proprietary information is necessary for the employees of Northwest Health Services (NHS) to accomplish its organizational mission.

POLICY:

It is the policy of Northwest Health Services that employees of NHS may have access to confidential patient information, employee information, and business operations information.

PROCEDURES:

1. In addition to complying with the privacy provisions of the Health Insurance Portability and Accountability Act (HIPAA), employees shall maintain the confidentiality of the following information: (1) the personal history or physical or mental health of patients, parents and/or guardians; (2) information regarding a job applicant's or fellow employee's medical condition or history or criminal history; (3) allegations of abuse or neglect; or (4) other sensitive matters which relate to NHS' operations.(refer to NHS' HIPAA Protected Health Information Policies and Procedures).
2. Healthcare providers and staff are entitled to use protected health information consistent with their roles in this organization.
3. Each staff member must also understand that with this right comes certain responsibilities, such as limiting the viewing, use, disclosure and request of only the data that is the minimum necessary for patient treatment, reimbursement for treatment and healthcare operations.
4. Employees are expected to maintain strict confidentiality as to such information. NHS requires and expects that each employee will not discuss the nature of NHS' operations with anyone outside NHS.
5. Moreover, information discussed in the line of duty shall not be discussed where it may be overheard by anyone except the intended.
6. Information concerning disciplinary actions and payroll information pertaining to another employee is considered confidential and is shared on a "need to know" basis only.
7. Employees who are in Family and Medical Leave Act (FMLA) Status are entitled to confidentiality concerning their condition and/or situation. Neither HR nor managers will share such information. There will be more flexibility granted in cases of intermittent FMLA in order to insure appropriate patient care/flow.
8. Information pertaining to an employee's accommodation(s) under the Americans with Disabilities Act Amendment Act (ADAAA) is considered confidential to the extent that only the employee and the appropriate personnel in the Human Resources Department are authorized to discuss such information. HR will share only enough of the particulars in order that the pertinent supervisory chain can maintain appropriate patient care/flow.

9. Each staff member must also understand that with access to confidential information comes certain responsibilities, such as limiting the viewing, use, disclosure and request of only the data that is the minimum necessary for patient treatment, reimbursement for treatment and healthcare operations.
10. It is considered a breach of policy and the patients' right to privacy to seek information beyond what is appropriate for the staff role requesting protected health information from another covered entity.
11. If an employee does not know whether a particular matter should remain confidential, the employee must not disclose any such matter without consultation with NHS' Privacy Officer.
12. NHS defines the different office roles within the system and their individual access to:
 - a. confidential information, i.e., Direct Healthcare Provider, Ancillary Provider, and
 - b. Administrative Staff. (Refer to NHS' Policy on Minimum Necessary Access to Protected Health Information)
13. NHS will insure appropriately administered technical and physical safeguards to protect the privacy of protected health information. (Refer to NHS' Policy on Safeguards to Protect the Privacy of Protected Health Information).
14. Confidential Information that could have a significant impact on patient care and safety may be shared with senior leadership so as to insure appropriate patient care/safety in the event unforeseen circumstances take a key HR employee out of the organization or makes him/her unavailable.

TITLE: PROTECTED HEALTH INFORMATION (PHI) HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT (HIPAA); HEALTH INFORMATION TECHNOLOGY FOR ECONOMIC AND CLINICAL HEALTH ACT (HITECH)

DEPARTMENT: Human Resources

EFFECTIVE DATE: October 22, 2015

PURPOSE:

HIPAA protects the patient's medical records known as Protected Health Information (PHI) and is the largest federal regulation on healthcare. PHI is not only the medical records, but can appear on insurance cards, physician dictation tapes, appointment schedules, etc. - *any* information that can identify the patient that can be read, seen, or heard is PHI.

HITECH Act, was created in 2009 to stimulate the adoption of electronic health records (EHR) and supporting technology. HITECH and HIPAA are separate and unrelated laws, but they do reinforce each other in certain ways. For example, HITECH stipulates that technologies and technology standards created under HITECH do not compromise HIPAA privacy and security laws.

It also requires that any physician and hospital that attests to meaningful use must also have performed a HIPAA security risk assessment as outlined in the "Omnibus Rule," or 2013 digital update to the original 1996 law. Another example: HITECH established data breach notification rules; HIPAA's Omnibus update echoes those rules and adds details such as holding healthcare providers' business associates accountable for the same liability of data breaches as the providers themselves.

POLICY:

It is the policy of Northwest Health Services to train new employees in HIPAA and HITECH awareness, as well as provide updates annually.

PROCEDURES:

Training

- A confidentiality statement is signed before an employee has access to PHI.
- Each employee is given an overview of HIPAA, HITECH and PHI at orientation.
- After the training session is completed, a Training Statement is signed by the Employee and the Trainer and kept in the employee's personnel file.
- Annually thereafter each employee shall participate in a refresher training course and must pass with a minimum score of 80%.
- As policies and procedures are revised and/or new are developed, training is provided during staff meetings at the clinic level.

Access

- Employees are assigned access levels that are determined by their job functions. The access defines what their security level is and how much access they have to PHI.
- Upon termination of employment with Northwest Health Services, each employee will be asked to sign an Employee Exit Confidentiality Agreement. If they refuse to sign, this will be documented on the form and kept in the employee file.

Sanctions

- Disciplinary action will be imposed against NHS employees who fail to comply with policies and procedures.
- Each employee has the responsibility to report any violations of Privacy or Security to their supervisor or any NHS Officer or Director.

TITLE: EMPLOYMENT
DEPARTMENT: Human Resources
EFFECTIVE DATE: June 27, 2019

PURPOSE:

To Address a significant spectrum of employment topics so as to provide clarification and guidance for Northwest Health Services (NHS) employees in general and specifically those who are part of the talent management process. All employment practices will be in compliance with Federal and State regulatory requirements.

POLICY:

1. It is the policy of Northwest Health Services that employees of NHS are employed at the will of NHS.
2. NHS will use industry-accepted practices to address pre-employment screening for pre-employment competencies and criminal history.
3. It is the policy of NHS to establish guidelines in an attempt to minimize the supervisory issues, which can arise when one relative supervises the work of another relative. NHS' guiding principle is that relatives shall not be hired/transferred/promoted/demoted on either a temporary or a regular basis into positions of a direct supervisory relationship.
4. It is the policy of NHS to define employment status. A change of classification could affect an employee's eligibility to receive compensation benefits.
5. It is the policy of NHS to issue a final paycheck to employees whose employment status terminates, and, to retrieve items belonging to NHS.
6. It is the policy of NHS to provide new employees with effective initial training as well as a period of adjustment to their new position and the NHS culture. Employees transferring to a new position will be provided with the same opportunity to successfully make the transition.

Employment at Will:

1. NHS' on-line policies, manuals, recruiting materials, memoranda, guidelines or other materials provided to applicants and employees do not create employment contracts or agreements, nor do they contain promises or commitments to any employee. The contents are not to be construed otherwise.
2. Any reference to, or discussion of, matters related to employment shall not be treated as a contractual agreement or guarantee of employment.
3. NHS employees or NHS may end the employment relationship at anytime, for any reason.
4. Completion of an introductory period or conferral of regular status does not change an employee's status as an employee at will or in any way restrict NHS' right to terminate such an employee or change the terms or conditions of employment.
5. No employee is authorized to make oral exceptions to this policy. Written exceptions to an employee's at will status may be made only by the Chief Executive Officer (CEO).

Pre-Employment Screening:

All offers of employment at NHS are contingent upon clear results of a background check. Background

checks will be conducted on all final candidates and on all employees who are prompted, as deemed necessary, and will be conducted in accordance with the requirements of the Fair Credit Reporting Act ("FCRA") when applicable.

Background checks will include:

- **Social Security Verification:** validates the applicant's Social Security number, date of birth and former addresses.
 - **Prior Employment Verification:** confirms applicant's employment with the listed companies, including dates of employment, position held and additional information available pertaining to performance rating, reason for departure and eligibility for rehire. This verification will be run on the past two employers or the previous five years, whichever comes first.
 - **Personal and Professional References:** calls will be placed to individuals listed as references by the applicant.
 - **Educational Verification:** confirms the applicant's claimed educational institution, including the years attended and the degree/diploma received.
 - **Motor Vehicle Records:** provides a report on an individual's driving history in the state requested. This search will be run when driving is an essential requirement of the position.
 - **Credit History:** confirms candidate's credit history. This search will be run for positions that involve management of NHS funds and or/handling of cash or credit cards.
 - **Criminal History:** Includes review of criminal convictions and probation. The following factors will be considered for applicants with a criminal history, and no one factor will necessarily be determinative in making an employment decision. Such determinations will rest with the appropriate senior leader in collaboration with the Director of Human Resources (DHR). The purpose of this screening is to avoid risk to organization, its employees, and its patients, as well as serving the public policy of providing employment opportunities to those with a criminal record, by ensuring that employment decisions are based on all available information related to the circumstances of the individual's criminal record and its relatedness to the position sought.
 - The nature of the conviction and its relationship to the position.
 - The time since the conviction and age of the individual at the time.
 - The number (if more than one) of convictions.
 - Whether hiring, transferring or promoting the applicant has the potential to pose an unreasonable risk to the business, its employees, its patients, or vendors.
- a. The criminal conviction screening procedures set forth in this policy apply to all potential employees, contractors, volunteers, and vendors whose job function or activities may materially impact Federal or State health care program activities, NHS' relationship with physicians, or referral patterns between providers.
- b. **Employees:** Employees will be screened to determine whether they have been either convicted of a criminal offense or listed by a Federal or State agency as debarred, suspended, proposed for debarment or otherwise ineligible for participation in a Federal or State program. NHS will not knowingly hire any such person for any of the following positions:
- (1) Any person with substantial discretionary authority, e.g., persons in a management level position
 - (2) Any provider who will both possess an individual Medicare provider number and provide health care services to beneficiaries of a Federal or State health benefits program, including providers of health care, utilization review, medical social work or administration services.
 - (3) Any person, including supervisors and managers, working in NHS' billing office.

(4) Any persons involved in marketing products to beneficiaries of a Federal or State health benefits program.

Additionally, current employees must report any conviction for a criminal offense during employment to the DHR. Any employment decision related to a criminal conviction will be based on all available information related to the circumstances of the individual's criminal record and its relatedness to the employee's position.

- c. Vendors and Contractors: NHS will not knowingly contract with or retain on its behalf any person or organization that has been (a) convicted of criminal offense related to health care or insurance (unless such person or entity has implemented a compliance program as part of an agreement with the Federal or a State government); or (b) listed by a Federal or State agency as debarred, suspended, proposed for debarment or ineligible for participation in a Federal or State program.
- d. Government-Maintained Lists: NHS will review the appropriate sources as part of its efforts to ascertain whether an individual or organization is ineligible for participation in a Federal or State program.

Pre-employment background checks

Candidates must complete a background check authorization form and return to Human Resources. Background check will be run after an offer for employment is accepted.

Human Resources will order the background check upon receipt of the signed release form, and either internal HR staff or an employment screening service will conduct the checks. A designated HR representative will review all results.

Instances where negative or incomplete information is obtained, the appropriate management and the director of Human Resources will assess the potential risks and liabilities related to the job's requirements and determine whether the individual should be hired. If a decision not to hire or promote a candidate is made based on the results of a background check, there may be certain additional FCRA requirements that will be handled by Human Resources in conjunction with the employment screening service (if applicable).

Background check information will be maintained in a file separate from employees' personnel files for a minimum of five years.

Employment of Relatives:

- 1. For purposes of this policy, the supervisory relationship includes providers and others who function under a contract.
- 2. A "relative" for purposes of employment is defined as: Spouse, Parent, Child, Grandparent, Grandchild, Father-in-law, Mother-in-law, Brother, Sister, Brother-in-law, Sister-in-law, Uncle, Aunt, First Cousin, Son-in-law, Daughter-in-law, (This definition includes step-relationships).
 - a. Marriage of Two Employees:
 - (1) When the marriage of two employees results in those employees being employed in the same clinic or department in a supervisory relationship, one of the employees will move out of the clinic or department within 3 months following the date of marriage. If there are no openings into which one of the employees may transfer/promote/demote, or if one of the employees does not

voluntarily terminate his/her employment, the employee with the least continuous service will be involuntarily terminated.

(2) When such marriage takes place, the senior leader of the subordinate supervisory chain will manage payroll, benefit, and performance counseling during the 3-month period described above. If said senior leader is not available, the DHR will manage those specified functions.

b. Relatives, as defined above, may work in the same clinic or department; however, Administration reserves the right to review these situations when issues of conflict or confidentiality arise. NHS may require that one of the relatives move out of the clinic or department if it is determined that an unmanageable conflict or confidentiality issue exists.

Employment Status: Employees of NHS are classified in one of the following categories:

- Full Time: Employees who are regularly scheduled to work 30-40 hours per week.
- Part Time: Employees who are regularly scheduled to work less than 30 hours per week.
- Temporary: An employee hired to work full or part time for a limited period of time.
- PRN: Employees who work on an as needed basis, without regard to a regular schedule.
 - PRN employees must work at least 1 day every 3 months to remain in active status. NHS may terminate the employment of a PRN employee if the employee is regularly unavailable to work or NHS does not utilize the employee for at least 3 months.

Clarification of Exemption Status:

(1) Non Exempt employees will be paid at the rate of time and one-half (1 ½ times their regular rate of pay) for all hours worked in excess of 40 hours in one week. Only hours actually worked are counted in determining overtime. Unworked hours such as holiday, PTO, whether unpaid or paid, are not counted in the 40-hour work week for overtime.

(2) Exempt employee status is determined by the guidelines set forth by the Department of Labor. Annual compensation for exempt employees shall be paid on a semi-monthly basis.

Actions Upon Separation of Employment:

1. Providers and others who function under a contract to provide services will follow all provisions stated in his/her contract which supersedes this policy.
2. Final paychecks for immediate termination will be issued to the employee on the termination date if termination is on a regularly scheduled work day for the Payroll Department. Though this is the intended practice, special circumstances may necessitate a different process in rare situations. If termination takes place on a non-scheduled work day, the final check will be issued on the first scheduled work day following the termination date. The final paycheck will include the PTO payout per the current PTO policy.
3. Final paychecks for those not involved with immediate termination will be issued on the first regularly scheduled payday following the effective date of separation. The final paycheck will include the PTO payout in accordance with the PTO Policy. Appropriate deductions will also be applied.
4. Employees leaving NHS will be required to return all NHS property immediately upon termination. Exceptions to this paragraph must be approved by the employee's supervisor or a human resources representative.

5. All NHS employees are prohibited from deleting internet history and emails once they have given final notice of separation.
6. Employees leaving NHS may be asked to complete an exit interview with their manager, or a Human Resources representative. The interview will include a statement of confidentiality. Depending on the circumstances of the departure, this interview may be waived by the Director of Human Resources (DHR) or direct representative. Employees leaving NHS may specifically request a exit interview with a representative of the Human Resources Department.

New Employment Orientation Period:

1. New Employees:

- a) Orientation Period: the first 90 days of employment at NHS are considered an employee's Orientation Period. These 90 days are not to be confused with the benefit-eligible waiting period. The Orientation Period is to give the employee the opportunity to get to know their job, NHS as an employer, and their co-workers. It also provides the employee's supervisor/manager the opportunity to assess the employee's competency and ability to meet the requirements of the position. The Orientation Period provides both parties time to determine if there is a good fit.
- b) New Employee Training (NET): is a process in which initial job training and information is provided to NHS employees at all levels. NHS determines what competencies must exist before providers, ancillary staff, and independent contractors provide care, treatment, and services. Other elements may be covered during the 90-day orientation process.
- c) The NET is conducted in a pay status. NET for other exempt employees may be on or before their start date. If the orientation date for an exempt employee is prior to their start date, pay for that day must be authorized by an NHS Senior Leader.
 - I. The Training and Development Department will provide initial training to include, but not limited to Electronic Health Records training and competency review.
 - II. The employee's supervisory chain will provide the training necessary for the employee to satisfactorily perform his/her job description duties. During the Orientation Period, managers/supervisors will provide training, coaching, and mentoring to the new employee that is associated with their job description and scope of practice if pertinent. During the Orientation Period, the employee's manager/supervisor will provide feedback to the employee concerning work performance and behavioral competencies.
 - III. The employee's manager/supervisor will complete an Orientation Period Evaluation and share the results with the employee. Items to be discussed at this time include the employee's continued employment, need for additional development/training, and the employee's behavioral competencies.
 - IV. The manager/supervisor may opt to extend the employee's Orientation Period for up to an additional 90 days. Any extension for behavioral or performance issues will include written guidance that provides the employee with the knowledge, tools, and resources to make him/her proficient in the prescribed job duties. The written guidance will be signed and dated by the employee in question, and the supervisor. The exception of any initial Opportunity for Improvement, written guidance will be reviewed by the Senior Leader in the employee's supervisory chain and the DHR. Any extension will be discussed with the employee at least 15 days prior to the end of their initial 90-day Orientation Period.

2. Transferred Employees:

- a) A 6 month waiting period applies to NHS employees wanting to transfer to another position/department/location. The employee must be in the same position for at least 6 months before requesting a transfer. An exception to this rule may only be granted by the Senior Leader(s) associated with the positions involved.
- b) A NHS employee who transfers to a new position in the same or different clinic/department or to the same position in a different clinic/department will go through a 90-day Orientation Period in his/her new position and/or clinic/department. This time will be used to orient the employee to his/her new position and to assess whether there is a good fit. No later than 15 working days prior to the end of the 90-day Orientation Period, the employee's manager/supervisor will complete an Orientation Period Evaluation and share the results with the employee. Items to be discussed at this time include the employee's continued employment, need for additional development/ training, and the employee's behavioral competencies.
- c) The manager/supervisor may opt to extend the employee's Orientation Period for up to an additional 90 days. Any extension for behavioral or performance issues will include written guidance that provides the employee with the knowledge, tools, and resources to make him/her proficient in the prescribed job duties. The written guidance will be signed and dated by the employee in question, and the supervisor. The written guidance will be reviewed by the Senior Leader in the employee's supervisory chain and the DHR. Any extension will be discussed with the employee at least 15 working days prior to the end of their initial 90-day Orientation Period.
- d) During the Orientation Period, the employee's manager/supervisor will provide feedback to the employee concerning work performance and behavioral competencies. A transferred employee unsuccessful in completing their Orientation Period may apply for other positions within Northwest Health Services, but is not guaranteed placement.

NHS reserves the right to modify this policy at any time without notice.

TITLE: PERSONNEL POLICIES INTRODUCTION
DEPARTMENT: Human Resources
EFFECTIVE DATE: January 24, 2019

PURPOSE:

Employees perform most efficiently when they know and understand expectancies and parameters while on the job.

POLICY:

It is the policy of Northwest Health Services, Inc. to provide employees with easy access to policies related to their employment. All employees are granted access to the most recent version of each policy via the internal server. Each new employee is shown how to view the policies using the server.

- The policies are intended to provide employees with requirements and guidelines regarding appropriate conduct in the workplace, safety, job performance and benefits provided by NHS.
- NHS reserves the right to supplement, revoke or modify its policies, practices, procedures and benefits, based on operational requirements and State and Federal laws.
- NHS will make every effort to notify employees of any changes to policies, practices, procedures or benefits as soon as practicable.

Where practical, forms directly associated with policies will be maintained separately from the policy for ease of management.

TITLE: **HOURS OF OPERATION**
DEPARTMENT: **Administrative**
EFFECTIVE DATE: November 29, 2018

POLICY:

It is the policy of Northwest Health Services to establish hours of operation as required by community and patient needs. NHS Medical offers access to routine and non-routine care beyond regular business hours. Hours of operation is based on the needs of the patient population.

PROCEDURE:

Normal business hours are as follows:

Northwest Health Services will maintain adequate staff coverage during these office hours.

Medical and Dental:

Patients will be scheduled according to need, and will be seen in the following order: Emergencies, scheduled appointments and walk-ins. Example: A patient requiring a general physical or routine exam will be scheduled in the next available appointment schedule. A patient who is acutely ill would be triaged by the licensed clinical staff and scheduled immediately. A patient who walks in and is not an emergency will be triaged by the licensed clinical staff and worked into the schedule.

TITLE: WAGE AND SALARY MANAGEMENT POLICY
DEPARTMENT: Human Resources
EFFECTIVE DATE: June 27, 2019

PURPOSE:

Provide parameters necessary to properly establish and maintain the Northwest Health Services, Inc. (NHS) Wages and Salaries. Additionally, the Fair Labor Standards Act (FLSA) requires employers to maintain appropriate payroll records and supporting documentation to justify payroll actions for Non-Exempt Employees.

To establish, maintain, and administer a compensation plan for positions covered by this policy, NHS will strive to emphasize the following focal points:

- The mandated transparency for not-for-profit organizations
- Internal equity within the organization while maintaining external competitiveness in relevant labor markets
- Attracting and retaining high-performing employees
- Maintaining the compensation budget within NHS financial constraints
- Compliance with legal requirements
- Allocate employees' salaries and wages cost appropriately
- Assure employees are paid appropriately for services provided to NHS
- Establish controls that ensure only valid company employees receive payroll payments.

POLICY:

It is the policy of NHS that payments for wages and salaries shall be made to all employees at authorized rates of pay twice a month, on the 7th and 22nd of each month except when weekends or holidays fall on pay date. In the event that pay date falls on a Saturday, pay date will be Friday. In the event that pay date falls on a Sunday, pay date will be Monday. When pay date falls on a bank holiday during the work week, pay date will be the business day before the holiday.

Wages will be paid for documented work performed in accordance with time documentation. Payroll deductions will be recorded and paid to the appropriate third parties when due. Each non-exempt (Hourly) employee is responsible for accurately recording worked and non-worked hours.

NOTE: For procedures concerning the recording of hours worked during inclement weather refer to AP-48 Inclement Weather Policy.

It is the policy of NHS to comply with all Federal regulations required for grant/contract funding.

It is the policy of NHS to record salaries based on records that accurately reflect the work performed. This means NHS will have a system supported by internal controls which will assure salary charges are accurate, allowable and properly allocated. NHS will also assure that activity for which employees are compensated will not exceed 100% and will encompass all activities.

PROCEDURES:**Wages and Salaries****1. Changes in Payroll Data**

- All changes to employee payroll data should be authorized in writing. No change in salary or wage will take place without an appropriate audit trail beginning with the respective Senior Leader/designated representative. The audit trail may be via hard copy, e-mail, or printable text message. A payroll change checklist will be completed accompanied by the following additional information, when applicable:
 1. New hire application
 2. Termination information/letter(s)
 3. Pay rate changes
 4. Voluntary payroll deductions
 5. Court-ordered/government required payroll deductions
 6. W-4 forms
 7. Changes to personal information (address, marital status, name)
 8. Job Description
 9. Direct Deposit Information
 10. Change in benefits

2. ***Authorization of Changes in Payroll Data***

- a. Changes to payroll information shall be submitted to the Human Resources Department for processing. A status change checklist will be completed.
- b. New hires/terminations shall be completed by Human Resources.
- c. Voluntary deductions should be authorized by the individual employee through the employee self service portal through the HRIS system.
- d. Pay rate changes should be authorized in writing by the appropriate Senior Leader with the CEO or CFO's approval.
- e. A copy of all checklists and documentation should be retained in each employee's personnel file.

3. ***Comparison of Payroll Data to Personnel Files***

- a. The Human Resources Department should periodically compare payroll data to the personnel files to ensure that all changes have been made accurately and timely and that only authorized changes have been made.
- b. Personnel files should be kept in a secure locked location or electronically and accessed by Human Resources personnel only.

Timekeeping

1. ***Maintenance of Time Sheets***

- a. Employees are compensated based on time worked. Time sheets will be completed electronically, by the employee clocking in and out. Supervisors should review and approve time sheets regularly. Time sheets are saved electronically and available through the Human Resources Department
- b. Employees who consistently fail to "time in" or "time out" according to this policy will be subject to disciplinary action per the Disciplinary Action Program (Policy AP-10 Progressive Discipline Policy).
- c. "Timing in" or "timing out" for another employee or other misuses of employee timecards, such as falsifying the number of hours worked by an employee, are grounds for immediate termination without prior warning.
- d. If an employee should need to leave the premises for personal reasons during their shift, they are required to "time out" when leaving and "time in" when they return.
- e. NHS managers will ensure that they review and approve employee entries in the timekeeping system daily. Managers will review, approve, and sign exception logs prior to the announced payroll deadline for each respective pay period. Managers will closely scrutinize entries that include large blocks of time to ensure attentiveness to waste, fraud, and/or abuse.
- f. Employees are directed, where feasible and documented, to distribute their time based on their supervisor's distributed time to various departments, grants and other activities. If supervisor mode is not available, employee must distribute time to departments, grants and other activities based on hours actually worked in each area. Employees are directed, where feasible and documented, to distribute their time based on their supervisor's distributed time to various departments, grants and other activities. The employee must use the timesheet to

show hours actually worked on various grants, projects and programs. Actual hours recorded on the timesheet is work as directed by the employee's immediate supervisor.

- g. Direct Deposit is available for all employees and is highly encouraged. Net payroll will be directly deposited into the employee's bank account.

2. Overtime

- a. Business demands may occasionally require some employees to work overtime, which means more than 40 hours in a week. Supervisors will try to inform employees in advance of any overtime requirement. When it is necessary to work overtime, it is the employee's obligation to cooperate. Employees may not work more than their scheduled daily or weekly hours without prior authorization from their supervisors. In assigning overtime, supervisors will seek to distribute extra hours equitably among employees who have the required skills and abilities to perform the necessary work. Disciplinary action may be taken against employees who: (1) refuse to work a reasonable amount of overtime; (2) fail to appear when scheduled to work overtime; (3) after indicating overtime work is acceptable, fail to appear; or (4) consistently work overtime hours without authorization.
- b. All employees considered "nonexempt" under the Fair Labor Standards Act will be paid at the rate of time and one-half (1½ times their regular rate of pay) for all hours worked in excess of 40 in one week. Only hours actually worked are counted in determining overtime.
- c. Overtime is calculated from hours worked Sunday through Saturday.

Payroll Calculation

1. Time Sheets

- a. Time Sheets will be electronically completed by employees, checked and approved by their supervisor for accuracy. All time off requests should match time off shown on the time sheet. Advanced approval for time off must be signed off by the supervisor. The Human Resources Department will reconcile any discrepancies.
- b. Unresolved discrepancies should be brought to the attention of the clinic/department directors.
- c. The pre-payroll register must be approved by the Human Resources Director.
- d. The post-payroll register must be approved by the Human Resources Director.

Payment to Company Employees

1. Distribution of Payroll

- a. Payroll checks/copies and stubs are available electronically by the 7th and 22nd of each month.
- b. Unclaimed payroll should be retained.

Payroll Deductions

1. Recording of Payroll Deductions

- a. Payroll deductions should be recorded in separate general ledger control accounts.

2. Independent Check and Payment of Payroll Deductions

- a. Payments of payroll amounts withheld from the employees' checks and paid to third parties should be reconciled to payroll by Human Resources Department Staff. All payments will be reviewed and approved by the Controller and/or CFO.

Breaks

Seamless work-flow is important to all operations. Lunch breaks and work breaks are subject to operational work-flow requirements and must be approved by the appropriate supervisor.

All employees may receive up to one (1) hour unpaid meal break during an eight (8) hour day or at least a thirty (30) minute unpaid break. The duration of the lunch break may be by department or clinic, i.e. Hamilton may authorize 30 minutes while North End may authorize an hour. Some locations may allow the individual employee to determine between 30 minutes and 1 hour.

At the discretion of the employee's immediate supervisor and as workload permits, each employee may take a fifteen (15) minute rest period for each four (4) hour work period. These rest periods, if taken, cannot be broken into smaller periods. The rest period for non-exempt employees will be compensated if taken at the work site.

Wage/Salary Scale

- Employees will receive a regular salary or wage within the Approved Wage Scale. An additional 15% for non-exempt employees may be required in rare cases based on a disparity between the internal equity afforded by the wage scale, and the external competitiveness of the economy of other healthcare organizations.
- In assigning an appropriate level to each position, the Office of Human Resources evaluates each position to determine its worth relative to the market and other positions in the organization.
- NHS aspires to provide base compensation for staff employees that is competitive with pay levels of individuals who have similar responsibilities, demonstrated competence and experience in like primary care environments.
- The rate of pay for staff positions is based on relevant competitive markets, as well as on the level of responsibility of the position.
- NHS will offer starting salaries/wages so that competent and experienced employees are compensated within the Wage Scale in order to be competitive with employers with which NHS competes for staff.
- NHS will participate in wage scale surveys at least once every two years using data from not-for-profit community health centers of similar size and demographics. Additional resources may be used.
- The Board of Directors and/or the Chief Executive Officer (CEO) may direct the Director of Human Resources to conduct a special wage scale survey for one or more positions as operational considerations dictate, irrespective of the two-year requirement above.
- The Director of Human Resources (DHR) or designated representative will normally make all salary offers. The Director of Clinic Operations (DCO) and the Director of Finance (DF) have the authority to make salary/wage offers if operational considerations deem it to be prudent.
- The DHR, in conjunction with other NHS Senior Leaders, will collaborate to ensure continuity when making salary/wage offers.

Non-Exempt Employees

The NHS Wage Scale will contain wage data reflecting minimum, and maximum, pertaining to the range of pay for a given position.

New employees will not enter employment with NHS above mid-range of the pay scale regardless of years of experience without a written request for an exception to policy from the appropriate NHS Senior Leader that explains justification. The request for exception to policy must be approved by the DHR prior to the offer being made to the prospective employee.

NHS employees who transfer to the same position in a different clinic/department/location will maintain at the same hourly wage.

NHS employees who transfer to a different job position will have their updated resume reviewed by human resources and have his/her pay adjusted accordingly and will not be inhibited by the mid-range cap that is in place for new employees.

The DHR may deviate marginally from the Wage Scale for Non-Exempt employees in situations where positions are in hard-to-fill locations or where other considerations or circumstances make filling the position with qualified personnel impractical. The

DHR will use a focused discretion in the event this deviation is used. Any deviation of more than \$1.00 per hour will require an approved exception to policy by the CEO.

PRN employees will receive 15% more in their base hourly wage to account for not having a regular schedule or an assigned location.

Bi-Lingual Stipend: In situations where an employee is hired for an operational need that requires bi-lingual proficiency, NHS will pay an additional amount per hour. The amount will be determined based on need and market trend. Simply being bi-lingual does not qualify for a bi-lingual stipend.

Exempt Employees:

Managers and Supervisors: NHS uses the salary scale as a guide to compensate exempt managers and supervisors.

The CEO will have salary determination authority for exempt providers and exempt Senior Leadership.

Proprietary Information: As a whole document, the NHS Wage/Salary Scale is confidential. Access to the whole document will be strictly confined to the following: Board Members, NHS Senior Leadership, and Human Resources Department.

The personnel listed above may share individual position wage/salary scales with employees when dealing with that employee's respective position, or, with managers as part of the employment process. The DHR may share the wage/salary scale in its entirety without the NHS header information when sharing with other business entities as part of a survey when presented with a bona fide request.

Immediate Operational Necessity:

Operational dynamics are such that an urgent need for a new position, temporary or permanent, may occur. If such a situation takes place, the DHR will determine an entry rate of pay using relevant salary data as a guideline, then complete the hire.

Management reserves the right to amend or discontinue this policy at any time without notice.

TITLE: Fraternalization / Relationship Policy
DEPARTMENT: Human Resources
EFFECTIVE DATE: January 24, 2019

DEFINITION:

For the purpose of this Northwest Health Services (NHS) policy, the word “Fraternalization” is defined as:

A dating, marital, romantic, “significant other” relationship, or a significant business/financial relationship, i.e. sharing a residence, starting a business together, or a lender/borrower relationship, etc. that exists between a supervisor and an employee(s) that he/she supervises. Though providers do not officially supervise their clinical staff, they do give routine directions/mandates that his/her staff must follow. For the purpose of this policy, providers are considered supervisors.

PURPOSE:

Northwest Health Services (NHS) strongly believes that a work environment where employees maintain clear boundaries between employee personal and business interactions is most effective for conducting business and enhancing productivity. Although this policy does not prevent the development of friendships or romantic relationships between co-workers, it does establish boundaries as to how relationships are conducted during working hours and within the working environment.

Individuals in supervisory or managerial roles, and those with authority over others’ terms and conditions of employment, are subject to more stringent requirements under this policy due to their status as role models, their access to sensitive information, and their ability to affect the terms and conditions of employment of individuals in subordinate positions.

This policy does not preclude or interfere with the rights of employees protected by the National Labor Relations Act or any other applicable statute concerning the employment relationship.

POLICY:

1. During working time and in working areas, employees are expected to conduct themselves in an appropriate workplace manner that does not interfere with others or with overall productivity.
2. During nonworking time, such as lunches, breaks, and before and after work periods, employees engaging in personal exchanges in non-work areas should observe an appropriate workplace manner to avoid offending other workers or putting others in an uncomfortable position.
3. Employees are strictly prohibited from engaging in physical contact that would in any way be deemed inappropriate by a reasonable person while anywhere on company premises, whether during working hours or not.
4. Employees who allow personal relationships with co-workers to adversely affect the work environment will be subjected to the appropriate provisions of Northwest Health Services disciplinary policy, including counseling for minor problems. Failure to change behavior and maintain expected work responsibilities is viewed as a serious disciplinary matter.
5. Employee off-duty conduct is generally regarded as private, as long as such conduct does not create problems within the workplace. An exception to this principle, however, is romantic or sexual relationships between supervisors and subordinates.
6. Any supervisor, manager, executive or other company official in a sensitive or influential position with Northwest Health Services must disclose the existence of a romantic or sexual relationship with another co-worker. Disclosure may be

made to the immediate supervisor or the Director of Human Resources. This disclosure will enable Northwest Health Services to determine whether any conflict of interest exist because of the relative positions of the individuals involved.

7. With regard to number 6, when a conflict-of-interest problem or potential risk is identified, Northwest Health Services will work with the parties involved to consider options for resolving the problem. The initial solution may be to make sure the parties no longer work together on matters where one is able to influence the other or take action for the other. Matters such as hiring, firing, promotions, performance management, compensation decisions and financial transactions are examples of situations that may require reallocation of duties to avoid any actual or perceived reward or disadvantage. In some cases, other measures may be necessary, such as a transfer to other positions or departments.
8. With regard to number 6, if one or both parties refuse to accept a reasonable solution or alternative position, if available, such refusal will be deemed as a voluntary resignation.
9. Failure to cooperate with Northwest Health Services to resolve a conflict or problem caused by a romantic or sexual relationship between co-workers or among managers, supervisors or others in positions of authority over another employee in a mutually agreeable fashion may be deemed insubordination and cause for immediate termination. The disciplinary policy of Northwest Health Services will be followed to ensure fairness and consistency before any such extreme measures are undertaken.
10. The provisions of this policy apply regardless of the sexual orientation of the parties involved.
11. Where doubt exists as to the specific meaning of the terms used above, employees should make judgments on the basis of the overall spirit and intent of this policy.
12. Any concerns about the administration of this policy should be addressed to the Director of Human Resources.

TITLE: RESIGNATION POLICY**DEPARTMENT: Human Resources****EFFECTIVE DATE: September 27, 2018**

POLICY:

Although Northwest Health Services (NHS) hopes that employment with the company will be a mutually rewarding experience, it is understood that varying circumstances do cause employees to voluntarily resign employment. Should this time come, employees are asked to follow the guidelines below regarding notice and exit procedures.

PROCEDURES:

1. **Notice of resignation.** If an employee provides less notice than requested, NHS may deem the individual to be ineligible for rehire depending on the circumstances regarding the notice given. Employees who have given their resignation shall not be able to take time off during their notice period, to include those that have previously requested time off and received approval.
 - Contract Employees – Refer to the terms of your employment agreement.
 - Employees with required licensure/certifications and professionals are encouraged to provide 30-day notice to facilitate a smooth transition out of the organization.
 - All other support staff is encouraged to provide two weeks' notice to facilitate a smooth transition out of the organization.
2. **Form of resignation notice.** All resignations must be confirmed in writing. A formal resignation letter or email is the preferred method.
3. **Resignation for failure to report to work.** Employees who fail to report to work for three consecutive days without properly communicating to their supervisor or manager the reasons for their absence will be viewed as voluntarily resigning the employment as of the third day.
4. **Rescission of resignation.** Employees will not be allowed to rescind a resignation, whether given verbally or in writing, once the resignation has been confirmed by the employer. Employees who wish to discuss concerns about their continued employment before making a final decision to resign are encouraged to do so. NHS has, at their discretion, the option to accept or deny the rescission of resignation.
5. **Eligibility for rehire.** Employees who resign in good standing under this policy and whose documented performance is above average under the organization's performance management system will be eligible for re-employment.
6. **Exit meeting.** Resigning employees will be scheduled for an exit meeting to ensure that all tools and equipment are returned and to provide an opportunity to discuss any questions or concerns related to employment with NHS. Employees who fail to return any company property, including keys, credit cards, tools, uniforms, cellular phones, laptops and other equipment, will be deemed ineligible for rehire and may be subject to legal proceedings on behalf of Northwest Health Services.

TITLE: DRUG TESTING: DRUG AND ALCOHOL POLICY
DEPARTMENT: Human Resources
EFFECTIVE DATE: January 24, 2019

PURPOSE:

In compliance with the Drug-Free Workplace Act of 1988, Northwest Health Services has a longstanding commitment to provide a safe, quality-oriented and productive work environment consistent with the standards of the community in which the company operates. Alcohol and drug abuse poses a threat to the health and safety of Northwest Health Service's employees, patients and to the security of the company's equipment and facilities. For these reasons, Northwest Health Services is committed to the elimination of drug and alcohol abuse in the workplace.

POLICY:

It is the policy of Northwest Health Services to maintain a drug and alcohol-free workplace and one which employees, or others who serve our patients, or who work in any capacity for the organization, are not working under the influence of drugs and/or alcohol. It is the intent of NHS to maintain a safe, healthful, secure, and efficient working environment for the good of the patients it serves and for all of its employees (and others who may be on its premises) and to protect NHS' property, equipment, and operations.

Under the Federal Controlled Substances Act (CSA) marijuana is classified as a Schedule I Drug. The possession, manufacturing or distribution of marijuana, even for medical purposes, is illegal as a matter of Federal law. As a Federal grant recipient, the unlawful manufacture, distribution, prescribing, dispensation, possession, or use of a controlled substance is prohibited in the workplace.

Covered Workers: Any NHS employee or independent contractor who provides patient care or conducts medical and/or administrative support for the organization, is applying for a position, or is conducting business on the organization's property is covered by this drug and alcohol abuse policy. Our policy includes, but is not limited to CEO, executive management, managers, supervisors, full-time employees, part-time employees, Pro Re Nata (PRN) or As Needed, off-site employees, contractors, volunteers, interns, and students participating in provider shadowing programs.

Assistance: NHS recognizes that alcohol, drug abuse and addiction are treatable illnesses and we also realize that early intervention and support improve the success of rehabilitation.

NHS will assist and support employees who voluntarily seek help for such problems before becoming subject to discipline or termination under this or other NHS policies. Such employees will be allowed to use accrued paid time off, placed on leaves of absence, referred to treatment providers and otherwise accommodated as required by law. Such employees may be required to document that they are successfully following prescribed treatment and to take and pass follow-up tests if they hold jobs that are safety-sensitive or require driving, or if they have violated this policy previously. Once a drug test has been scheduled, unless otherwise required by the Family and Medical Leave Act or the Americans with Disabilities Act, the employee will have forfeited the opportunity to be granted a leave of absence for treatment, and possible discipline, up to and including termination, will be enforced.

Employees should report to work fit for duty and free of any adverse effects of illegal drugs or alcohol. This policy does not prohibit employees from the lawful use and possession of prescribed medications. Employees must, however, consult with their doctors about the medications' effect on their fitness for duty and ability to work safely, and they must promptly disclose any work restrictions to their supervisor. Employees should not, however, disclose to NHS underlying medical conditions unless directed to do so.

Work Rules:

1. The presence of any detectable amount of any illegal drug or illegal controlled substance in an employee's body system, while performing company business or while in a company facility, is prohibited.
2. Northwest Health Services will also not allow employees to perform their duties while taking prescribed drugs that are adversely affecting their ability to safely and effectively perform their job duties. Employees taking prescribed medication must carry it in the container labeled by a licensed pharmacist or be prepared to produce it if asked.
3. Alcohol: alcoholic beverages given as gifts are permissible so long as the beverage is not consumed during operational hours; and the consuming of alcohol within a reasonable limit while representing NHS at events or at NHS sponsored events is permissible.

Crimes Involving Drugs:

NHS prohibits all employees from manufacturing, distributing, dispensing, possessing or using an illegal drug in or on company premises or while conducting company business. NHS employees are also prohibited from misusing legally prescribed or over-the-counter (OTC) drugs. Law enforcement personnel should be notified, as appropriate, when criminal activity is suspected.

NHS does not desire to intrude into the private lives of its employees, but recognizes that employees' off-the-job involvement with drugs and alcohol may have an impact on the workplace. Therefore, NHS reserves the right to take appropriate disciplinary action for drug use, sale or distribution while off company premises. All employees who are convicted of, plead guilty to or are sentenced for a crime involving an illegal drug are required to report the conviction, plea or sentence to HR within five days. Failure to comply will result in automatic termination. Cooperation in complying may result in suspension without pay to allow management to review the nature of the charges and the employee's past record with NHS.

Definitions: "Company premises" includes all buildings, offices, facilities, grounds, parking lots, lockers, places and vehicles owned, leased or managed by NHS or on any site on which the company is conducting business.

"Illegal drug" means a substance whose use or possession is controlled by federal law but that is not being used or possessed under the supervision of a licensed health care professional.

"Refuse to cooperate" means to obstruct the collection or testing process; to submit an altered, adulterated or substitute sample; to fail to show up for a scheduled test; to refuse to complete the requested drug testing forms; or to fail to promptly provide specimen(s) for testing when directed to do so, without a valid medical basis for the failure. Employees who leave the scene of an accident without justifiable explanation prior to submission to drug and alcohol testing will also be considered to have refused to cooperate and will automatically be subject to discharge.

"Under the influence of alcohol" means an alcohol concentration equal to or greater than .04, or actions, appearance, speech or bodily odors that reasonably cause a supervisor to conclude that an employee is impaired because of alcohol use.

"Under the influence of drugs" means a confirmed positive test result for illegal drug use per this policy. In addition, it means the misuse of legal drugs (prescription and possibly OTC) when there is not a valid prescription from a provider for the lawful use of a drug in the course of medical treatment (containers must include the patient's name, the name of the substance, quantity/amount to be taken and the period of authorization).

Inspections: NHS reserves the right to inspect all portions of its premises for drugs, alcohol or other contraband. All employees, contract employees and visitors may be asked to cooperate in inspections of their persons, work areas and

property that might conceal a drug, alcohol or other contraband. Employees who possess such contraband or refuse to cooperate in such inspections are subject to appropriate discipline, up to and including termination. If an inspection is requested, it is not an accusation of wrongdoing, but merely part of an investigation.

Required Testing:

Pre-employment: NHS reserves the right to implement pre-employment drug testing in which case all applicants must pass a drug test before beginning work. Refusal to submit to testing will result in disqualification of further employment consideration.

Reasonable suspicion: Employees are subject to testing based on (but not limited to) observations by the supervision of apparent workplace use, possession or impairment. HR and appropriate Senior Leadership should be consulted before sending an employee for testing. All levels of supervision making this decision must observe the employee and document specific observations and behaviors that create reasonable suspicion that the person is under the influence of illegal drugs or alcohol. If the documentation indicates further action is justified, the manager or supervisor should confront the employee with the documentation and with another member of management/leadership. Under no circumstances will the employee be allowed to themselves to the testing facility. A member of supervision/management must escort the employee; the supervisor/manager will make arrangements for the employee to be transported home.

Post-Accident: Employees are subject to testing when they cause or contribute to accidents that seriously damage a NHS vehicle, machinery, equipment or property or result in an injury to themselves, patients, visitors or another employee requiring medical attention in which there is a reasonable basis for concluding that drug/alcohol use could have contributed to the incident. A circumstance that constitutes probable belief will be presumed to arise in any instance involving a work-related accident or injury in which an employee was operating a motorized vehicle is found to be responsible for causing the accident. The investigation and subsequent testing must take place within two hours following the accident, if not sooner. Under no circumstances will the employee be allowed to drive themselves to the testing facilities.

Follow-up: Employees who have tested positive, or otherwise violated this policy, are subject to discipline, up to and including discharge. Depending on the circumstances and the employee's work history/record, NHS may offer an employee who violates this policy or test positive the opportunity to return to work on a last-chance basis pursuant to mutually agreeable terms, which could include follow-up drug testing at times and frequencies determined by NHS for a minimum of one year but not more than two years as well as a waiver of the right to contest any termination resulting from a subsequent positive test. If the employee either does not complete the rehabilitation program or tests positive after completing the rehabilitation program, the employee will be subject to immediate termination.

Reasonable Suspicion and Post-Accident Testing Protocol:

1. The employee will be advised that NHS believes that there is reasonable suspicion to believe that he or she is affected by illegal drugs or alcohol (or due to the nature of the accident the policy mandates this) and that this test is being offered to confirm or deny this suspicion.
2. The employee will be transported to any one of the company's contracted testing facilities. One member of management or a designated attendant will accompany the employee. Under no circumstances will the employee be allowed to drive themselves to the testing facility.
3. Prior to leaving for the testing facility, supervision/management will contact the testing facility to inform it that a staff member from NHS will be arriving and will need a drug or alcohol test completed.

4. The employee should be provided water to drink prior to leaving the company premises.
5. The employee should be given reasonable time – not to exceed 15 minutes – to secure photo ID in the company of a NHS representative.
6. The employee to be tested must present a photo ID (i.e. driver's license or state ID card) to the testing facility staff before the specimen can be obtained. Ensure that the employee brings the photo ID with them when leaving the NHS premises.
7. The employee to be tested must sign a consent form provided by the testing facility. Refusal to sign is addressed under the "Consequences" section of this document.
8. A NHS Representative must sign as a witness to the collection procedure, along with the tested employee.
9. After returning to NHS or when leaving the testing facility, the supervisor/manager must make arrangements to transport the person home (unless testing results are immediate). Under no circumstances will the tested employee be allowed to drive themselves home.

Collection and Testing Procedures:

Employees subject to alcohol testing should be driven to a NHS designated facility and directed to provide breath specimens. Breath specimens should be tested by trained technicians using federally approved breath alcohol testing devices capable of producing printed results that identify the employee. If an employee's breath alcohol concentration is .04 or more, a second breath specimen should be tested approximately 20 minutes later. The results of the second test should be determinative. Alcohol tests may, however, be a breath, blood or saliva test should be determinative. For purposes of this policy, test results generated by law enforcement or medical providers may be considered by the company as work rule violations.

Employees subject to drug testing should be driven to a NHS designated medical facility and directed to provide urine specimens. Applicants and employees may provide specimens in private unless they appear to be submitting altered, adulterated or substitute specimens. Collected specimens should be sent to a federally certified laboratory and tested for evidence of marijuana, cocaine, opiates, amphetamines, PCP, benzodiazepines, methadone, methaqualone and propoxyphane use. (Where indicated, specimens may be tested for other illegal drugs.) The laboratory should screen all specimens and confirm all positive screens. There must be a chain of custody from the time specimens are collected through testing and storage.

The laboratory should transmit all positive drug test results to a medical review officer (MRO) retained by NHS, who should offer persons with positive results a reasonable opportunity to rebut or explain the results. Individuals with positive test results may also ask the MRO to have their split specimen sent to another federally certified laboratory to be tested at the applicant's or employee's own expense. Such requests must be made within 72 hours of notice of test results. If the second facility fails to find any evidence of drug use in the split specimen, the employee or applicant will be treated as passing the test. In no event should a positive test result be communicated to NHS until such time that the MRO has confirmed the test to be positive.

Consequences:

Applicants who refuse to cooperate in a drug test or who test positive will not be hired and will not be allowed to reapply/retest in the future.

Employees who refuse to cooperate in required tests or who use, possess, buy, sell, manufacture or dispense an illegal drug in violation of this policy will be terminated. If the employee refuses to be tested, yet the company believes he or she is impaired, under no circumstances will the employee be allowed to drive themselves home.

The first time an employee tests positive for alcohol or illegal drug use under this policy, the result will be discipline up to and including termination.

Employees will be paid for time spent in alcohol or drug testing and then suspended pending the results of the drug or alcohol test. After the results of the test are received, a date and time will be scheduled to discuss the results of the test; this meeting will include a member of management and HR. Should the results prove to be negative, the employee will receive back pay for the times/days of suspension.

Confidentiality:

Information and records relating to positive test results, drug and alcohol dependencies, and legitimate medical explanations provided to the MRO should be kept confidential to the extent required by law and maintained in secure files separate from normal personnel files. Such records and information may be disclosed among managers and supervisors on a need-to-know basis and may also be disclosed when relevant to a grievance, charge, claim or other legal proceeding initiated by or on behalf of an employee or applicant.

TITLE: TOBACCO FREE ENVIRONMENT
DEPARTMENT: HUMAN RESOURCES
EFFECTIVE DATE: August 25, 2016

PURPOSE:

Tobacco use in every form is not only a danger to the health of the users but also those who work in proximity to them. Northwest Health Services (NHS), as a non-profit provider of health care services, wishes to maintain tobacco-free premises as a means of helping to promote the health and safety of patients and employees.

POLICY:

Premises:

1. Effective February 1, 2013 smoking or the use of tobacco products (including but not limited to cigarettes, cigars, chewing tobacco, snuff, pipes and electronic smoking/vapor-type devices) is prohibited in or on NHS-owned or leased buildings, grounds, parking garages, parking lots, ramps, plazas, sidewalks, and vehicles. Employees cannot smoke anywhere on NHS property at any time. This prohibition also includes any non-NHS vehicle on any part of NHS premises. There is no designated smoking area on NHS premises.
2. In addition to the ban on smoking/nicotine use on NHS premises and there being no designated smoking area at any time on NHS premises, employees are also banned from smoking/nicotine use on property adjoining NHS property, if they are within 100 feet of the nearest NHS entrance while smoking. NHS employees who take a smoking/nicotine use break and use adjoining, non-NHS property (note the time-out requirement below in paragraph 6) must be a minimum of 100 feet from the NHS entrance nearest to them while they are smoking/using nicotine. It is very important to ensure that those entering and/or leaving the clinic/department building are not affected by second-hand smoke and that the NHS patient population does not receive conflicting health-related messages pertaining to the hazards of tobacco use.
3. Appropriate signs will be prominently posted to reinforce these non-smoking/nicotine use rules, but the lack of signs at or near any NHS location or any part of NHS grounds should not be interpreted as providing any exceptions to rules against smoking/nicotine use on NHS premises and against smoking/nicotine use on adjoining premises within 100 feet of the nearest NHS entrance..
4. Clinic managers will provide the necessary information to existing and new employees as to location of premises boundaries and where 100 feet measures from the nearest clinic/department entrances.
5. NHS employees who smoke or otherwise use tobacco/nicotine products in violation of these prohibitions are subject to corrective action up to and including separation of employment. Supervisors at all levels will be held accountable for actively enforcing this policy. Non-employees in violation of these prohibitions are subject to denial of entry on NHS premises and other privileges. All employees are responsible to ensure this policy is fully implemented and enforced. They are encouraged to communicate this rule with courtesy and respect to co-workers, patients, patients' family members, and others whose duties place them on-site at NHS.
6. Employees who choose to leave NHS premises while on a supervisor approved break must time out upon departure and time in upon return to their duty stations in accordance with policy AP-44, Wage and Salary Management Policy. Workers, who take tobacco breaks on property owned by other individuals or businesses, should be aware of the property rights of others and are strongly encouraged to obtain permission from such business/property owners if

they use tobacco products on others' premises while on break. Employees who do not respect the rights of adjoining property owners are subject to discipline up to and including termination of employment.

7. Patients and family members and any other individuals entering on NHS property should be informed of the restrictions on smoking and tobacco use if there appears to be any potential for misunderstanding.
8. Employees who smoke or use other nicotine products are encouraged to explore cessation options. Costs, less co-payments, not covered by an employee's health insurance may be partially paid by NHS contingent upon budget restrictions. Any prescriptions must be based on an appropriate health care provider's order to be considered for available financial assistance for said options/prescription.

Employee Education:

The Human Resources (HR) Department will inform all employees of opportunities for tobacco cessation programs/services at each annual open enrollment and upon request.

TITLE: VIOLENCE IN THE WORKPLACE POLICY
DEPARTMENT: Human Resources
EFFECTIVE DATE: August 27, 2015

PURPOSE:

The safety and security of all employees, patients, vendors, and visitors is of primary importance at Northwest Health Services, Inc. (NHS).

POLICY:

Northwest Health Services promotes a safe, respectful, and productive work environment in which to deliver quality care and services. To this end, NHS will not tolerate, condone or ignore threatening or violent behavior.

Each officer, manager, director, supervisor, and employee is responsible for keeping the workplace free of threatening or violent behavior. This includes threatening or violent behavior by employees or non-employees against self, others, or NHS property.

PROCEDURE:

All employees are responsible for notifying management of any threats that they witness or receive or that they are told another person witnessed or received. Even without a specific threat, all employees should report any behavior they have witnessed that they regard as potentially threatening or violent or that could endanger the health or safety of an employee when the behavior has been carried out on NHS premises, on a NHS-controlled site, or is connected to NHS employment or NHS business. Employees are responsible for making this report regardless of the relationship between the individual who initiated the threatening behavior and the person or persons being threatened.

Immediate Reporting:

Any employee who experiences, observes, or has knowledge of threatening or violent behavior in the workplace has a responsibility to report the situation immediately.

1. In all cases of an actual or imminent act of violent behavior, contact 911 immediately. DO NOT ENGAGE THE VIOLENT PERSON YOURSELF.
2. Contact should then be made to the employee's direct report manager or supervisor. In the event no manager/supervisor is available, direct report to a Senior Officer.
3. The manager/supervisor will immediately report threatening or violent behavior to an NHS Senior Officer available for intervention.
4. If available and appropriate, contact should be made with a Licensed Clinical Social Worker to aid in de-escalating the event.

Definitions:

1. **Threatening behavior** is defined as an expressed or implied threat to interfere with an individual's health or safety, or with the property of NHS, which causes a reasonable apprehension or fear that such harm or injury is about to occur. Examples of threatening behavior include, but are not limited to:
 - a. Direct or indirect threats of harm or injury

- b. Words or gestures which create a reasonable fear of harm or injury
- c. Prolonged or frequent shouting which creates a reasonable fear of harm or injury
- d. Stalking an individual

2. **Violent behavior** is defined as the use of physical force or violence to inflict harm to others, to endanger the health or safety of another person or the property of NHS, or restrict the freedom of action or movement of another person. Examples include:

- a. Unwelcome physical contact.
- b. Slapping, punching, striking, pushing, or otherwise physically attacking a person.
- c. Throwing, punching, or otherwise handling objects in an aggressive manner.

Threats, stalking, threatening and abusive behavior, or acts of violence against employees, patients, visitors, and/or NHS facilities or property by anyone on NHS property, on a NHS-controlled site, or in connection with NHS employment or NHS business will not be tolerated (even those made in jest).

NHS reserves the right to take any necessary legal action to protect its employees, patients, vendors, and visitors. Violations of this policy will lead to corrective action up to and including termination of an employee or patient (reference AC-02 Patient Dismissal Procedure) and/or referral to appropriate law enforcement agencies for arrest and prosecution.

Any person who makes threats, stalks, exhibits threatening behavior, or engages in violent acts on NHS premises, on a NHS-controlled site, or in connection with NHS employment or NHS business shall:

- a. be removed from the premises as quickly as safety permits and shall remain off NHS premises pending the outcome of an investigation.
- b. following investigation, the organization will initiate an immediate and appropriate response. This response may include but is not limited to suspension and/or termination of any business relationship, reassignment of job duties, suspension or termination of employment, suspension of services provided.
- c. and/or civil or criminal prosecution of the person or persons involved.

If the alleged aggressor is an employee, an investigation will be initiated at the direction of the Chief Executive Officer or his/her designee. Reported violations of this policy will be investigated promptly and objectively. Investigators will use various tools and processes at their disposal to ascertain whether the accusation is true, and if so, the severity of the violation. These processes may include, but are not limited to

- personal interviews with the complainant and the accused
- interviews with witnesses
- email and internet history reviews
- consultations with legal counsel
- interaction with law enforcement officials

NHS will conduct its investigation in as confidential a manner as possible. Interviews, allegations, statements, and identities will be kept confidential to the extent possible. However, NHS will not allow the goal of confidentiality to be a deterrent to an effective investigation and by extension, a threat to the safety and security of our employees. A timely resolution of each complaint will be reached and communicated to the employee.

TITLE: FIRE SAFETY POLICY
DEPARTMENT: Human Resources
EFFECTIVE DATE: December 17, 2015

POLICY: It is the policy of the Northwest Health Services to ensure that patients and personnel are properly protected from fire, smoke, and other products of combustion.

RESPONSIBILITY: Responsibility for development of related programs rests with the Safety Committee. Responsibility for implementation of the program is shared equally by staff.

PROCEDURES:

Fire Plan: Northwest Health Services maintains a written Fire Safety Action Plan, attached as Annex A to this policy. The fire plan is intended to be a comprehensive guide for actions to be taken by building occupants in a fire emergency. Staff is trained about the plan and their roles in that plan.

Equipment and System Maintenance: All fire extinguishers will be tested annually and maintain at frequencies specified by regulatory requirements. Testing is done by a combination of Northwest Health Services' staff and/or qualified contractors.

Fire Safety Training: All staff will receive Fire Safety Training annually, to include receiving a passing score on an examination. This training will be conducted as part of the annual OSHA training series.

This policy and procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Northwest Health Services, Inc. management, Federal and State law and regulations, and applicable accrediting and review organizations.

Annex A to AP-02: Fire Safety Action Plan

1. In the event that a fire has been detected, call 911 or the fire department and implement the RACE and PASS procedures (described below) pertaining to the response to danger and use of fire extinguishers, respectively.
2. Activate the fire alarm and notify everyone in the building.
3. Start evacuation plan: Evacuate all patients and personnel from the area.
4. Provision of immediate first aid for injured persons and their removal to safety.
5. If possible: Shut off air handlers, fans, blowers, and shut windows.
6. Have a member of the team meet the fire department and inform them of the area/location of the fire.
7. Take a head count of all staff and patients to insure there are no people left in the building.
8. Notify Site Manager and Chief Operations Officer (COO) of the emergency.

In the event of a fire, the following RACE and PASS procedures should be followed as listed below:

RACE

Rescue those in immediate danger.

Activate or sound the fire alarm (pull station) - call 911 or the fire department giving exact location of fire and clinic address & your name.

Confine the fire by closing all doors and windows.

Extinguish/evacuate - know the location, how they work and type of extinguishers in your area.

PASS

Pull the pin - release the lock with the nozzle pointing away from you

Aim low - point the extinguisher at the base of the fire

Squeeze the lever slowly and evenly

Sweep the nozzle side to side

Designates Meeting Places for Emergencies

Fire/ Tornado /Active Shooter

<u>Braymer</u>	Across the street/ café basement restroom/ Casey's gas station
<u>Cainsville</u>	Across the street/ Baptist church/ D & R auto
<u>Family Medicine Associates</u>	Clifton Larson Allen's parking lot/ X-ray room/ Price Chopper
<u>Hamilton</u>	Light pole in parking lot/ Clinic basement/ Casey's gas station
<u>King City</u>	Front parking lot/Clinic basement/ Casey's gas station
<u>Mound City</u>	Next door vacant lot/ Lab room/ John Deer dealership
<u>North End Health Center</u>	Tree south end of lot/ X-ray room/ Fast gas 66
<u>Northwest Dental</u>	Behind Starbucks/ Lab middle of building/ Taco Bell
<u>Savanah</u>	Upper back parking lot/ Basement or X-ray room/ Middle School
<u>South Side Health</u>	Vacant lot behind clinic/ X-ray room/ Simple Simon's
<u>Beck Road</u>	West end of street in grass/ Restroom/ Price Chopper
<u>Northwest BH</u>	NE Corner of parking lot/ Employee restroom/ Car Star
<u>Downtown Clinic</u>	Bus Stop/ Basement/YMCA
<u>Gower Health</u>	NW corner of parking lot/ Basement/ Bank in Gower
<u>Gower Pharmacy</u>	Bank parking lot/ Storeroom/ Bank in Gower

TITLE: INCLEMENT WEATHER
DEPARTMENT: Administration
EFFECTIVE DATE: January 24, 2019

PURPOSE:

Proper procedure in reporting of hours worked in the event of inclement weather, natural disaster or national emergency situations.

POLICY:

It is NHS intent and practice to provide quality customer service and patient care at all times. This requires that each clinic and/or department be adequately staffed in the event of inclement weather, natural disaster or national emergency.

When the weather, natural disaster, or national emergency is so severe that Northwest Health Services' administration decides to not open a clinic, or closes a clinic early the Inclement Weather and Emergency Telephone Tree will be used to notify employees if a closing takes place. Those employees directly affected by the closing may choose to use benefit hours to make up for the missed scheduled work hours.

Employees are responsible for making every effort possible to report to work at the beginning of scheduled start time. Employees experiencing difficulty in getting to work on time should notify their supervisor/manager or designee, explain the difficulties, and provide an estimated time of arrival at work.

If an employee is not able to report for work at the beginning of a scheduled start time because of inclement weather, natural disaster, or national emergency, the employee will be paid only for the hours actually worked.

Excessive absenteeism due to or during inclement weather conditions could result in disciplinary action.

TITLE: ATTENDANCE POLICY
DEPARTMENT: Human Resources
EFFECTIVE DATE: June 27, 2019

PURPOSE:

Communicate the organizations expectations concerning prompt and regular attendance. To accomplish the mission of Northwest Health Services, it is imperative that every employee be present when scheduled to fulfill patient expectations. This policy details how absences and tardiness are counted for the purposes of maintaining excellent customer service.

POLICY:

Regular and punctual attendance is expected of all NHS employees.

In order to provide the highest level of service to our patients and customer and to enjoy a culture of teamwork, employees are expected to be at work for each scheduled shift: on days scheduled and during the hours scheduled.

Excessive absences and tardiness are disruptive and may lead to disciplinary action, up to and including termination of employment.

An employee's attendance is an important consideration in matters such as transfers, promotions, demotions and possible corrective actions.

Management reserves the right to amend or discontinue this policy at any time without notice.

APPROVALS:

An employee's immediate supervisor, or their supervisor, must approve scheduled absences in advance of the absence.

AP-02 PROCEDURE:

Supervisors are to notify employees of their starting and ending times. These times may vary from employee to employee based upon individual and operational need. Employees are expected to be engaged in carrying out their duties at all times during work time. Supervisors will manage all absences, any tardiness and/or early leaving without permission by using an electronic time and attendance tool. If such tool is not available, the employee will log their work hours using an exception log approved by the respective manager. Managers are responsible for ensuring all exception logs for their assigned employees are accurate prior to submission for payroll.

An employee who is absent must notify their first line supervisor or designee each day of absence unless at the time of initial notification of absence it is known the absence will be for a specified period of time and that time is agreed to by the first line supervisor or designee. When reporting an absence, the supervisor may ask the nature of your absence and when the employee expects to return to work. When an employee is going to be absent, they must notify their supervisor at least two hours prior to their starting time. If for any reason an employee is going to report to work after the scheduled shift start time, the employee must notify their first line supervisor as soon as the employee is aware they're going to be tardy.

If an employee is absent for three or more consecutive scheduled shifts due to personal illness or injuries, the Leader or Leader's designee may require the employee to provide a written statement from the employee's care provider releasing the employee to return to work, explaining the nature of the illness or injury and verifying the employee has been under the provider's care for the period in question. If at any time an employee's absence is questionable, a Leader or Leader's designee may request a written statement of medical evidence from the employee's care provider to substantiate a request for a specified period of illness or injury. A Leader or Leader's designee may request a written statement from the employee's care provider to substantiate the personal illness or injury in cases when the employee has reached or is approaching excessive absenteeism or when the reason offered for the absence is questionable.

The first line supervisor will forward the care provider's statement (medical release) to the senior leader of the employee in question. Senior Leaders, in collaboration with Human Resources, will monitor employee's absences due to work-related illness and/or injuries. Senior Leaders, managers, and Human Resources personnel will ensure all labor law requirements are met pertaining to Missouri Worker's Compensation regulatory requirements.

When an employee is required to provide a statement as described above, the statement must list all restrictions or limitations if any. Depending upon the restrictions or limitations and the nature of the employee's position, they may not be allowed to return to their position if they cannot perform essential functions of the position. This requirement will not supersede the provisions of the Family and Medical Leave Act (FMLA) or the Americans with Disabilities Act Amendment Act (ADAAA).

The supervisor is responsible for counseling those employees whose attendance indicate excessive absenteeism or a pattern of absenteeism such as weekends when scheduled to work, the day/days preceding or following holidays or scheduled days off.

Employees are to be compensated during authorized absences in accordance with policy. Failure to notify NHS properly of any absence may result in loss of compensation during the absence and may be grounds for disciplinary action, up to and including termination of employment.

Employees who are delayed (more than fifteen minutes) in reporting for work and who have not notified their supervisor of their expected tardiness may not be compensated for lost time, to include the use of PTO.

Employees who report for work without proper equipment, improperly attired or improperly groomed may not be permitted to work.

Employees, who report for work in a condition, deemed not fit for work will not be allowed to work, and sent home. Supervisors will attempt to determine if the employee's condition is due to possible substance abuse, emotional agitation, or other issue. Based on the apparent issue, the employee will be dealt with in accordance with policies covering employee conduct, drug and alcohol abuse, etc.

Absences and Tardiness

Prescheduled times away from work using accrued time off are not considered occurrences for the purpose of this policy.

An absence occurs when an employee misses more than three hours of work within a normal workday. An absence of multiple days due to the same illness, injury or other incident will be counted as an occurrence for the purpose of this policy.

A tardy arrival, early departure or other shift interruption is considered an unapproved deviation to the schedule. On occasion and with prior approval of the supervisor, an employee who is tardy may adjust that day's schedule to work an equivalent amount of time at the end of the shift.

Arrival and departure times will be determined by the time on the time recording system. An employee is considered late if he or she reports to work more than 5 minutes after the scheduled starting time; an early departure is one in which the employee leaves before the scheduled end of his or her shift without approval.

CONSEQUENCES

Excessive absenteeism and tardiness may result in corrective action unless such actions breach the standards of FMLA and/or ADAAA. Corrective action is intended to be progressive. However, if one year has passed since an employee has received corrective action and additional corrective action is warranted, it may be issued at the previous level. Patterns of violations, regardless of the frequency, may result in a higher level of corrective action. Corrective action remains in an employee's personnel file permanently.

NO CALL NO SHOW

Not reporting to work and not calling to report the absence is a no-call/no-show and is a serious matter, creating increased administrative burdens and emotional upset. The first instance of a no-call/no-show will result in a final written warning. The second separate offense may result in termination of employment. If the employee has already received discipline for attendance/punctuality when a no-call/no-show occurs, the disciplinary process may be accelerated to the final step. Employees who are absent from work for three consecutive days without giving proper notice to NHS will be considered as having voluntarily terminated employment. At that time, NHS will formally note the termination and advise the employee of the action in person, if practical, or by certified mail. Management may consider extenuating circumstances when determining discipline for a no-call/no-show (for instance, if the employee is in a serious accident and is hospitalized) and has the right to exercise discretion in such cases.

No disciplinary actions will be taken without the direct involvement of the human resource (HR) department as counsel to management. All warnings will be delivered by the direct supervisor, manager, or HR as circumstances require.

Management reserves the right to use its discretion in applying this policy under special or unique circumstances.

Management reserves the right to amend or discontinue this procedure at any time without notice.

TITLE: CONFLICT RESOLUTION POLICY
DEPARTMENT: Human Resources
EFFECTIVE DATE: May 31, 2018

PURPOSE:

Problems, misunderstandings, and frustrations may arise in the workplace. It is Northwest Health Services' intent to be responsive to its employees and their concerns. Therefore, an employee who is confronted with a problem may use the procedure described below to resolve or clarify his or her concerns.

The purpose of this policy is to provide a quick, effective, and consistently applied method for an employee to present his or her concerns to management and have those concerns internally resolved.

PROCEDURES:

Concerns should first be brought to the attention of the pertinent individual(s). It is both the right and the responsibility of individuals involved in a conflict situation to attempt to resolve conflict. Supervisors should encourage and promote resolution within the work group.

Step 1: Discussion with supervisor

- a. Initially, employees should bring their concerns or complaints to their immediate supervisor. If the complaint involves the employee's supervisor, the employee should schedule an appointment with that supervisor to discuss the problem that gave rise to the complaint within 5 working days of the date the incident occurred.
- b. The immediate supervisor should respond in writing to the complaint within five days of the meeting held with the complainant employee.

Step 2: Written complaint and decision

- a. If the discussion with the immediate supervisor does not resolve the problem to the mutual satisfaction of the employee and the supervisor, or if the supervisor does not respond to the complaint, the employee may submit a written complaint to the employee's department leader/director. The employee's department leader/director should forward a copy of the complaint to the HR department. The submission of the written complaint is due within five working days of the response from the supervisor. The complaint should include:
 - The problem and the date when the incident occurred.
 - Suggestions on ways to resolve the problem.
 - A copy of the immediate supervisor's written response or a summary of his or her verbal response and the date when the employee met with the immediate supervisor. If the supervisor provided no response, the complaint should state this.
- b. Upon receipt of the formal complaint, the department leader/director must schedule a meeting with the employee within five working days to discuss the complaint. Within approximately five working days after the discussion, the department leader/director should issue a decision both in writing and orally to the employee filing the complaint.

Step 3: Appeal of decision

- a. If the employee is dissatisfied with the decision of the department leader/director, the employee may, within five working days, appeal this decision in writing to the HR department.
- b. The HR department may call a meeting with the parties directly involved to facilitate a resolution. The HR department may gather further information from involved parties. All involved individuals, other than representatives of the HR department, may not discuss the situation with any other employee or with the complaining employee.
- c. The CEO is the final decision authority in the conflict resolution process.

If the complaint involves the Director of Human Resources, a written complaint may be sent to the CEO within 5 working days from the date the incident occurred.

Additional Guidance

If an employee fails to appeal from one level to the next level of this procedure within the time limits set forth above, the problem should be considered settled on the basis of the last decision, and the problem should not be subject to further consideration.

Because problems are best resolved on an individual basis, the conflict resolution procedure may be initiated only by individual employees and not by groups of employees. All complaints must be made in good faith.

Northwest Health Services reserves the right to impose appropriate disciplinary action for any conduct it considers to be disruptive or inappropriate. The circumstances of each situation may differ, and the level of disciplinary action may also vary depending on factors such as the nature of the offense, whether it is repeated, the employee's work record and the impact of the conduct of the organization.

Employees may utilize the Employee Connection tool located on the Northwest Health Services website to report in good faith significant concerns regarding the organization.

Filing groundless or malicious complaints is an abuse of this policy and will be treated as a violation.

TITLE: Moonlighting
DEPARTMENT: Human Resources
EFFECTIVE DATE: February 22, 2018

DEFINITIONS:

Moonlighting: Working at multiple jobs or at one's own business, in addition to a primary job.

Competitor: Any person or entity which offers a similar service to: include, but not limited to, primary care clinics, urgent care clinics, minute clinics, dental clinics, psychiatry, or counseling care locations.

POLICY:**Providers/Leaders**

Employees who are classified as providers or leaders of Northwest Health Services (NHS), who wish to moonlight will need to request permission in writing to the Chief Executive Officer. NHS' Board of Directors will determine if it is in the best interest of NHS to approve the moonlighting request.

Written moonlighting requests must include the practice location and address, schedule you would be working, a list of services you would be providing, and the reason for requesting privileges.

Moonlighting privileges will be reviewed on an annual basis.

Moonlighting requests will not be considered for competitors within a 35 mile radius from the employee's practice location(s).

Within 30 days of a provider beginning employment with an approved facility, a Certificate of Liability Insurance must be submitted to NHS.

NHS will not be held responsible for services provided outside of NHS operations, to include but not limited to, services rendered for mutual patients.

Moonlighting for a competitor or setting up an after-hours business that competes with NHS could be grounds for immediate dismissal.

All employees

All employees will be judged by the same performance standards and will be subject to NHS' scheduling demands, regardless of any existing outside work requirements.

If NHS determines that an employee's outside work interferes with performance or the ability to meet the requirements of NHS as they are modified from time to time, the employee may be asked to terminate the outside employment if he or she wishes to remain with NHS.

Outside employment will present a conflict of interest if it has an adverse impact on NHS.

TITLE: EMPLOYEE DRESS CODE
DEPARTMENT: Human Resources
EFFECTIVE DATE: April 27, 2017

PURPOSE:

NHS strives to maintain a workplace environment that is well functioning and free from unnecessary distractions and annoyances. As part of that effort, the company requires employees to maintain a neat and clean appearance that is appropriate for the workplace setting and for the work being performed. To that end, NHS' managers may determine and enforce guidelines for workplace-appropriate attire and grooming for their areas; guidelines may limit natural or artificial scents that could be distracting or annoying to others.

POLICY:

All NHS staff members are expected to present a professional, businesslike image to clients, visitors, customers and the public. Acceptable personal appearance, like proper maintenance to work areas, is an ongoing requirement of employment with NHS.

Managers should communicate any department-specific workplace attire and grooming guidelines to staff members during new-hire orientation and evaluation periods. Any questions about the department's guidelines for attire should be discussed with the immediate supervisor.

Any staff member who does not meet the attire or grooming standards set by their department will be subject to corrective action and may be asked to leave the premises to change clothing. Hourly paid staff members will not be compensated for any work time missed because of failure to comply with designated attire and grooming standards.

All staff members must wear the NHS identification badge at all times while at work.

DRESS CODE PROCEDURES:

1. NHS dress code recognizes different types of attire may be necessary, depending on changes of seasons, degree of external contact, nature of work, and safety, but there are overriding principles and general rules, as stated below.
2. The dress code provides direction with the final decision to be determined by each employee's supervisor within the parameters of this policy.
3. Any tattoo or brand on the head and/or face is prohibited except for permanent cosmetics/make-up. Any visible tattoos that are extremist, indecent, obscene, sexist, racist, or otherwise offensive or discriminatory are not allowed. Written exceptions to the policy will be approved/disapproved by the senior leader in the employee's supervisory chain.
4. Body Piercings: the only visible body piercings allowed are in the ears and/or nose. Clear plugs are authorized for any piercings that do not comply with this policy.
 - a. Jewelry for pierced areas must be tasteful and cannot constitute a safety hazard for the employee, patients, or fellow employees around them.
 - b. Ear jewelry (for either pierced or non-pierced ears) shall be tasteful in manner and appropriate for a professional work environment.
 - c. Nose piercing jewelry is limited to one piercing, with the only authorized type being a stud that is tasteful in manner and appropriate for a professional work environment.

All Staff:

1. Good personal grooming is essential and required. i.e nails.

2. Hair must be kept neat, clean, and controlled at all times. Hairstyles will be appropriate for a business environment. Where applicable, moustaches and beards must be neatly groomed, trimmed and moderate in style and length.
3. If hair is dyed, fluorescent hair colors are not permitted.

Clinic Personnel:

1. Clinic personnel involved with direct patient interaction must wear clean, pressed solid-color scrubs.
2. Providers and Clinic Managers may wear business casual attire or clean, pressed scrubs.
3. Clean protective (closed toed) footwear must be worn when working with direct patient care.

Administrative Staff:

1. Administrative personnel must wear business casual or business professional attire.
2. Patient access assistants (PAA) must wear solid colored polo tops and dress slacks. Slacks must be black, gray, navy or khaki in color.

Non-Acceptable Apparel All Staff:

It is impossible to prepare a complete list of all inappropriate attire. The following constitute examples: t-shirts, sweatshirts/hoodies, short skirts, short shorts or walking shorts (more than two inches above the knee); halter tops; sheer clothing, tight, clingy, or revealing garments; garments with low necklines; garments that bare midriffs (short tops or low-rise bottoms); bedroom slippers, and shower-type flip-flops; jeans (unless otherwise stated). Sleeveless tops must be at least 2 inches in width at the shoulder. Controversial T-shirts are not appropriate at any time.

Employees who report for work wearing inappropriate attire will be sent home to change into acceptable attire. Time spent to change into acceptable attire will be without pay (PTO time may be used.)

Jeans Days:

Jeans must be tasteful and appropriate for business.

- Administrative staff may wear NHS issued polo or business casual top.
- PAA may wear NHS issued polo or solid colored polo.
- Clinic staff may wear NHS issued polo.
-

Unless announced otherwise by appropriate authority, Fridays will be “jeans” days for NHS employees. Senior Leadership, on occasion, may deviate from this policy by announcing a “jeans” day or a theme day.

Reasonable accommodation of religious beliefs:

NHS recognizes the importance of individually held religious beliefs to persons within its workforce. NHS will reasonably accommodate a staff member’s religious beliefs in terms of workplace attire unless the accommodation creates an undue hardship. Accommodation of religious beliefs in terms of attire may be difficult in light of safety issues for staff members. Those requesting a workplace attire accommodation based on religious beliefs should be referred to the human resources department.

Inclement Weather Consideration:

Allowing employees to wear jeans during inclement weather is intended to help employees be dressed safely and appropriately should they face adverse events coming to or leaving work. If there are potentially hazardous weather conditions (e.g., ice, snow, extreme temperatures, etc.) the decision to allow employees to wear jeans will be made at the discretion of the office/clinic managers. It will be the responsibility of the office/clinic manager to make the determination in a timely manner and ensure all employees under their supervision are notified. Managers in locations that involve more than one department and/or clinic will coordinate to ensure as much consistency as possible.

Addressing workplace attire and hygiene problems:

Violations of the policy can range from inappropriate clothing items to offensive perfumes and body odor. If a staff member comes to work in inappropriate dress, the staff member will be required to go home, change into conforming attire or properly groom, and return to work.

If a staff member's poor hygiene or use of too much perfume/cologne is an issue, the supervisor should discuss the problem with the staff member in private and should point out the specific areas to be corrected. If the problem persists, supervisors should follow the normal corrective action process.

TITLE: Social Media
DEPARTMENT: Human Resources
EFFECTIVE DATE: January 25, 2018

At Northwest Health Services (NHS), we understand that social media can be a fun and rewarding way to share your life and opinions with family, friends and co-workers around the world; however, use of social media also presents certain risks and carries with it certain responsibilities. To assist you in making responsible decisions about your use of social media, we have established these guidelines for appropriate use of social media.

Guidelines

In the rapidly expanding world of electronic communication, social media can mean many things. Social media includes all means of communicating or posting information or content of any sort on the internet, including to your own or someone else's web log or blog, journal or diary, personal website, social networking or affinity web site, web bulletin board or a chat room, whether or not associated or affiliated with NHS, as well as any other form of electronic communication. The same principles and guidelines found in NHS' policies and three basic beliefs apply to your activities online. Ultimately, you are solely responsible for what you post online. Before creating online content, consider some of the risks and rewards that are involved. Keep in mind that any of your conduct that adversely affects your job performance, the performance of fellow employees or otherwise adversely affects members, customers, patients, vendors, people who work on behalf of NHS or NHS' legitimate business interests may result in disciplinary action up to and including termination.

Know and follow the rules

Carefully read these guidelines, and ensure your postings are consistent with NHS policies. Inappropriate postings that may include discriminatory remarks, harassment, and threats of violence or similar inappropriate or unlawful conduct will not be tolerated and may subject you to disciplinary action up to and including termination.

Any harassment, bullying, discrimination, or retaliation that would not be permissible in the workplace is not permissible between coworkers online, even if it is done after hours, from home and on personal electronic devices.

Be Respectful

Always be fair and courteous to fellow employees, customers, patients, vendors or people who work on behalf of NHS. Also, keep in mind that you are more likely to resolve work-related complaints by speaking directly with your co-workers or by utilizing our Open Door Policy than by posting complaints to a social media outlet. Nevertheless, if you decide to post complaints or criticism, avoid using statements, photographs, video or audio that reasonably could be viewed as malicious, obscene, threatening or intimidating, that disparages customers, patients, employees, or vendors, or that might constitute harassment or bullying.

The use of social media to post or display comments about coworkers or supervisors or the employer that are vulgar, obscene, threatening, intimidating, harassing, or a violation of NHS' workplace policies against discrimination, harassment, or hostility on account of age, race, religion, sex, ethnicity, nationality, disability, or other protected class, status, or characteristics is prohibited. Examples of such conduct might include offensive posts meant to intentionally harm someone's reputation or posts that could contribute to a hostile work environment.

Be honest and accurate

Make sure you are always honest and accurate when posting information or news, and if you make a mistake, correct it quickly. Be open about any previous posts you have altered. Remember that the internet archives almost everything; therefore, even deleted postings can be searched. Never post any information or rumors that you know to be false about NHS, fellow employees, customers, patients, vendors, or people working on behalf of NHS or competitors.

Post only appropriate and respectful content

- Maintain the confidentiality of NHS' trade secrets and private or confidential information. Trade secrets may include information regarding the development of systems, processes, products, know-how and technology. Do not post internal reports, policies, procedures or other internal business-related confidential communications.
- Do not create a link from your blog, website or other social networking site to a NHS website without identifying yourself as a NHS employee.
- Unless you are specifically authorized to do so, you may not represent any opinion or statement as the policy or view of the employer or of any individual in their capacity as an employee or otherwise on behalf of the employer.
- Use your best judgment and exercise personal responsibility. Take your responsibility as stewards of personal information to heart. Integrity is the core value of NHS. As a company, NHS trusts and expects you to exercise personal responsibility whenever you participate in social media or other online activities. Remember that there can be consequences to your actions in the social media world – both internally, if your comments violate NHS policies, and with outside individuals and/or entities. If you are about to publish, respond to or engage in something that makes you even the slightest bit uncomfortable, don't do it.
- Express only your personal opinions. Never represent yourself as a spokesperson for NHS. If NHS is a subject of the content you are creating, be clear and open about the fact that you are an employee and make it clear that your views do not represent those of NHS, fellow employees, customers, patients, vendors or people working on behalf of NHS. If you do publish a blog or post online related to the work you do or subjects associated with NHS, make it clear you are not speaking on behalf of NHS. It is best to include a disclaimer such as "The postings on this site are my own and do not necessarily reflect the views of NHS."

Employees are prohibited from using or disclosing confidential and/or proprietary information, including personal health information about customers or patients.

Employees are prohibited from discussing in any form of social media "embargoed information" such as launch and release dates and pending reorganizations.

Using social media at work

Refrain from using social media while on work time or on equipment we provide, unless it is work-related as authorized by your manager or consistent with the Computer Usage Policy. Do not use NHS' email addresses to register on social networks, blogs or other online tools utilized for personal use.

Retaliation is prohibited

NHS prohibits taking negative action against any employee for reporting a possible deviation from this policy or for cooperating in an investigation. Any employee who retaliates against another employee for reporting a possible deviation from this policy or for cooperating in an investigation will be subject to disciplinary action, up to and including termination.

Media contacts

Employees should not speak to the media on NHS' behalf without contacting the Director of Development and Community Engagement or the Chief Executive Officer. All media inquiries should be directed to the Development and Community Engagement department or the Chief Executive Officer.

Post-Employment

This policy prohibits terminated employees from posting confidential information regarding NHS and its patients, post-employment.

For more information

If you have questions or need further guidance, please contact Human Resources.

TITLE: TECHNOLOGY POLICY
DEPARTMENT: Human Resources
EFFECTIVE DATE: February 26, 2016

PURPOSE:

To provide the employees of Northwest Health Services, Inc. (NHS) with the requirements and expectations concerning the use of various electronic communications devices (desk top telephones, business and personal cellular telephones, desktop and laptop computers, internet and e-mail) within the organization.

POLICY:

NHS shall with this policy establish guidelines regarding appropriate workplace use of NHS telephones, personal and/or business cell phones, e-mail and internet use and etiquette.

PROCEDURE:**Telephone Usage**

As in with any communication to others, NHS personnel will conduct themselves in a polite and professional manner when communicating on the telephone.

1. Telephones located in business/work areas are intended to be used for business purposes and should only be used for personal calls of an abbreviated or urgent nature.
2. Employees should limit making and/or receiving personal telephone calls to their break times.
3. An employee who makes and/or receives an excessive number of personal telephone calls during the employee's working hours will be subject to disciplinary action.
4. Non-business oriented long distance calls will not be made and/or received collect by employees with the exception of personal calls of an urgent or emergency nature. An employee who makes and/or receives personal long distance calls during the employee's working hours or who makes and/or receives long distance personal telephone calls that are charged to NHS will be required to reimburse NHS for the cost of the calls and may be subject to disciplinary action.
5. Personal cellular phones should be off or on silent mode at all times while in the patient care area.
6. Some employees are required to use cellular phones in the course of their work, and should have the phones on silent or vibrate when in the patient care area.
7. Employees' use of cell phones in an emergency or natural disaster will be permissible at their supervisors' discretion.
8. The use of personal cellular phones to make or receive personal calls and/or text messages is permissible during break time.

Cellular phone usage must be made in non-patient care areas to avoid work disruptions.

Computer Usage

Employees are to practice appropriate use of computers for business and personal use while at work.

General Access and Acknowledgement

*NHS owns and controls all hardware, software, email, and files on all NHS workstations and Network servers, including those files and/or programs created by employees, contractors and consultants. **Employees have no expectation of privacy regarding any information stored on or sent to a NHS-owned computer.***

Software

1. Software piracy is the unauthorized copying, transmitting, downloading, installing, operating, or other use of computer software, in violation of applicable license agreement and/or copyright and other laws.
2. Any unauthorized operation or use of software licensed to NHS is prohibited.
3. Any unauthorized copying, transmitting, downloading, or installing computer software licensed to NHS is prohibited.
4. Any unauthorized copying, transmitting, downloading, installing, operating, or other use of any other computer software with computer hardware belonging to NHS or at a facility belonging to NHS is prohibited.

Passwords

1. Employees will not divulge their password, user name, or any other information required to access computer information to any other person, nor permit any other person to use their user name or password.
2. Employees will use their best efforts to safeguard their user name and password so that they are not unintentionally divulged.
3. Employees will not obtain or seek to obtain the user name or password of any other person.
4. Employees will use their user name and password only to gain access to that information necessary to perform their job.
5. Employees will not use or disclose any information obtained except in accordance with applicable laws and NHS policies.

Internet Access

All employees with a consistent workstation shall be provided with internal or Internet E-mail.

Internet use is provided to help the employee find information that may be useful in the employee's work. While searches are part of the process of finding useful information, an employee may not use Internet access provided by NHS to seek information that is unrelated to the employee's work at NHS.

No employee shall post anything on a commercial on-line system or on the Internet without the approval of the Chief Executive Officer or other appropriately authorized NHS official.

NHS will monitor internet use and take disciplinary action if an employee uses internet access for non-work-related purposes during business hours.

The following are expressly forbidden and violators are subject to disciplinary action that may include termination and restitution for loss, damage, or liability accruing to NHS as a result of these actions (this list is not intended to be all inclusive, other activities, although not listed, may be subject to the same discipline):

1. Use of the Internet or Intranet to compromise or circumvent the security of another system or computer (including password cracking or attempts to exploit security weakness).
2. Use of the Internet or Intranet to make available credit card numbers, telephone access codes, cellular phone IDs, etc., by persons other than their owner without permission.
3. Use of the Internet or Intranet to harass or intimidate other persons whether or not such persons are employed by NHS.
4. Use of the Internet or Intranet to violate or conspire to violate local, state, or federal laws.
5. Use of the Internet or Intranet to spread viruses, Trojan Horses, Trojan mules, or other programs intended to circumvent security or cause unauthorized events or damage to occur on another computer.
6. Use of the Internet or Intranet to infringe copyrights or patent rights, to include software piracy and redistribution and retransmission of a copyrighted work in its entirety, or in entirety, or in excerpts beyond the bounds of fair use.
7. Use of the Internet or Intranet to export data or material restricted by U.S. law (e.g. International Traffic in Arms Regulation (ITA) or Controlled Commodities List (CCL) Items).
8. Use of the Internet or Intranet to transmit unsolicited material to a mass audience.
9. Use of the Internet or Intranet for unauthorized release of proprietary or material nonpublic information, or confidential patient-specific data (Protected Health Information includes 1) Medical treatment and other health care information, 2) Billing and payment information, 3) Mental Health information 4) AIDS or HIV information, 5) Other personal information and what the patient deems confidential.
10. Use of corporate facilities to access the Internet or Intranet for personal financial gain.
11. Use of the Internet or Intranet for viewing, transmitting or receiving pornographic or other inappropriate material.
12. Use of the electronic media and services are provided by Northwest Health Services primarily for employees' business use. Very limited, occasional, or incidental use of electronic media (sending or receiving) for personal, non-business purposes is acceptable at the supervisor/manager's discretion. However, personal use must be infrequent and employees are expected to demonstrate a sense of responsibility and not abuse this privilege.
13. Internet chat rooms and social networks, i.e. Facebook and Twitter are not acceptable uses of the Internet using NHS computers except in cases where providers and/or Senior leadership encounter business-related needs involving the use.

Electronic Communication (E-Mail)

1. It is the policy of NHS to make Employees aware that electronic mail (e-mail) and other internal computer files provided by NHS are to be used for business purposes only and should be treated professionally, with the same care and formality as any written, non-electronic correspondence or any other business communication. Personal business should not be conducted through these systems. NHS reserves the right to monitor, read, and publish any such communications wherever there is a business need to do so. Employees using this equipment for non-business-related purposes should have no expectation of privacy.
2. NHS will take steps to prevent prohibited uses of e-mail communications and other internal computer files. Use of NHS' computer equipment for personal reasons is significantly limited. Infrequent personal emails are allowed providing there are no attachments.
3. NHS reserves the legal right to access e-mail files and supply law enforcement officials with e-mail and other electronic files. NHS also reserves the right to enter, search, and monitor the computer files and e-mail of any employee, without advance notice, for business purposes, including but not limited to investigating theft, disclosure of confidential business or proprietary information, unlawful harassment, or monitoring work flow and productivity.
4. NHS' fax, copier, and mail systems, including e-mail, other electronic communications that are composed on, sent from, or received by computer hardware and/or software owned by NHS is the property of NHS

5. No confidential information or Protected Health Information (PHI/ePHI) that includes:
 - a. Medical treatment and other health care information,
 - b. Billing and payment,
 - c. Mental Health Information,
 - d. AIDS or HIV information,
 - e. Other as determined by Patient, may be transmitted unless in accordance with established protocol.If an employee is uncertain whether information is confidential, said employee must obtain approval before transmitting it.

Inappropriate and, therefore, prohibited e-mail and other electronic media communications and uses include, but are not limited to the following:

1. Messages that, in any way, may be disruptive, offensive to others, or harmful to morale, including, but not limited to: sexually explicit images, messages or cartoons; ethnic slurs, racial epithets, or anything that may be construed as harassment or disparagement of others based upon their race, national origin, sex, age, disability, or religious or political beliefs.
2. Messages concerning non-NHS commercial ventures, religious or political causes, outside organization or other no-job-related activities.
3. Messages that encourage or disseminate chain letters.
4. Disseminating or printing copyrighted materials (including articles and software) in violation of copyright laws.
5. Any "computer hacking," including, but not limited to, creating bulletin boards, web pages, or other types of activities not specifically authorized by NHS.
6. Use of any electronic media device to transmit sensitive company documents or data.

Acknowledgement and Disciplinary Action:

During the orientation process employees are provided information concerning all NHS policies and available electronic access for future reference. If at any time there are questions regarding any policy or procedure held by NHS, employees are to consult with their immediate supervisor or, a Human Resource staff member.

Violation of this policy will subject employee to disciplinary action up to and including termination.

TITLE: PROGRESSIVE DISCIPLINARY POLICY
DEPARTMENT: Human Resources
EFFECTIVE DATE: April 27, 2017

PURPOSE:

The purpose of this policy is to clarify guidelines for employee conduct.

Employment with Northwest Health Services (NHS) is “at will,” which means it is subject to termination by either NHS or the employee at any time, for any reason. There are no contractual relationships between NHS and an employee, and letters, benefits or policy statements, performance appraisals, employee handbooks or other employee communications should not be interpreted as such. No one has the authority to enter into any oral or written employment contract without the signed explicit written approval of a NHS officer, and no written employment contract will be valid without the signature of the CEO of NHS. To monitor this at-will relationship, NHS has developed guidelines to track performance.

POLICY:**Responsibilities of Employees**

It is the duty and the responsibility of every NHS employee to be aware of and abide by existing policies and work rules.

It is also the responsibility of employees to perform their duties to the best of their ability and to the standards set forth in their job descriptions or as otherwise established. Employees are encouraged to take advantage of all learning opportunities available and to request additional instruction when needed.

Responsibilities of Supervisors, Managers and Directors

The immediate supervisor, manager or director should approach corrective measures in an objective manner.

If the employee’s performance of assigned tasks is the issue, the supervisor, manager or director should confirm that proper instructions, appropriate orientation and training have been given and that the employee is aware of job expectations. Not only single incidents, but also patterns of poor performance, should be concern as these are indicative of overall performance.

If misconduct is the issue, the supervisor, manager or director should take steps to ensure that the employee has been made aware of the company’s policies and regulations regarding the infraction.

If, in either case, appropriate instruction or information was not communicated, a plan for such communication should be immediately developed and reviewed with the employee.

Progressive Discipline Process

NHS supports the use of progressive discipline to address conduct issues such as poor work performance or misconduct to encourage employees to become more productive workers and to adapt their behavior to company standards and expectations. Generally, a supervisor gives a warning to an employee to explain behavior that the supervisor has found unacceptable. There are two types of warnings: verbal and written.

A verbal warning occurs when a supervisor verbally counsels and employee about an issue of concern. A written record of the discussion, noting the date, event and recommended action, is usually placed in the employee's file for future reference.

Written warnings are used for behavior or violations that a supervisor considers serious or when a verbal warning has not helped change unacceptable behavior.

Whenever an employee has been involved in a disciplinary situation that has not been readily resolved or when he or she has demonstrated an inability to perform assigned work responsibilities efficiently, the department head, in consultation with the human resources (HR) department or designee, may place the employee on an opportunity for improvement. This status will last for a predetermined amount of time not to exceed 90 days. Within this time period, the employee must demonstrate a willingness and ability to meet and maintain the conduct and work requirements specified by the supervisor and the organization. At the end of the opportunity for improvement opportunity period, the employee will either be returned to regular employee status, or, if established goals are not met, dismissal may occur.

NHS reserves the right to administer appropriate disciplinary action for all forms of disruptive or inappropriate behavior. Each situation will be dealt with on an individual basis.

Employee Conduct That Can Result in Disciplinary Action

NHS has established general guidelines to govern the conduct of its employees. No list of rules can include all instances of conduct that can result in discipline, and the examples below do not replace sound judgment or common-sense behavior.

Examples of employee conduct that would lead to discipline and the usual course of disciplinary action have been separated into four groups, according to the usual severity and impact of the infraction. Different violations may be handled differently depending on the group they are in. NHS reserves the right to determine the appropriate level of discipline for any inappropriate conduct, including demotion, oral and written warnings, suspension with or without pay, and discharge. Because of Fair Labor Standards Act (FLSA) requirements, exempt employees should not be suspended without pay for less than a week.

Group 1

Disciplinary Process:

- 1st offense: Documented verbal warning.
- 2nd offense: Documented written warning.
- 3rd offense: Three-day suspension.
- 4th offense: Termination of employment.

Examples:

1. Creating conflict with co-workers, supervisors, visitors or volunteers.
2. Failing to follow practices as needed for the specific job assignment.
3. Contributing to unsafe conditions.
4. Smoking in nonsmoking areas.
5. Leaving the assigned work area or facility without the supervisor's permission.
6. Loitering or loafing while on duty.
7. Using facility telephones for unauthorized purposes.
8. Disregarding the organization's dress code conduct.

9. Damaging or using organization-owned equipment without authorization.
10. Abusing lunch and break periods.
11. Removing, posting or altering notices on any bulletin board on company property without permission from the employee's manager or HR department.
12. Eating food or drinking beverages in undesignated areas.
13. Violating other rules or policies not specifically listed.

Group 2

Disciplinary process:

1st offense: Written warning.

2nd offense: Suspension.

3rd offense: Termination.

Examples:

1. Failing to report injuries, damage to or an accident involving company equipment.
2. Violating any safety rule.
3. Acting negligently.
4. Engaging in horseplay that results in personal injury or equipment damage.
5. Spreading malicious rumors.
6. Engaging in vulgar or abusive language or conduct toward others.
7. Copying facility documents for personal use.
8. Using facility communication systems inappropriately.
9. Treating customers or co-workers in a discourteous, inattentive, or unprofessional manner.
10. Quitting early without notification or permission.
11. Being absent for less than three days without notification or permission.
12. Not complying with personnel file maintenance.
13. Not following department guidelines concerning notification of absenteeism.

Group 3

Disciplinary process:

1st offense: Dismissal.

Dismissal is an immediate termination of employees for serious breaches of responsibility, unsatisfactory performance or misconduct. A supervisor or director may impose dismissal after consultation with the HR department.

Examples:

1. Being absent for three or more days without notification or permission (also referred to as a voluntary quit or job abandonment).
2. Fighting.
3. Demonstrating insubordination, including:
 - a. Refusal to do an assigned job.
 - b. Refusal to work overtime when required.
 - c. Refusal to render assistance.
 - d. Insolent response to a work order.
 - e. Delay in carrying out an assignment.
4. Being dishonest, including deception, fraud, lying, cheating, or theft.

5. Having time card violations.
6. Sabotaging the facility, grounds, or equipment.
7. Falsifying company records, such as employment applications and time cards, in any way.
8. Engaging in indecent behavior.
9. Possessing, being under the influence of, or drinking intoxicants on the job.
10. Sleeping while on duty.
11. Concealing defective work.
12. Carrying a weapon on company property.
13. Disclosing confidential records or information.
14. Soliciting gifts or tips from business-related contracts.
15. Using the facility's computer systems, including accessing confidential computer files and data, without authorization.
16. Demonstrating gross misconduct or other serious violations of NHS policies or procedures.
17. Failing to comply with licensure and certification requirements.

Group 4

Unscheduled, unexcused absences due to injury or illness, even when following appropriate guidelines, may still be deemed excessive.

Discipline for otherwise unexcused tardiness and absenteeism is generally applied as follows: the first two violations will result in written warnings; the third, a three-day suspension; and the fourth, dismissal.

Definitions

Opportunity for Improvement (OFI):

- The OFI is available to managers as a tool to help employees remedy performance shortfalls. An OFI may be used as the initial step before formal disciplinary actions.
- If the employee in question rectifies his/her performance shortfalls and maintains appropriate performance for six months, the OFI will no longer be valid.

Verbal Warning: A manager verbally counsels an employee about an issue of concern, and a written record of the discussion is placed in the employee's file for future reference.

Written Warning: Written warnings are used for behavior or violations that a manager considers serious or in situations when a verbal warning has not helped change unacceptable behavior. Written warnings are placed in an employee's personnel file. Employees should recognize the grave nature of the written warning.

Suspension Without Pay: If the severity of the offense warrants, the employee may be suspended from one to three days without pay. Because of Fair Labor Standards Act (FLSA) requirements, exempt employees should not be suspended without pay for less than a week. Before imposing or discussing a suspension with an employee, the matter should be investigated thoroughly and be reviewed with the Manager; Human Resources and Administration.

Suspension With Pay: If the Manager determines that immediate action is required for an alleged serious infraction, the employee may be suspended pending further investigation with pay. If the investigation determines the infraction did not take place as initially described or reported, or that the severity of the infraction was not accurate, the employee's

suspension will be revoked. If the employee is completely exonerated, the suspension will be removed from his/her record, as well as any disciplinary actions commensurate with the alleged infractions. If the investigation reliably shows, in the opinion of management that the infraction took place to the degree initially alleged or worse, the employee will be disciplined or terminated.

NOTE: Only the CEO or the Director of Human Resources (DHR) may suspend an employee (either with or without pay). In the event neither are available, the appropriate Senior Leader may only suspend an employee after consulting with the NHS Human Resources Department.

Termination of Employment: If the infraction or the behavior for which the employee was previously disciplined is repeated or if the infraction is serious enough, the employee's employment may be terminated. The manager and senior leader, in consultation with the Human Resources must review all recommendations for termination of employment before final action is taken.

The DHR, manager or appropriate senior leader may conduct involuntary terminations, unless the CEO or DHR directs otherwise. The DHR or designee will act as the witness.

The following are examples; but not an exhaustive list; of the types of unsatisfactory behavior which are of such a serious nature that violation may result in immediate termination of employment:

- Neglect or abuse of any patient or conduct detrimental to patient care.
- Blatant HIPAA violation.
- Unauthorized use, possession or sale of alcohol, narcotics, or other drugs on the premises.
- Theft or removal from the premises of any NHS property or property of another employee, a patient or visitor without proper authorization.
- Fighting or attempting bodily harm to another employee, patient, provider, or visitor on NHS property.
- Blatant internet and/or email abuse based on a review of employee online history.
- Unauthorized possession of weapons or explosives on NHS premises.
- Willfully misusing, destroying or damaging any NHS property or that of a patient, provider, or another employee.
- Reporting to work under the influence of alcohol or illegal drugs.
- Falsifying medical, business or billing records or personnel documents.
- Violation of fraud and abuse laws or regulations.
- Charged of a crime involving the delivery of health care.
- Conviction of a felony. (any such conviction will be evaluated in light of the individual's role with the organization, as well as the particular circumstances of the offense, and any other pertinent factors).
- Falsification of an employment application or omission of information from an application, resume, or interview that might unfavorably affect the employee's application for employment.
- Serious violations of a NHS policy.

TITLE: LEAVE POLICY
DEPARTMENT: Human Resources
EFFECTIVE DATE: January 24, 2019

PURPOSE:

Provide the employees of Northwest Health Services, Inc. (NHS) information concerning the policies that cover absences from work pertaining to PTO, Holidays, Jury Duty requirements; Bereavement; Military Leave, Voting and Professional Development.

Paid time off (PTO) provides full-time and part-time staff members with paid time away from work that can be used for vacation, personal time, personal illness or time off to care for dependents. PTO must be scheduled in advance and have supervisory approval, except in the case of illness or emergency. Employees are accountable and responsible for managing their own PTO hours to allow for adequate reserves if there is a need to cover vacation, illness or disability, appointments, emergencies, or other situations that require time off from work.

PTO Eligibility:

PTO is accrued upon hire or transfer into a benefits-eligible position. Eligible employees must be scheduled to work at least 20 hours per week on a regular basis. Employees working less than 20 hours per week on a regular basis, on-call, PRN and temporary employees are not eligible to accrue PTO. PTO is earned semi-monthly on the following schedule:

Years of Service	Non-exempt	Max allowed in PTO Account
0-5	4.6 weeks/year or 7.67 hours/pay period	240 hours
6-10	5.6 weeks/year or 9.33 hours/pay period	240 hours
11+	6.6 weeks/year or 11 hours/pay period	240 hours
Years of Service	Exempt – Manager Level	Max allowed in PTO Account
0-7	5.6 weeks/year or 9.33/pay period	240 hours
8+	6.6 weeks/year or 11/pay period	240 hours

Availability

PTO accruals begin immediately upon hire and are available for use in the pay period following completion of 90 days of employment. All hours thereafter are available for use in the pay period following the pay period in which they are accrued. Accruals will be based on hours worked per week.

Accrual and Payment of PTO

Accruals are based upon a 40 hour work week, excluding overtime. Employee working less than 40 hours per week and at least 20 hours per week will earn PTO hours on a prorated basis. Length of service determines the rate at which the employee will accrue PTO. PTO does not accrue on unpaid leaves of absences or PTO cash outs upon termination. Employees become eligible for the higher accrual rate on the first day of the pay period in which the employee's anniversary date falls.

Use and Scheduling of PTO

Employees are required to use available PTO when taking time off from work. PTO may be taken in increments of as low as one hour.

Employees will request all PTO using the payroll management system used by Northwest Health Services (NHS).

Whenever possible, PTO must be scheduled 30 days in advance. PTO is subject to supervisory approval, department staffing needs and established departmental procedures. Unscheduled absences will be monitored. An employee will be counseled when the frequency of unscheduled absences adversely affects the operations of the department. The supervisor may request that the employee provide a statement from a health care provider concerning the justification for an unscheduled absence. Provider statements will not prevent disciplinary actions for excessive unscheduled absences.

An employee is required to use PTO hours according to his or her regularly scheduled workday. For example, if an employee works an eight-hour day, he or she would request eight hours of PTO when taking that day off. PTO is paid at the employee's straight time rate. PTO is not part of any overtime calculation.

Employees are responsible for contacting the Human Resources Department concerning an issue that would involve the Family and Medical Leave Act (FMLA) and/or Americans with Disabilities Act Amendment (ADAA). The certification of the health care provider form should be completed for those absences that are covered by FMLA. PTO must be used for FMLA absences.

In the event an employee takes an unapproved leave he or she may not be allowed to use PTO for that specific period of absence.

Employees must work the day prior to and the day following scheduled PTO to receive their PTO pay. If an employee calls in absent for either or both of those days, he or she will forfeit the first and/or last day(s) of scheduled PTO pay. Exceptions may be considered and approved by only the Director of Human Resources (DHR) or the CEO.

Employees may not borrow against their PTO banks; therefore, no advance leave will be granted.

Donation of Hours:

Employees have the opportunity to assist coworkers by donating PTO, Vacation, Sick, Vacation Bank, or Sick Bank hours to coworkers who have exhausted their benefit time due to sickness and/or emergency.

Employees who donate leave hours may not donate an amount that would reduce their individual benefit hour's balance below 160 hours.

Employees hired prior to 2005 may have Vacation Bank or Sick Bank balances. Employees who still have a balance may donate any number of hours from those banks regardless of ending balance, if any.

Employees may not donate hours to be used as vacation time.

Exceptions to policy must be by written request, to be approved by the appropriate senior leader of the donor with the excepted minimum leave balance being no less than 80 hours.

An employee who would like to donate hours will complete the 'Donation of Hours' form which is found on the NHS intranet "O" Drive.

Related Documents: Donation of Hours Form

PTO Payment upon Termination

Employees who have given notice will not be allowed to use PTO during their required notice period, even if the leave was approved before the resignation was submitted.

Employees who quit without proper notice and/or do not complete their notice per AP-81 Resignation policy and employees who are terminated for cause are not entitled to payment for accrued, unused PTO.

The State of Missouri neither mandates accrued PTO nor the payment of any amount of accrued PTO upon separation of employment. Nevertheless, upon completion of the resignation notice period of regularly scheduled PTO-eligible employees with NHS, the accrued PTO will be paid out at a rate of:

- 44% for those employees with 2 through 5 years of service,
- 54% for those with 6 through 10 years of service, and
- 61% for those with 11 through 19 years of service.
- 65% for those with 20 years or more of service.
- Regularly scheduled employees whose status changes to PRN Status will be paid out per the percentages above. These employees will sign a statement stating that if they return to regularly scheduled benefit eligible status, their balance will be zero.

At the discretion of the CEO, PTO may be paid out to an employee who is terminated for cause.

***Sick Leave Bank:** Many full and qualifying part-time employees have accrued sick leave which carried forward on February 1, 2005 into a personal Sick Leave Bank. This Sick Leave Bank may be used for illness related absences of 24 work hours or longer. Doctor's written excuse will be required for use of the banked time. Exceptions to the 24 work hour requirement may be approved by the CEO or the DHR. No portion of sick leave bank balance will be paid out upon separation of employment.

Holiday Pay Benefit

Northwest Health Services facilities will be closed on the following nine (9) paid holidays:

New Year's Day	Thanksgiving Day
Good Friday	Black Friday
Memorial Day	Christmas Eve
Independence Day	Christmas Day
Labor Day	

Holidays falling on Saturday will be observed the preceding Friday. Holidays falling on Sunday will be observed the following Monday.

All employees will earn holiday pay based on their employment status, expressed as hours scheduled to be worked per week, according to the following table.

Hours Scheduled Per Week	Hours Paid Per Holiday
40	8.00
36	7.20
32	6.40
30	6.00
28	5.60
24	4.80
20	4.00

All regularly scheduled employees are eligible for paid holidays.

Eligible employees must work their regularly scheduled day prior to and following the holiday to receive holiday pay. Holiday pay will be paid out automatically based on employee's pay class, but will not exceed 8 hours per holiday.

If a holiday falls on an employee's regularly scheduled day/time off during the week, the appropriate senior leadership supervisory chain will adjust the employee's schedule to allow for holiday time on another day. If the adjustment involves a 4/10 hour day work-week employee, that employee can apply for two hours of PTO to complete a full ten-hour holiday.

Holiday time is not included in nor accrued as PTO and will not be paid out upon separation of employment.

Legal Proceedings:

Administrative Leave in a pay status is authorized for employees that must appear in a legal proceeding on behalf of NHS.

In the case of administrative leave with pay for jury duty, employees will be paid their normal salary for up to three (3) days, upon surrender of their jury-duty compensation to the payroll department.

Upon receipt of notification from the state or federal courts of an obligation to serve on a jury, the employee should notify his or her supervisor. The employee is required to provide copies of the jury summons to his or her supervisor and to the payroll department.

NHS reserves the right to require the employee to request an excusal from jury duty when the length of duty would result in an adverse impact on the ability to provide healthcare to the community.

Bereavement Leave

All regularly scheduled employees are eligible for the bereavement benefit.

An employee who wishes to take time off due to the death of an immediate family member should notify their supervisor immediately. To be eligible for paid bereavement leave, the employee generally must attend the funeral of the deceased relative.

Accrued leave may be used to extend the bereavement leave period if necessary, subject to approval of the employee's immediate supervisor.

Employees are allowed up to three (3) consecutive days off from regularly scheduled duty with regular pay in the event of the death of the employee's spouse, child, foster child, father, mother, brother, sister, stepfather, stepmother, stepsister, stepson, or stepdaughter, or in-law of the employee.

Employees are allowed up to four (4) hours of bereavement leave to attend the funeral of a fellow employee or retiree of the company, provided such absence from duty will not interfere with normal operations of the company.

Military Leave

Any full-time employee of NHS who is a member of the National Guard, or any of the reserve components of the Armed Forces of the United States, may request a leave of absence with pay up to ten (10) days in any one (1) calendar year for the period during which he or she shall be ordered to military duty or training. Any military leave which is longer than ten (10) days may

be taken without pay. NHS will allow the use of accrued leave for military-related absences if those absences exceed ten (10) days. NHS will provide reinstatement to an employee returning from military leave in accordance with applicable law.

Professional Development

NHS encourages and may at times require individual employees to participate in off-site educational and professional development activities. Such activities may include attendance at lectures, meetings, training programs, conferences, or specialized courses of instruction. Time spent at off-site educational and professional development activities will qualify for compensation if it is approved in writing by an employee's supervisor.

Attendance and travel time in connection with NHS' approved educational activities will be considered hours worked and compensable for nonexempt employees as follows:

1. One day travel out-of-town or as part of the day's work activities will be counted as hours worked, excluding the employee's usual meal period and normal travel time to and from the employee's residence or work location whichever is less.
2. Overnight travel out-of-town will be counted as hours worked only for those hours in which the employee is engaged in direct travel to the destination, and the hours during which actual business is transacted for the purpose for which the employee attended.

Time Off for Voting

NHS recognizes that voting is a right and privilege of being a citizen of the United States and encourages employees to exercise their right to vote. In almost all cases, you should have sufficient time outside of working hours to vote. If for any reason you think this won't be the case, contact your supervisor to discuss scheduling accommodations. Missouri law allows an employee to, with prior notice to their employer, take three (3) hours off work to vote if there are not three (3) consecutive hours when the polls are open during which the employee is not required to be at work. Those hours will be paid, if the employee actually voted and if advanced notice was given, prior to the day of the election. NHS may decide when the hours are taken on Election Day.

TITLE: FAMILY AND MEDICAL LEAVE POLICY (FMLA) (includes qualifying exigency and military caregiver leave)
DEPARTMENT: Human Resources
EFFECTIVE DATE: April 27, 2017

POLICY:**OVERVIEW**

NHS will provide Family and Medical Leave to its eligible employees. The company posts the mandatory FMLA Notice and upon hire provides all new employees with notices required by the U.S. Department of Labor (DOL) on Employee Rights and Responsibilities under the Family and Medical Leave Act in the breakrooms.

The function of this policy is to provide the employees with a general description of their FMLA rights. In the event of any conflict between this policy and the applicable law, employees will be afforded all rights required by law.

If you have any questions, concerns, or disputes with this policy, you must contact Human Resources in writing at the earliest possible opportunity.

A. General Provisions

Under this policy, NHS will grant up to 12 weeks (or up to 26 weeks of military caregiver leave to care for a covered service member with a serious injury or illness) during a 12-month period to eligible employees. The leave may be paid, unpaid or a combination of paid and unpaid leave, depending on the circumstances of the leave and as specified in this policy.

B. Eligibility

To qualify to take family or medical leave under this policy, the employee must meet all of the following conditions:

- 1) The employee must have worked for the company for 12 months or 52 weeks. The 12 months or 52 weeks need not have been consecutive. Separate periods of employment will be counted, provided that the break in service does not exceed seven years. Separate periods of employment will be counted in the break in service exceeds seven years due to National Guard or Reserve military service obligations or when there is a written agreement. For eligibility purposes, an employee will be considered to have been employed for an entire week even if the employee was on the payroll for only part of a week or if the employee is on leave during the week.
- 2) The employee must have worked at least 1,250 hours during the 12-month period immediately preceding the commencement of the leave. The 1,250 hours do not include time spent on paid or unpaid leave. Consequently, these hours of leave should not be counted in determining the 1,250 hours eligibility test for an employee under FMLA.
- 3) The employee must work in a worksite where 50 or more employees are employed by the company with 75 miles of that office or worksite. The distance is to be calculated by using available transportation by the most direct route.

C. Type of Leave Covered

To qualify as FMLA leave under this policy, the employee must be taking leave for one of the reasons listed below:

- 1) The birth of a child and in order to care for that child.
- 2) The placement of a child for adoption or foster care and to care for the newly placed child.
- 3) To care for a child, spouse or parent having a serious health condition (described below).
- 4) The serious health condition (described below) of the employee.

An employee may take leave because of a serious health condition that makes the employee unable to perform the functions of the employee's position.

A serious health condition is defined as a condition that requires inpatient care at a hospital, hospice or residential medical care facility, including any period of incapacity or any subsequent treatment in connection with such inpatient care or condition that requires continuing care by a licensed health care provider.

This policy covers illnesses of a serious and long-term health condition that would result in a period of three consecutive days of incapacity with the first visit to the health care provider within seven days of the onset of the incapacity and a second visit within 30 days of the incapacity would be considered a serious health condition. For chronic conditions requiring periodic health care visits for treatment, such visits must take place at least twice a year.

Employees with questions about what illnesses are covered under this FMLA policy are encouraged to consult with Human Resources.

If an employee takes paid leave for a condition that progresses into a serious health condition and the employee requests unpaid leave as provided under this policy, the company may designate all or some portion of related leave taken as leave under this policy, to the extent that the earlier leave meets the necessary qualifications.

- 5) Qualifying exigency leave for families of members of the National Guard or Reserves or of a regular component of the Armed Forces when the covered military member is on covered active duty or called to covered active duty.

An employee whose spouse, son, daughter or parent either has been notified of an impending call or order to covered active military duty or who is already on covered active duty may take up to 12 weeks of leave for reasons related to or affected by the family member's call-up or service. The qualify exigency must be one of the following:

- a. Short notice deployment
- b. Military events and activities
- c. Child care and school activities
- d. Financial and legal arrangements
- e. Counseling
- f. Rest and recuperation
- g. Post-deployment activities, and
- h. Additional activities that arise out of active duty, provided that the employer and employee agree, including agreement on timing and duration of the leave.

Eligible employees are entitled to FMLA leave to care for a current member of the Armed Forces, including a member of the National Guard or Reserves, or a member of the Armed Forces, the National Guard or Reserves

who is on the temporary disability retired list, who has a serious injury or illness incurred in the line of duty for which he or she is undergoing medical treatment, recuperation, or therapy; or otherwise in outpatient status; or otherwise on the temporary disability retired list. Eligible employees may not take leave under this provision to care for former members of the Armed Forces, former members of the National Guard and Reserves, and members on the permanent disability retired list.

In order to care for a covered service member, an eligible employee must be the spouse, son, daughter, or parent, or next of kin of a covered service member.

- a. A “son or daughter of a covered service member” means the covered service member’s biological, adopted, or foster child, stepchild, legal ward, or a child for whom the covered service member stood in loco parentis, and who is of any age.
- b. A “parent of a covered service member” means a covered service member’s biological, adoptive, step or foster father or mother, or any other individual who stood in loco parentis to the covered service member. This term does not include parents “in law.”
- c. Under the FMLA, a “spouse” means a husband or wife, including those in same-sex marriages, which were made legal in all 50 United States as of June 26, 2015.
- d. The “next of kin of a covered service member” is the nearest blood relative, other than the covered service member’s spouse, parent, son or daughter, in the following order or priority: blood relatives who have been granted legal custody of the service member by court decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins, unless the covered service member has specifically designated in writing another blood relative as his or her nearest blood relative for purposes of military care giver leave under the FMLA. When no such designation is made, and there are multiple family members with the same level of relationship to the covered service member, all such family members shall be considered the covered service member’s next of kin and may take FMLA leave to provide care to the covered service member, either consecutively or simultaneously. When such designation has been made, the designated individual shall be deemed to be the covered service member’s only next of kin. For example, if a covered service member has three siblings and has not designated a blood relative to provide care, all three siblings would be considered the covered service member’s next of kin. Alternatively, where a covered service member has a sibling(s) and designates a cousin as his or her next of kin for FMLA purposes, then only the designated cousin is eligible as the covered service member’s next of kin. An employer is permitted to require an employee to provide confirmation of covered relationship to the covered service member pursuant to § 825.122.

“Covered active duty” means:

- a) “Covered active duty” for members of a regular component of the Armed Forces means duty during deployment of the member with the Armed Forces to a foreign country.
- b) (2) Covered active duty or call to covered active duty status in the case of a member of the Reserve components of the Armed Forces means duty during the deployment of the member with the Armed Forces to a foreign country under a Federal call or order to active duty in support of a contingency operation, in accordance with 29 CR 825.102.

The leave may commence as soon as the individual receives the call-up notice. (Son or daughter for this type of FMLA leave is defined the same as for child for other types of FMLA leave except that the person does not have to be a minor.) This type of leave would be counted toward the employee's 12-week maximum of FMLA leave in a 12-month period.

- 6) Military caregiver leave (also known as covered service member leave) to care for an injured or ill service member or veteran.

An employee whose son, daughter, parent or next of kin is a covered service member may take up to 26 weeks in a single 12-month period to take care of leave to care for that service member.

Next of kin is defined as the closest blood relative of the injured or recovering service member.

a) a member of the Armed Forces (including a member of the National Guard or Reserves) who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness; or

b) a veteran who is undergoing medical treatment, recuperation, or therapy, for a serious injury or illness and who was a member of the Armed Forces (including a member of the National Guard or Reserves) at any time during the period of 5 years preceding the date on which the veteran undergoes that medical treatment, recuperation, or therapy.

The term "serious injury or illness" means:

a) in the case of a member of the Armed Forces (including a member of the National Guard or Reserves), means an injury or illness that was incurred by the member in line of duty on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in line of duty on active duty in the Armed Forces) and that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating; and

b) in the case of a veteran who was a member of the Armed Forces (including a member of the National Guard or Reserves) at any time during a period when the person was a covered service member, means a qualifying (as defined by the Secretary of Labor) injury or illness incurred by a covered service member in the line of duty on active duty that may render the service member medically unfit to perform the duties of his or her office, grade, rank or rating.

c) Outpatient status, with respect to a covered service member, means the status of a member of the Armed Forces assigned to either a military medical treatment facility as an outpatient; or a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.

D. Amount of Leave

An eligible employee can take up to 12 weeks for the FMLA circumstances (1) through (5) above under this policy during any 12-month period. The company will measure the 12-month period as a rolling 12-month period measured backward from the date an employee uses any leave under this policy each time an employee takes leave, the company will compute the amount of leave the employee has taken under this policy in the last 12 months and subtract it from the 12 weeks of available leave, and the balance remaining is the amount the employee is entitled to take at that time.

An eligible employee can take up to 26 weeks for the FMLA circumstance (6) above (military caregiver leave) during a single 12-month period. For this military caregiver leave, the company will measure the 12-month period as a rolling 12-month period measured forward. FMLA leave already taken for other FMLA circumstances will be deducted from the total of 26 weeks available.

If spouses both work for the company and each wishes to take leave for the birth of a child, adoption or placement of a child in foster care, or to care for a parent (but not a parent "in-law") with a serious health condition, the spouses may only take a combined total of 12 weeks of leave. If spouses both work for the company and each wishes to take leave to care for a covered injured or ill service member, the spouses may only take a combined total of 26 weeks of leave.

E. Employee Status and Benefits During Leave

While an employee is on leave, the company will continue the employee's health benefits during the leave period at the same level and under the same conditions as if the employee had continued to work.

If the employee chooses not to return to work for reasons other than a continued serious health condition of the employee or the employee's family member or a circumstance beyond the employee's control, the company will require the employee to reimburse the company the amount it paid for the employee's health insurance premium during the leave period.

Under current company policy, the employee pays a portion of the health care premium. While on paid leave, the employer will continue to make payroll deductions to collect the employee's share of the premium. While on unpaid leave, the employee must continue to make this payment, either in person or by mail. The payment must be received in the Accounting Department by the 15th day of each month. If the payment is more than 30 days late, the employee's health care coverage may be dropped for the duration of the leave.

The employer will provide 15 days' notification prior to the employee's loss of coverage.

If the employee contributes to a life insurance or disability plan, the employer will continue making payroll deductions while the employee is on paid leave. While the employee is on unpaid leave, the employee may request continuation of such benefits and pay his or her portion of the premiums, or the employer may elect to maintain such benefits during the leave and pay the employee's share of the premium payments. If the employee does not continue these payments, the employer may discontinue coverage during the leave. If the employer maintains coverage, the employer may recover the costs incurred for paying the employee's share of any premiums, whether or not the employee returns to work.

F. Employee Status After Leave

An employee who takes leave under this policy may be asked to provide a fitness for duty (FFD) clearance from the health care provider. This requirement will be included in the employer's response to the FMLA request. Generally, an employee who takes FMLA leave will be able to return to the same position or a position with equivalent status, pay, benefits and other employment terms. The position will be the same or one which is virtually identical in terms of pay, benefits and working conditions. The company may choose to exempt certain key employees from this requirement and not return them to the same or similar position.

G. Use of Paid and Unpaid Leave

An employee who is taking FMLA must use all paid vacation, personal or sick leave prior to being eligible for unpaid leave.

H. Intermittent Leave or a Reduced Work Schedule

The employee may take FMLA leave in 12 consecutive weeks, may use the leave intermittently (take a day periodically when needed over the year) or, under certain circumstances, may use the leave to reduce the workweek or workday, resulting in a reduced hour schedule. In all cases, the leave may not exceed a total of 12 workweeks (or 26 workweeks to care for an injured or ill service member over a 12-month period).

The company may temporarily transfer an employee to an available alternative position with equivalent pay and benefits if the alternative position would better accommodate the intermittent or reduced schedule, in instances of when leave for the employee or employee's family member is foreseeable and for planned medical treatment, including recovery from a serious health condition or to care for a child after birth, or placement for adoption or foster care.

For the birth, adoption or foster care of a child, the company and the employee must mutually agree to the schedule before the employee may take the leave intermittently or work a reduced hour schedule. Leave for birth, adoption or foster care of a child must be taken within one year of the birth or placement of the child.

If the employee is taking leave for a serious health condition or because of the serious health condition of a family member, the employee should try to reach agreement with the company before taking intermittent leave or working a reduced hour schedule. If this is not possible, then the employee must prove that the use of the leave is medically necessary.

I. Certification for the Employee's Serious Health Condition

The company will require certification for the employee's serious health condition. The employee must respond to such a request within 15 days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. Medical certification will be provided using the DOL Certification of Health Care Provider for Employee's Serious Health Condition.

The company may directly contact the employee's health care provider for verification or clarification purposes using a health care professional, an HR professional, leave administrator or management official. The company will not use the employee's direct supervisor for this contact. Before the company makes this direct contact with the health care provider, the employee will be given an opportunity to resolve any deficiencies in the medical certification. In compliance with HIPAA Medical Privacy Rules, the company will obtain the employee's permission for clarification of individually identifiable health information.

The company has the right to ask for a second opinion if it has reason to doubt the certification. The company will pay for the employee to get a certification from a second doctor, which the company will select. The company may deny FMLA leave to an employee who refuses to release relevant medical records to the health care provider designated to provide a second or third opinion. If necessary to resolve a conflict between the original certification and the second opinion, the company will require the opinion of a third doctor. The company and the employee will mutually select the third doctor, and the company will pay for the opinion. This third opinion will be considered final. The employee will be provisionally entitled to leave and benefits under the FMLA pending the second and/or third opinion.

J. Certification for the Family Member's Serious Health Condition

The company will require certification for the family member's serious health condition. The employee must respond to such a request within 15 days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. Medical certification will be provided using the DOL Certification of Health Care Provider for Family Member's Serious Health Condition.

The company may directly contact the employee's family member's health care provider for verification or clarification purposes using a health care professional, an HR professional, leave administrator or management official. The company will not use the employee's direct supervisor for this contact. Before the company makes this direct contact with the health care provider, the employee will be given an opportunity to resolve any deficiencies in the medical certification. In compliance with HIPAA Medical Privacy Rules, the company will obtain the employee's family member's permission for clarification of individually identifiable health information.

The company has the right to ask for a second opinion if it has reason to doubt the certification. The company will pay for the employee's family member to get a certification from a second doctor, which the company will select. The company may deny FMLA leave to an employee whose family member refuses to release relevant medical records to the health care provider designated to provide a second or third opinion. If necessary to resolve a conflict between the original certification and the second opinion, the company will require the opinion of a third doctor. The company and the employee will mutually select the third doctor, and the company will pay for the opinion. This third opinion will be considered final. The employee will be provisionally entitled to leave and benefits under the FMLA pending the second and/or third opinion.

K. Certification of Qualifying Exigency for Military Family Leave

The company will require certification of the qualifying exigency for military family leave. The employee must respond to such a request within 15 days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. This certification will be provided using the DOL Certification of Qualifying Exigency for Military Family Leave.

L. Certification for Serious Injury or Illness of Covered Service Member for Military Family Leave

The company will require certification for the serious injury or illness of the covered service member. The employee must respond to such a request within 15 days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. This certification will be provided using the DOL Certification for Serious Injury or Illness of Covered Service member.

M. Recertification

The company may request recertification for the serious health condition of the employee or the employee's family member no more frequently than every 30 days unless circumstances have changed significantly, or if the employer receives information casting doubt on the reason given for the absence, or if the employee seeks an extension of his or her leave. Otherwise, the company may request recertification for the serious health condition of the employee or the employee's family member every six months in connection with an FMLA absence. The company may provide the employee's health care provider with the employee's attendance records and ask whether need for leave is consistent with the employee's serious health condition.

N. Procedure for Requesting FMLA Leave

All employees requesting FMLA leave must provide verbal or written notice of the need for the leave to the HR department. Within five business days after the employee has provided this notice, HR will complete and provide the employee with the DOL Notice of Eligibility and Rights.

When the need for the leave is foreseeable, the employee must provide the employer with at least 30 days' notice. When an employee becomes aware of a need for FMLA leave less than 30 days in advance, the employee must provide notice of the need for the leave either the same day or the next business day. When the need for FMLA leave is not foreseeable, the employee must comply with the company's usual and customary notice and procedural requirements for requesting leave, absent unusual circumstances.

O. Designation of FMLA Leave

Within five business days after the employee has submitted the appropriate certification form, HR will complete and provide the employee with a written response to the employee's request for FMLA leave using the DOL Designation Notice.

P. Intent to Return to Work From FMLA Leave

On a basis that does not discriminate against employees on FMLA leave; the company may require an employee on FMLA leave to report periodically on the employee's status and intent to return to work.

Notification Chain: If an employee is absent from work for three consecutive days due to illness and/or injury, it is expected that the manager will notify the Human Resources Department so that it can be determined whether FMLA forms should be provided to the employee's home address by certified mail, return receipt requested.

Performance Evaluations: If a Performance Evaluation is due when an employee is on leave, it will be completed and given as soon as the employee returns to work.

Internal Posting for Positions: Employees on leave are allowed to apply for jobs posted internally. However, they will need to be available for testing and interviews in order to be considered. They must also be willing to report for the new job, if hired, even if that date falls within their anticipated FMLA leave.

"Key" Personnel: NHS may deny job restoration to salaried, exempt eligible "key" employees if the denial of restoration is necessary to prevent substantial and grievous economic injury to the NHS operations. "Key" employee status applies only to the highest paid 10% of all employees.

TITLE: BENEFITS
DEPARTMENT: Human Resources
EFFECTIVE DATE: January 24, 2019

PURPOSE:

Provide information to NHS employees pertaining to the eligibility for benefits.

GENERAL:

Benefit plans governed by the federal Employee Retirement Income Security Act (ERISA) may be further described in formal summary plan descriptions or other legal documents, which are available for your review in the Human Resources Department.

POLICY:

Employees working 20 or more scheduled hours per week (non-PRN) are eligible to receive insurance benefits effective the first day of the month follow 60 days of continuous employment. If you decline to participate in these programs on your eligibility date, you may request entry into the plan during Open Enrollment or within 30 days of a qualified life event.

Benefit plans are subject to change at the Company's discretion. Additionally, the amount that you may be required to contribute towards the premiums for any of these plans may be changed at the Company's discretion. Employee's contributory cost is deducted from your paycheck.

Health Insurance

Details of the plans offered may be found in the benefit booklets. For specific information, please refer to the summary plan description.

Continuation of Health Coverage

A covered employee who is terminated from employment can elect to continue health insurance coverage under COBRA (a Federal law that guarantees you the right to buy group health insurance for a period of time when you leave a job) for himself or herself and for qualified dependents at the employee's own expense for a period of time after separation from employment by providing timely notification of such election to the COBRA Administrator. Upon termination, COBRA election paperwork will be mailed to the employees mailing address on file.

Dental Insurance

Details of the plans offered may be found in the benefit booklets. For specific information, please refer to the summary plan description.

Life Insurance

For specific information, refer to the summary plan description. Additional life insurance is available at the expense of the employee.

Long-Term Disability Insurance

For specific information, please refer to the summary plan description.

Vison

This is a voluntary benefit at the expense of the employee. For specific information, refer to the summary plan description.

Aflac

NHS employees who work a regular schedule (non-PRN) are eligible to elect Aflac coverage beginning the first day of the first month following 60 days of continuous employment. This is a voluntary benefit at the expense of the employee. For specific information, contact the Aflac administrator.

EXTENT OF NHS RESPONSIBILITY

The employee is responsible for the assigned amount per the cost sharing matrix set forth by NHS and the insurance broker each plan year. NHS will be responsible only for the submission of the employee and employer payment of the premium on each insurance plan, and does not accept responsibility for the payment of the applicable insurance benefit.

Flexible Spending Account (Medical Reimbursement and Dependent Care)

For specific information, please refer to the benefits brochure and/or summary plan description.

Health Savings Account

For specific information, please refer to the benefits brochure and/or summary plan description.

401(k) Retirement Plan

Part-time and full-time employees (non-PRN) are eligible to participate in the 401(k) plan upon hire. For specific information, refer to the summary plan description and enrollment information packet.

TITLE: 401(k) RETIREMENT PLAN POLICY
DEPARTMENT: Human Resources
EFFECTIVE DATE: February 26, 2016

POLICY:

Northwest Health Services, Inc. (NHS) offers eligible regular part-time and full-time employees participation in a 401 (k) plan.

Upon completion of one (1) hour of active employment with NHS, qualifying part-time and full-time employees are eligible to defer to the Company's 401(k) Plan with a company match to begin the first payroll following one year of service. Change requests should be submitted to Payroll/ Benefits fifteen (15) days prior to the effective date. All eligible employees, through benefit orientation and/or upon request, will be furnished with a 401(k) information packet, including all necessary enrollment forms and account information. NHS' company match is calculated for each participating employee following each payroll based on the Board approved percentage amount. This benefit is discussed in greater detail in the pamphlets and other information provided to employees at time of benefit orientation or by request. Specifics of the plan will be as provided through the Plan Information/Participant Enrollment Information packet and NHS Summary Plan document upon enrollment.

Vesting schedule is explained in detail in the participant enrollment information packet and the summary plan description.

Employee Assistance Program

Life's not always easy. Sometimes a personal or professional issue can get in the way of maintaining a healthy, productive life. Your Employee Assistance Program (EAP) can be the answer for you and your family.

We're Here to Help Mutual of Omaha's EAP assists employees and their eligible dependents with personal or job-related concerns, including:

- Emotional Well-Being
- Family And Relationships
- Legal and Financial
- Healthy Life Styles
- Work and Life Transitions

EAP Benefits

- Access to EAP Professionals 24 hours a day, seven days a week
- Provides information and referral resources
- Service for employees and eligible dependents
- Online resources for:
 - Substance use and other addictions
 - Dependent and Elder Care resources

Access to a library of educational articles, handouts and resources via mutualofomaha.com/eap

- Legal library and online forms
- Financial and online tools

What to Expect

You can trust your EAP professional to assess your needs and handle your concerns in a confidential, respectful manner. Our goal is to collaborate with you and find solutions that are responsive to your needs. Your EAP benefits are provided through your employer. If additional services are needed, your EAP will help locate appropriate resources in your area.

Don't delay if you need help. Visit mutualofomaha.com/eap or call 800-316-2796 for confidential consultation and resources services.