



Central Control, LLC and Managed Affiliates Code of Conduct and Ethics

Mission

We will operate and manage health care facilities so that value is added through our employees in the process. We will constantly strive to improve our operations through performance improvement, managing productivity, costs, and the provision of quality leadership and planning. We will serve with absolute integrity and honor.

Values

We will seek to glorify God in everything we do. We will be the recognized provider of choice, and employer of choice, in the markets we serve.

Purpose of the Code of Conduct

The purpose of this Code of Conduct is to help ensure that we turn our values into action and that we follow all the laws and rules that apply to us. The Code of Conduct is an important part of our overall Compliance Plan, which has been approved by the Board of Managers.

Knowledge about the Compliance Program and the Code of Conduct

The Code of Conduct is distributed to all Company employees and contractors. It sets out basic principles that all of the Company's affiliates, employees and agents must follow. The Company will communicate those specific policies to staff who are particularly affected by and who must comply with them in the course of the Company's business. A current set of such policies is available with each Compliance Representative and at the Company's website. If you wish to review them, please contact your supervisor.

All staff is responsible for acquiring sufficient knowledge to recognize potential compliance issues applicable to their duties and for appropriately seeking advice regarding such issues.

The Code of Conduct used by the Company, its affiliates and all employees has been written to promote ease of understanding while being as comprehensive as possible. However, because of the complexity of many of the covered subjects, additional guidelines and information are offered through specific training programs, when and if needed, and through detailed Company policies and procedures for certain specific areas. Company and affiliate employees and/or contractors with questions are encouraged to contact the Chief Compliance Officer, Compliance Representative or the Company Hotline.

Training and Education

Training is recognized as a critical part of this compliance program. In addition to the rules and regulations specific to the Company and employee positions, training in specific risk areas related to compliance issues is deemed to be a key element to be addressed by the Company's training programs.

The Chief Compliance Officer, or his/her designee, and the Compliance Committee will be responsible for developing and monitoring ongoing education in specific risk areas related to compliance. The Compliance Committee and Compliance Representatives will coordinate the integration of compliance training into the orientation process for new employees of each affiliate including providing a copy of this code of conduct and ethics and acquiring the signature of all employees on the attendance compliance form.

Some employees may receive specialized training tailored for their respective responsibilities. Annual Compliance training will be conducted and required for all established and new staff. Education may be provided through a variety of means, including orientation, written materials, newsletters, staff meetings, and formal internal and external education. This specialized training may focus on complex areas or on areas which the Chief Compliance Officer or Compliance Committee have deemed as high risk.

The Chief Compliance Officer will oversee the establishment and maintenance of a mechanism to monitor continuing education specific to the individual employee's position and responsibilities, including:

- Government and private payor reimbursement principles;

- General prohibitions on paying or receiving remuneration to induce referrals;
- Improper alterations to clinical records;
- Providing medical services with proper authorization;
- Patient rights and patient education;
- Compliance with Medicare, Medicaid, or other conditions of participation and/or coverage; and
- Duty to report misconduct.

Open Lines of Communication

Open lines of communication are essential to an effective Compliance program. The Company has established a Compliance Hotline to provide a venue for confidentially reporting compliance violations. The Compliance Hotline should be used as a means of reporting suspected non-compliant activity. All employees and contractors may use the Hotline without fear of retaliation. This non-retaliation policy applies to the reporting of any suspected compliance violation, regardless of whether it is reported through the Hotline. In addition, all reports made to the Hotline will be held confidential to the extent practicable. The following number is available to reach the Compliance Hotline:

Toll free: **888-283-7965**

This number is available for use at any time for employees to ask compliance related questions or report actual or potential noncompliant activities. Confidential voice mail is available. The Chief Compliance Officer or other designated individual will investigate all reports made to the Compliance Hotline in a prompt and reasonable manner.

Employees and contractors may also report concerns to the HHS-OIG Hotline number, 1-800-447-8477 (1-800-HHS-TIPS).

Reporting Violations and Problems

It is a violation of this Code for staff not to report a violation of the Code or any illegal activity. If an employee or agent is aware of allegations of any possible violation of the Code of Conduct or any other part of the Compliance Program, the employee or agent must report the problem. A supervisor, the Chief Compliance Officer or Compliance Representative can answer any questions staff might have. Any information given will be shared with others only on a need-to-know basis as required by law.

The Company does not allow retaliation against anyone who, in good faith, reports a possible problem or violation. Reporting can also be done completely confidentially by calling the Compliance Hotline. Such on-going participation from the employees and/or contractors is necessary and important for the advancement of the Company's compliance to state and federal regulations and offers the Company an opportunity to work together to improve the services being provided to each respective community.

Investigations by Company

It is the Company's policy to promptly and thoroughly investigate reports of illegal activity or violations of this Code. All staff must cooperate with these investigations. They must not take any actions to prevent, hinder, or delay discovery and full investigation of illegal acts or violations of this Code. It is a violation of this Code for staff to prevent, hinder, or delay discovery and full investigation of illegal acts or violations of this Code.

Staff who violate the Code or commit illegal acts are subject to discipline up to and including dismissal. Staff who report their own illegal acts or improper conduct, however, will have such self-reporting taken into account in determining the appropriate disciplinary action.

Government Interviews or Investigation

The Company, affiliates and all staff will cooperate fully and promptly with appropriate government investigations, but the Company must ensure that legal rights of the Company and employees are protected.

Employees and agents who participate in government interviews must give answers that are truthful, complete, and unambiguous.

If a Company or affiliate employee, staff member, or agent receives a subpoena, search warrant, or other similar document, the employee, staff member, or agent should immediately contact the Chief Compliance Officer or Compliance Representative. If a government investigator, agent, or auditor comes to the Company or any affiliate, the employee, staff member, or agent should immediately contact the Chief Compliance Officer or Compliance Representative. The Chief Compliance Officer or Compliance Representative should handle the release and copying of documents.

Fair Treatment of Personnel

Central Control, L.L.C is committed to providing equal employment opportunity and a work environment where each employee is treated

with dignity and respect. This commitment shall be adhered to by each affiliate.

- Reporting

If an employee or contractor suspects that a law or rule may have been broken, that employee and/or contractor is obligated to report it. The report should be made to a supervisor, a Compliance Representative or to the Chief Compliance Officer, or by calling the Compliance Hotline to make a confidential report. That employee and/or contractor also has the option to request a confidential face-to-face meeting with the Chief Compliance Officer.

- No Retaliation

Problems can be reported without fear of retribution or retaliation. The Company does not allow retaliation against anyone who, in good faith, reports a possible violation or problem even if no actual problem is found after investigation of the report.

- Monitoring

The Company and each affiliate will use reviews and audits to ensure that all staff members are following this Code of Conduct and to check on the progress of the Compliance Plan.

- Enforcement

When the Company or an affiliate learns of a possible problem, it will immediately investigate the situation. If a violation is found, the problem will be corrected and disciplinary action taken toward the people involved, in an appropriate and fair way.

Auditing and Monitoring

Periodic audits will be undertaken in order to identify Company and affiliate deficiencies. The Chief Compliance Officer shall establish appropriate procedures for conducting such audits by identifying and prioritizing the risk areas to be audited and notifying the Compliance Representatives. The Chief Compliance Officer shall also develop an annual audit work plan that identifies the risk areas to be audited for each calendar year. The Chief Compliance Officer, Compliance Representatives and auditors or reviewers acting on behalf of the Compliance Department shall have access to all documents necessary to perform Compliance functions, including those related to claim development and submission, business records, cost reports, patient

records, pricing and cost data, employee records, schedules, e-mail, and the contents of computers.

Corrective Action

Not only does an effective compliance program include methods for auditing, monitoring, and identifying compliance violations through the Hotline, an effective program includes methods for responding to and correcting such violations. After a violation has been detected and confirmed, the Chief Compliance Officer, in collaboration with the Compliance Representative at the affected provider, shall institute steps to prevent the reoccurrence of the violation and make any necessary modifications to the policy. The Company and its affiliates will take appropriate corrective action. When appropriate, corrective action may include reporting suspected violations to appropriate government agencies. Such reports shall only be made after consultation with the Company's counsel and upon the approval of the Chief Executive Officer.

Standards of Behavior

- ***Provide quality care and protect the rights of all residents/patients.***
- ***Follow all laws and rules and be ethical, fair, and honest.***
- ***Avoid conflicts of interest and make decisions that are in the best interest of Company and residents/patients.***
- ***Promote a safe environment and appropriate workplace practices***

Provide Quality Care and Protecting Resident/Patient Rights

We treat all residents/patients in a manner that protects their rights and preserves their dignity, autonomy, and self-esteem. Residents/patients are involved in all aspects of their care. Each resident/patient receives not only quality care and caring treatment, but also appropriate confidentiality, privacy, and security.

Informed Consent

Consistent with the law, all residents/patients are entitled to the information they need to make decisions about their treatment and to give their informed consent to treatment. Every resident /patient has the right to be told about the material risks of any proposed treatment, the

benefits from the treatment, other treatments available, and the consequences of refusing treatment.

Authorization for Treatment

All adult residents/patients must have the opportunity to make decisions about their treatment. A competent adult has a right to make decisions about his or her care. In fact, physicians and other health care providers generally have no duty to check with the patient's family members in such situations. Moreover, the resident/patient's right to privacy keeps the physician or other health care provider from talking about a person's case with another person without permission.

The situation is different when residents/patients are not able to make their own decisions. This may happen when the patient does not have the mental capacity or is not physically able to make his or her wishes known. In general, if an adult resident/patient is not able to make his or her own health care decisions, another person whom the resident/patient has chosen can make the decisions. If the resident/patient has not chosen such a person, the law allows a "surrogate" to act on their behalf. This surrogate is typically the nearest of kin but may be another interested adult. Any concern about the individual making healthcare decisions must be reported to the Chief Compliance Officer or Compliance Representative.

Equal Access to Care

The Company and its affiliates provide all residents/patients with equal access to care and do not discriminate because of race, creed, sex, national origin, sexual orientation, disability, or age. Financial considerations, however, may be taken into account.

Quality of Care/Rights

All employees and agents must work together to give our residents/patients quality care. In general, each healthcare provider is responsible for providing residents/patients with a "reasonable standard of care" which is defined by laws and rules.

Each patient has the right:

- To be told about his or her rights;
- To be involved in his or her plan of care;
- To make informed decisions regarding that care;
- To formulate advance directives and to have those directives followed;

- To have privacy and to receive care in a safe setting;
- To be free from verbal or physical abuse or harassment;
- To expect confidentiality of his or her medical records and health information; and
- To look at and make copies of his or her medical records.

Patient Care Staff Credentialing

All professionals and employees must be properly credentialed for the patient care they are providing in accordance with Federal, State and local laws and regulations. The credentials must be kept current in the Company's or its affiliate's files.

Freedom of Choice

Unless a resident/patient/ consumer's care is covered under Medicare Part A or by a payer who requires the use of certain vendor, he/she should be free to choose a provider for his or her care. Staff involved in the resident/patient 's care planning or in referring /residents/patients to pharmacy, home health agencies, intermediate care facilities or long-term care, psychiatric or rehabilitation providers, should involve the resident/patient in the process and get the consent of the resident/patient (or of the person who is authorized to make such decisions for the resident/ patient/ consumer). Staff involved in planning will offer an alphabetical list of providers from which they can choose. If a provider on the list is an entity in which a physician with an investment interest in the Company has a significant financial interest (which means a financial interest greater than or equal to five percent or more of the gross assets or voting securities of the entity), then the physician shall provide the resident/patient with the Disclosure of Financial Interest form. All employees must act in the best interest of the resident/patient and must not interfere with their freedom of choice.

Confidentiality

Residents/patients have a right of complete confidentiality in health care. Neither the Company nor any affiliate allows unauthorized seeking or sharing of information related to a patient's medical care. Without the express consent of the patient, no health care provider, or insurance company may give or get information about the patient. There are some exceptions to this rule. For example, health care information may be shared with the patient or a person who is authorized to make decisions for the patient. Health care information may be shared with the people directly involved in treating the patient or processing payment for treatment, and with people responsible for peer review, utilization review,

and quality assurance. And in some situations, the health care provider may be required by law to give a patient's health care information to the government.

Questions regarding a patient's right to confidentiality should be directed to the Chief Compliance Officer or a Compliance Representative. An employee or contractor suspecting a breach of this confidentiality is requested to immediately report the problem to the Chief Compliance Officer or Compliance Representative.

Billing Information

Bills for services must be itemized, must have the dates of service, and must give a truthful account of the services that were given and the charges for those services. Residents/patients are told about the Company's and specific affiliate's billing and payment policies. Their questions about billing and payment must be answered fully, promptly, and courteously. All state and Federal rules for billing government health care programs, including rules for bundling of claims for services, must be followed.

Follow Federal, State, and Local Laws, Regulations, Rules, and Accreditation Standards

HIPAA Requirements

The Company recognizes the requirements of the Health Insurance Portability and Accountability Act of 1996, ("HIPAA"), including the federal privacy regulations, the federal security standards and the federal standards for electronic transactions, all collectively referred to herein as "HIPAA Requirements." The Company and its affiliates agree not to use or further disclose any Protected Health Information, (as defined by HIPAA), other than as permitted by HIPAA Requirements. A copy of the Company's and each affiliate's "Privacy Notice", which explains the major points of the Privacy Regulations and the patient's rights, is posted at each company affiliate.

"Fraud and Abuse" laws and regulations

All Company employees and agents are expected to guard against fraud and abuse. Although the "Fraud and Abuse" laws are complex, their basic provisions are explained in general terms below. The Company complies with all "Fraud and Abuse" laws and regulations. The "Fraud and

Abuse" laws are designed to prevent fraud in health care programs and abuse and waste of the public money used to fund the programs.

Any and all Fraud and Abuse violations and problems should be reported to the Chief Compliance Officer or Compliance Representative.

Employees and contractors are encouraged to check with the Chief Compliance Officer or Compliance Representative to resolve any doubts that may exist regarding business arrangements that the Company or an affiliate might have with physicians, nursing homes, equipment companies, pharmaceutical companies, or other providers for whose services the government may be billed.

Referrals to Entities with Which a Physician Has a Financial Relationship

The Stark Law broadly states that a physician may not refer residents/patients for certain services, known as "Designated Health Services", to health care providers if the physician, or the physician's immediate family members, have a financial relationship with that health care provider. The purpose of the law is to make sure that physicians and health care providers do not order unnecessary medical expenditures. There are certain exceptions to the Stark Law. Any financial relationship between a provider and a referring physician must fit within one of the exceptions described within the Stark law. Many of the Company's affiliates provide services that are currently among the list of Designated Health Services covered by the Stark law. However, even though certain services provided by the Company are Designated Health Services, such as inpatient and outpatient hospital services, drugs, therapy, and Durable Medical Equipment, the definition of Designated Health Services excludes services that are reimbursed by Medicare as part of a composite rate and inpatient and outpatient hospital services if the physician is an investor in the whole hospital. 42 CFR 411.351. Thus, the referral by physician investors of services provided by the Company's affiliates would not violate the Stark law if all services meet a Stark exception. If a physician investor in the Company refers a patient for services that is not covered by an exception, then this referral will violate the Stark law if the services are considered Designated Health Services. Such referrals must be reported to the Chief Compliance Officer, who will confer with the Company's legal counsel to determine if an exception applies.

In general, physicians should not refer patients to other entities in which the physician has a financial interest. Physicians who have a financial interest in the Company or in any affiliate and who refer residents/patients for services provided by the Company or that affiliate will disclose this

investment to inform of available alternatives for referral and assure that ongoing care is not conditioned on accepting the recommended referral.

Anti-Kickback and Self-Referral Policies

Federal and state laws make it illegal to give or take “kickbacks.” Kickbacks include offering, paying, asking, or accepting any money or other benefit in exchange for patient referrals, purchases, leases, or orders. The Louisiana legislature enacted the Medical Assistance Programs Integrity Law (“MAPIL”) in an effort to reduce fraud and abuse in Louisiana’s Medicaid program. MAPIL contains anti-kickback language similar to the Federal law, contains prohibitions against filing false claims, and also contains *qui tam* provisions similar to Federal law. MAPIL contains its own statutory exceptions, however, and as opposed to the Federal law, MAPIL contains provisions for civil monetary penalties. Compliance with any safe harbor under the Federal law provides safe harbor protection under MAPIL as well. The Company and its affiliates follow these laws strictly. Neither Company nor its affiliates pays for referrals and does not take payment for referrals.

To ensure that no one connected with the Company or any affiliate takes or gives a kickback, the following policies are in place:

- No money, gift, discount, rebate, loan, service, or gratuity of any kind should be offered, given, or taken in exchange for, or to encourage, the referral of residents/patients to any affiliate.
- All contracts and other arrangements with referral sources must follow all laws that apply.
- Any physician who receives a payment of any kind from the Company or an affiliate must keep records of the time, date, and type of services provided and must submit those records before receiving payment.
- Agreements with healthcare providers must be in writing and be approved by Company’s counsel. All payments to physicians or other sources of referrals must be at fair market value and may not take into account the volume or value of referrals to a provider.

False Claims – Cost Report Issues

The Company’s staff whose job it is to deal with developing or submitting a cost report data to Medicare or Medicaid must follow applicable laws, regulations, and guidelines regarding cost reports. To help the Company make accurate cost reports, the policies on keeping expense records should be carefully followed.

Political Activities

All political activities relating to the Company shall be conducted in full compliance with applicable law. No Company or affiliate funds or property shall be used for any political contribution or purpose unless first approved by the Company's CEO. Employees may make direct contributions of their own money to political candidates and activities, but these contributions will not be reimbursed.

Licensure and Certification Renewals

Employees and contractors in positions that require professional licenses, certifications, or other credentials are responsible for maintaining the current status of their credentials and shall comply at all times with federal and state requirements applicable to their respective disciplines. To assure compliance, the Company requires evidence of the individual having a current license or credential status. An affiliate will not allow any employee or independent contractor to work without valid, current licenses or credentials.

Eligibility Requirements

No claims for payment for services may be submitted unless the resident/patient has been determined to be eligible for care provided and the services were ordered by the appropriate professionals in accordance with the plan of care. The Chief Compliance Officer and Compliance Representative from each affiliate will provide information to the appropriate staff about the eligibility and certification definitions and rules of the different government and private insurance plans. The resident/patient's eligibility for services provided must be documented and the physician must certify the need for the type of service provided. Failure to follow these requirements may result in serious consequences, including termination of employment or medical staff membership or even criminal punishment.

Billing Practices

The Company and its affiliates bill only when services have been provided and properly documented. All employees and agents who work with billing or claims must carefully follow applicable rules for billing. It is against the law to make or submit a false or fraudulent claim for payment to the government or a private insurance company. False claims include billing for services not rendered or improperly documented, up coding, mis-bundling, submitting inaccurate information, and misrepresenting the patient's eligibility for services provided. Specific guidelines and

procedures for billing for each of Company's provider types are contained in the Company's Billing Policy, with which all employees and agents who work with billing or claims are expected to be familiar. If you know or believe that a bill is false or incorrect, report the problem immediately to the Chief Compliance Officer or Compliance Representative.

Compliance with Records Retention & Entry Requirements

All records and materials must be made and kept as required by law. The law requires the Company and each affiliate to prepare and keep certain medical records. All records must be prepared accurately and honestly. Entries to a patient's medical record should be made at the time that the service is given and must be dated when made. If an entry cannot be made at the time of the service, it should be noted as a late entry. Use of liquid paper is prohibited in patient charts. Concerns about any entry in a medical record should be discussed with a supervisor or the Chief Compliance Officer, or through the use of the Hotline.

All business transactions shall be carried out in accordance with management's general or specific directives. All of the books and records shall be kept in accordance with generally accepted accounting standards or other applicable standards. All transactions, payments, receipts, accounts, and assets shall be completely and accurately recorded on the Company's or affiliate's books and records on a consistent basis. No payment shall be approved or made with the intention or understanding that it will be used for any purpose other than that described in the supporting documentation for the payment. No information recorded and submitted to other persons may be used to mislead those who receive the information or to conceal anything that is improper.

Books and records shall be created, maintained, retained, or destroyed in accordance with the Company's Compliance Information and Records Retention Policy.

Avoid Conflicts of Interest

The Company's employees and agents are expected to be loyal to and must avoid doing things that conflict with the interests of the Company, its affiliates or with the interests of our residents/patients.

A conflict of interest may exist if a staff member:

- Has a personal financial interest that influences or appears to influence his or her ability to make objective decisions related to their job; and/or
- Is not able to give the time or attention needed to do his or her job at the Company and/or
- Uses Company resources for purposes not related to Company business.

Any financial interests that conflict with the interests of the Company or an affiliate should be avoided. This means, for example, that neither a staff member nor any of their relatives should interfere with a business opportunity that belongs to the Company or any affiliate. Similarly, an employee or agent staff member should not have a financial relationship with any competitors or suppliers. These are just a few examples of conflict of interest situations.

Before an employee engages in any activity that may give rise to a possible conflict of interest, as described above, that employee should discuss the situation with the appropriate supervisor, the Chief Compliance Officer, or the Compliance Representative. Whenever there may be even the appearance of a conflict, the appropriate supervisor must give permission before proceeding with the activity. A conflict of interest may also be an illegal kickback. When a conflict of interest is discovered, it must be reported to the Chief Compliance Officer, and it must be corrected.

Receiving Business Courtesies

A staff member may not ask for or take, directly or indirectly, for themselves or any member of their household, any gift, gratuity, service, favor, entertainment, lodging, transportation, loan, loan guarantee, or other thing of monetary value from anyone who has or is seeking a business relationship with the Company or any affiliate. All Company policies and procedures regarding business courtesies will be followed.

Extending Business Courtesies

The Company or an affiliate may offer reasonable and appropriate meals and entertainment when sponsoring an event for a business purpose, in accordance with Company policies and procedures regarding business courtesies.

Disclosure of Physician Ownership

Physicians who have an investment interest in the Company or any affiliate and who refer residents/patients for services provided by the affiliate will disclose this investment interest to residents/patients through the use of the Disclosure of Financial Interest Form.

Promote a Safe Environment and Appropriate Workplace Practices

The Company's goal is to ensure a safe and healthy learning and work environment. As such the staff at each affiliate must be vigilant in order to avoid unsafe acts which could jeopardize their own health and safety, or which could put others at risk. All persons are expected to learn and follow approved safety standards and procedures, which apply, to their activities, and to check with their supervisors when they have questions concerning potential hazards or individual obligations to protect the environment.

Compliance with Environmental Safety Laws

The Company and its affiliates must follow all the laws and rules for disposing of all waste, especially hazardous and medical waste.

Compliance with Health and Safety Requirements

The Company and its affiliates must follow all laws, rules, and policies and procedures that protect health and safety. Employees should know and understand the laws, rules, and policies for their job and work area. If there are questions, a supervisor should be asked. In the event of any on-the-job injury, such an injury must be promptly reported to the appropriate supervisor or manager. The facility supervisor or manager should also be notified of any dangers or unsafe conditions so the problem can be corrected.

Controlled Substances

All healthcare professionals, including those who maintain Drug Enforcement Agency (DEA) registration, must comply with all federal and state laws regulating controlled substances. Any Staff member who knows or suspects the unlawful or unauthorized possession, or use of illicit drugs must immediately notify his or her supervisor and the Chief Compliance Officer.

Harassment and Workplace Violence

Neither the Company nor any affiliate will tolerate harassment by anyone based on race, religion, sex, or any other individual characteristic. Any

form of sexual harassment is strictly prohibited. This prohibition includes unwelcome sexual advances or requests for sexual favors in conjunction with employment decisions. Verbal or physical conduct of a sexual nature that interferes with an individual's work performance or creates an intimidating, hostile, or offensive work environment has no place at the Company or affiliate.

Harassment also includes incidents of workplace violence. Workplace violence includes robbery and other commercial crimes, stalking cases, violence directed at the employer, terrorism, and hate crimes committed by current or former colleagues. As part of our commitment to a safe workplace for our colleagues, the Company prohibits staff from possessing weapons or other dangerous items or materials on Company or affiliate premises. Persons who observe or experience any form of harassment or violence should report the incident to their supervisor.

Electronic Media

All communications systems, electronic mail, or voice mail are the property of the Company and are to be primarily used for business purposes. Highly limited reasonable personal use of the Company's communications systems is permitted; however, these communications may not be private.

The Company reserves the right to periodically access, monitor, and disclose the contents of e-mail and voice mail messages. No employee or agent may use internal communication channels or access to the Internet at work to post, store, transmit, download, or distribute any threatening, knowingly reckless, maliciously false or obscene materials, including anything constituting or encouraging a criminal offense, that may give rise to civil liability, or otherwise violate any laws.

Employees and agents who abuse the Company's communications systems or use them excessively for non-business purposes may lose these privileges and be subject to disciplinary action.

Human Resources Policies

The Company and each affiliate follow all federal, state, and local labor laws and rules. These laws include, for example, the Fair Labor Standards Act, anti-discrimination laws, hostile work environment and other laws and rules that protect our employees. Employees are welcome to express any concern about their workplace to the Human Resources department. To help make sure that the Company complies with the law, certain Human Resources policies have been established that everyone must follow.

Marketing Policies

The Company and each affiliate will act ethically in all its marketing activities. Marketing materials will reflect our mission and values. They will accurately describe the various services the Company's affiliates provide and the level of our licensure and accreditation, as applicable. Company employees who engage in marketing activities will do so in accordance with Company policies and procedures. In no case will the Company or any of its employees offer or accept anything of value in exchange for or with the intent to induce patient referrals.

Enforcement of the Program

An effective compliance program requires enforcement. Willfully violating the Program will result in disciplinary action, which will be appropriate for the severity of the activity. Fraudulent activity will not be tolerated and will result in immediate termination. Employees and contractors must adhere to the Program as a condition of continued employment or contract status. Failure to do so will result in disciplinary action. Sanctions could range from oral warnings to termination.