

Pine Eagle Health Planning Committee Policy Manual

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Pine Eagle Health Planning Committee Policy Manual

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1.0 General Policies

We, the Pine Eagle Health Planning Committee (PEHPC) Board of Directors, recognize the need to use this policy book as a reference for dealing with management and staff. When a policy needs clarification or change, the PEHPC Board of Directors will direct the policy committee to research and re-write that portion of this manual.

The PEHPC Board of Directors can, at any time change, add or delete policies by a majority vote at any public meeting.

1.1 *Mission Statement*

The mission of the PEHPC Board of Directors is to provide our communities access to the best possible health care we can provide given available budgets, staff and other resources.

1.2 *Nondiscrimination*

The PEHPC Board of Directors, Pine Eagle Clinic and Halfway-Oxbow Ambulance Service will not discriminate in any way based upon race, color, sex, national origin, disability, religion, age, or sexual orientation.

1.3 *Non-English-Speaking Patients*

1. Accommodations will be made for non-English-speaking patients as appropriate.

1.4 *Conflict of Interest*

The PEHPC Board of Directors will make reasonable effort to avoid any conflict of interests when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of PEHPC or might result in a possible excess benefit transaction. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

Definitions

1. Interested Person - Any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, as defined below, is an interested person.
2. Financial Interest - A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:

an ownership or investment interest in any entity with which PEHPC has a transaction or arrangement,

a compensation arrangement with PEHPC or with any entity or individual with which PEHPC has a transaction or arrangement, or

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a potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which PEHPC is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

A financial interest is not necessarily a conflict of interest. A person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides a conflict of interest exists.

Procedures

1. Duty to Disclose

In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors of the PEHPC Board of Directors.

2. Determining Whether a Conflict of Interest Exists

After disclosure of the financial interest and all material facts and after discussion with the interested person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed. The remaining board or committee members shall decide if a conflict of interest exists.

3. Procedures for Addressing the Conflict of Interest

- a) An interested person may make a presentation to the PEHPC Board of Directors. After the presentation, he/she shall leave the meeting during the discussion of the transaction or arrangement involving the possible conflict of interest.
- b) The chairperson of the PEHPC Board of Directors may, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.
- c) After exercising due diligence, the PEHPC Board of Directors shall determine whether reasonable efforts can be made for a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest. Discussion will be carried out in executive session.
- d) If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the PEHPC Board of Directors shall decide by a majority vote of the disinterested directors whether the transaction or arrangement is in the best interest of the PEHPC, for its own benefit and whether it is fair and reasonable. In conformity with the above determination, it shall make its decision as to whether to enter into the transaction or arrangement.

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4. Violations of the Conflicts of Interest Policy

- a) If the PEHPC Board of Directors or a committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.
- b) If, after hearing the member's response and after making further investigation as warranted by the circumstances, the PEHPC Board of Directors will determine whether the member has failed to disclose an actual or possible conflict of interest and shall take appropriate disciplinary and corrective action.

Records of Proceedings

The minutes of the PEHPC Board of Directors and committees with board delegated powers shall contain:

- a) The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present and the PEHPC Board of Directors' decision as to whether a conflict of interest in fact existed.
- b) The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement and a record of any votes taken in connection with the proceedings.

Compensation

- a) A member of the PEHPC Board of Directors who receives compensation, directly or indirectly, from PEHPC for services is precluded from voting on matters pertaining to that member's compensation.

1.5 Whistleblower Policy

PEHPC Board of Directors is committed to operating in compliance with all applicable laws, rules and regulations, including those concerning accounting and auditing. PEHPC Board of Directors will not tolerate fraudulent practices by any of its board members, employees, or volunteers.

If an employee has a reasonable belief that a board member, employee or volunteer of PEHPC, Pine Eagle Clinic or the Halfway-Oxbow Ambulance Service has engaged in any action that violates any applicable law or regulation, including those concerning accounting and auditing, or which constitutes a fraudulent practice, the employee is expected to immediately report such information to two of the following: the administrator/office manager or any of the board members.

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All reports will be followed up promptly and an investigation conducted. In conducting its investigations, PEHPC Board of Directors will strive to keep the identity of the complaining individual as confidential as possible, while conducting an adequate review and investigation.

PEHPC Board of Directors will not retaliate against an employee in the terms and conditions of employment because that employee: (a) reports to a supervisor, a member of the PEHPC Board of Directors or to a federal, state or local agency what the employee believes in good faith to be a violation of the law; or (b) participates in good faith in any resulting investigation or proceeding, or (c) exercises his or her rights under any state or federal law(s) or regulation(s) to pursue a claim or take legal action to protect the employee's rights.

The PEHPC Board of Directors may take disciplinary action (up to and including termination) against an employee who in management's assessment has engaged in retaliatory conduct in violation of this policy.

In addition, the PEHPC Board of Directors will not, with the intent to retaliate, take any action harmful to any employee who has provided to law enforcement personnel or a court truthful information relating to the commission or possible commission by the PEHPC Board of Directors or any of its employees of a violation of any applicable law or regulation.

Supervisors will be trained on this policy and the PEHPC prohibition against retaliation.

1.6 Confidentiality

Except as allowed or required by law, personal information about any staff member, contractor, or board member will be regarded as confidential, and no information will be released without written prior consent. Patient information and related medical records, telephone conversations, family histories, disease or illness are confidential. The Health Insurance Portability and Accountability Act (HIPAA) regulations will be followed.

1.7 Political Activity Process

The PEHPC is a 501(c)(3) organization. Therefore, by law none of its staff time or resources can be used for partisan political purposes—that is, to support or oppose any candidate running for public office. Any such activity is strictly prohibited. Members of the PEHPC Board of Directors are prohibited from using their positions on this board to influence any partisan political campaign.

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2.0 Financial Policies

2.1 *Check Writing*

Two signatures of authorized signers are required on all PEHPC checks over \$1,000,00. Authorized signers are PEHPC chairperson, vice-chairperson, treasurer and the PEC administrator/office manager.

2.2 **Billing and Collections**

Bills for services rendered will be submitted to the patient's insurance carrier in a timely manner. For any unpaid balances after exhausting the patient's insurance coverage, billing statements will be sent to patients monthly.

Bills sent to patients will note any charges that are more than 30 days overdue from first patient billing. Overdue accounts will be handled by office staff. If the Office Administrator/Manager believes an account needs to be sent to a collection agency, that recommendation will be brought before the PEHPC Board of Directors before taking action.

The PEHPC Board of Directors may contract with external billing and collection services. A copy of the contract(s) will be kept on file at the Pine Eagle Clinic office. Billing contracts will be reviewed annually by the finance committee, which will report results to the board of directors.

2.3 *Discounts*

The Pine Eagle Clinic utilizes the Federally Qualified Health Clinic (FQHC) schedule of discounts to assist those with low incomes.

No one will be refused service at the clinic because of the inability to pay.

Anyone using the schedule of discounts must complete and sign the Application for Discounts (Appendix 1) confirming his or her eligibility annually.

The administrator/office manager has authority to authorize discounts.

Clinic staff may request proof of income from anyone applying for the discount

The current schedule of discounts will be made available upon request.

For uninsured patients which do not qualify for other discounts, a prompt pay discount of 30% is available if balance is paid in full within 10 days of first statement.

2.4 *Fees*

The chargemaster (charge description master/CDM) shall be reviewed annually and approved by the PEHPC Board of Directors.

The fee schedule will be 150% of Medicare's annual fee schedule and will be made available at the clinic office upon request.

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2.5 *Petty Cash*

The PEHPC currently does not use a petty cash account. In the event of such an account is needed, the Board of Directors will develop applicable policy.

2.6 *Investments*

Monies which temporarily exceed cash flow requirements will be invested.

Investments will be made only in those instruments that a prudent person seeking reasonable income and preservation of capital might buy for his or her own portfolio.

The PEHPC Board of Directors, upon the recommendations of the finance committee, shall have sole responsibility for initiating and approving investment transactions.

Invested monies of the PEHPC (Pine Eagle Clinic; Pine Eagle Health Clinic Building Fund; Halfway-Oxbow Ambulance Service) shall be managed for and maintained in separate accounts. Decision making and record-keeping will also be done separately.

To optimize the rate of return on invested assets, one third (1/3) of invested monies will be maintained in a regular bank account as operating funds and immediately available cash.

Two thirds (2/3) of invested monies will be allocated to long term investment instruments which adhere to the prioritized objectives of safety of principal, liquidity and rate of return. Those instruments may include, but shall not be limited, to:

- a) mutual funds,
- b) annuities,
- c) individual stocks and/or bonds
- d) money market instruments

A broker or other licensed/approved representative may be appointed by the PEHPC Board of Directors. Appointments will be reviewed annually.

2.7 *Endowment Funds*

The PEHPC currently has no endowment funds. In the event of such funds, the Board of Directors will develop applicable policy.

2.8 *Restricted Funds*

The PEHPC currently has no restricted funds. In the event of such funds, the Board of Directors will develop applicable policy.

2.9 *Reserve Funds*

The PEHPC currently has no reserve funds. In the event of such funds the Board of Directors will develop applicable policy.

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2.10 Insurance

The PEHPC will carry all insurances required by federal and state regulation. In addition, it will carry Directors and Officers insurance and all usual insurances for a medical practice.

2.11 Audits

An annual self-audit will be conducted of the PEHPC finance accounts. As needed, the Board of Directors may call for an outside audit, review or compilation.

2.12 Outside Services

The medical director and provider will select the laboratories, radiology and pharmacy facilities to be contracted by the clinic and ambulance service. Non-medical outside professional services shall be selected by the administrator/office manager and recommended to the the PEHPC Board of Directors for approval

2.13 Fraud and Abuse

Fraud and Abuse guidelines are available to patrons upon request.

3.0 Personnel

3.1 Employment

PEHPC is an equal opportunity employer and will not deny employment, benefits or compensation to any individual on the basis of race/color, ethnic/national origin, religion, sex, sexual orientation, age (18 or older), disability, marital status, family status, retaliation for opposing an unlawful employment practice, or association with a member of a protected class.

For specific information concerning employment practices and employee benefits, refer to the Employee Handbook.

For specific information concerning employment of providers, refer to the Provider Recruitment and Retention Plan, which is included in Appendix 2.

An employment-at-will status exists between the Pine Eagle Clinic and its employees. Employment-at-will is defined in U.S. labor law for contractual relationships in which an employee can be terminated by an employer for any reason (that is, without having to establish "just cause" for termination), and without warning.

Nothing in this policy amends or waives the employment-at-will status that exists between the Pine Eagle Clinic and its employees.

3.2 Nondiscrimination

The PEHPC Board of Directors is committed to providing all employees with a work environment free of discrimination or harassment of any kind, including harassment from or to customers.

Harassment or discriminatory conduct of any kind, whether physical or verbal, committed by supervisors or non-supervisory personnel, is prohibited. Prevention of discriminatory activities will be practiced at all times. In those cases where discrimination occurs, disciplinary action up to and including termination may be taken.

Taking reprisal action against any employee because he or she has filed a discrimination or harassment complaint, furnished information or participated in any manner in an investigation, compliance review or hearing, is prohibited. In those cases where reprisal action occurs, disciplinary action up to and including dismissal may be taken.

3.3 Harassment

Harassment and intimidation will not be tolerated. Harassment is behavior perceived by the receiver as unwelcome and includes, but is not limited to, the use of verbal or practical jokes, unwelcome touching, offensive remarks or put-downs, displays of objects and materials, which create an offensive environment. Actions such as these are prohibited and if repeated they may result in disciplinary action. See policy 3.18 Discipline

3.4 Hiring Authority and Process

The board is responsible for hiring clinic providers and will use the Pine Eagle Clinic Provider Recruitment and Retention Plan as a guide in the process.

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The board is responsible for the hiring the clinic administrator/office manager.

The administrator/office manager will propose any staff changes to the board for approval before hiring or making in house transfers of clinic staff. Vacancies will be filled with the best-suited, qualified candidate. Consideration will be based on:

1. candidate who best fits the qualifications and other desired attributes and requirements for the position; and
2. candidate who best fits the organization and communities;

The selected candidate will be notified by phone and by letter containing the following information: job description, effective date of hire, responsibilities, wage/salary, working hours and the length of probationary period. A copy will be kept in the employee's personnel file.

Unsuccessful candidates will be notified by phone on the same day or as soon as possible after the successful candidate has accepted the position.

3.5 *Documentation Process*

Should licensure, registration or certification be a prerequisite of employment with the clinic, evidence of the appropriate documentation must be provided prior to being hired.

3.6 *Credentialing for New Providers Process*

Credentialing (a formal review of the qualifications of a health care provider who has applied to participate in a system or plan) is required for all physicians and all other health care professionals who provide services to Pine Eagle Clinic patients and are permitted to practice independently under State law.

The credentials to be verified are:

1. license,
2. board certification,
3. education,
4. clinical privileges (if applicable),
5. medical malpractice insurance,
6. DEA/CDS (Drug Enforcement Administration/Controlled Dangerous Substance) certificate,
7. National Practitioner Data Bank information,
8. sanctions or limitations on licensure,
9. eligibility for participation in Medicare (excluded and opt out) and
10. quality of care issues, grievances etc. (usually at re-credentialing).

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The PEHPC personnel committee will review any information from the above sources. In addition, references provided will be reviewed and verified by the PEHPC personnel committee. The information may be shared with the applicant.

The National Practitioner Data Bank (NPDB) will also be queried to establish that no disciplinary action has been taken against the applicant in past roles or locations. If there are any results which will be used in the hiring decision, they need to go to the medical director for review and recommendation to the personnel committee. Then the Committee/Board will make a hiring decision.

3.7 *Employment Status and Classification*

Employment classifications are subject to change if during employment a change of scheduled hours of work or status is made. An employee who changes employment status from full time to part time or vice versa will continue to keep the same date of hire as previously held.

Full-Time - Full time employees are those hired to work on a regularly scheduled basis for the normally scheduled operating hours of the clinic, subject to the requirements of the department and the clinic.

Part-Time - Part time employees are those hired to regularly work fewer hours than the normal operating hours of the clinic.

Temporary - Temporary employees are hired for a limited period of time, either to supplement existing staff members for special projects or to provide replacements for employees who are on leave of absence. Temporary employees will be hired on an hourly basis.

Volunteers and Students - Volunteers and students do not receive salaries or employment benefits, but are subject to the policies of conduct for the Pine Eagle Clinic and/or Halfway-Oxbow Ambulance Service. Appropriate sections of these personnel policies apply when they act as representatives of the organization.

3.8 *Compensation*

The PEHPC Board of Directors will follow federal wage law guidelines as much as possible, do research with other clinics of similar size and compare pay scales in the surrounding area when setting compensation for employees.

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1. Wage Scale

2022-2023 Proposed Pine Eagle Clinic Wage Scale					
Step	Receptionist	Medical Assistant	Office Manager in Training	Office Manager	Administrator
1	\$12.60	\$13.60	\$32,650.00	\$36,750.00	\$40,150.00
2	\$12.80	\$13.80	\$33,050.00	\$37,250.00	\$40,700.00
3	\$13.00	\$14.00	\$33,450.00	\$37,750.00	\$41,250.00
4	\$13.20	\$14.20	\$33,850.00	\$38,250.00	\$41,800.00
5	\$13.40	\$14.40	\$34,250.00	\$38,750.00	\$42,350.00
6	\$13.60	\$14.60	\$34,650.00	\$39,250.00	\$42,900.00
7	\$13.80	\$14.80	\$35,050.00	\$39,750.00	\$43,450.00
8	\$14.00	\$15.00	\$35,450.00	\$40,250.00	\$44,000.00
9	\$14.20	\$15.20	\$35,850.00	\$40,750.00	\$44,550.00
10	\$14.40	\$15.40	\$36,250.00	\$41,250.00	\$45,100.00
11	\$14.60	\$15.60	\$36,650.00	\$41,750.00	\$45,650.00
12	\$14.80	\$15.80	\$37,050.00	\$42,250.00	\$46,200.00
13	\$15.00	\$16.00	\$37,450.00	\$42,750.00	\$46,750.00
14	\$15.20	\$16.20	\$37,850.00	\$43,250.00	\$47,300.00
15	\$15.40	\$16.40	\$38,250.00	\$43,750.00	\$47,850.00

2. Combination Positions

When an employee is working under a job description which combines two positions, wages will follow the position with the higher wage scale.

3. Bonus Adjustments

The PEHPC Board of Directors may implement a bonus program or award bonuses to employees as the board deems appropriate.

4. Compensatory Time and Overtime

All non-exempt employees of the clinic are eligible for overtime compensation according to the Fair Labor Standards Act. Employees who qualify as administrative executives or professional employees within the meaning of the state and federal wage and hour laws are exempt from overtime pay and are not subject to the FLSA.

The employee's supervisor must approve all overtime worked by a non-exempt employee in advance. Employees who work unauthorized overtime will be paid for the overtime but are subject to disciplinary action up to and including termination. Upon approval of overtime hours by a supervisor, the supervisor must document the approval in writing.

3.9 EMT (Emergency Medical Technician) Call Out

Clinic staff who are also emergency medical technicians with the Halfway-Oxbow Ambulance service and are contacted for an ambulance run during their working hours at Pine Eagle Clinic

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may respond to the call only if no other qualified EMT is available. Their supervisor must be notified and give approval. The supervisor has discretion to authorize compensation for hours on EMT call out that correspond to the employee's regular scheduled hours of work.

3.10 Job Related Expenses

1. Travel

Reimbursement for travel expenses will follow federal travel guidelines. Employee work-related travel must be approved in advance by the Board of Directors. Employees are to exercise reasonable judgment in incurring travel expenses on official business. Excessive or unnecessary expenses will not be approved or reimbursed.

Transportation by air is to be economy class. Exceptions may be approved by the PEHPC Board of Directors in advance of travel.

2. Travel Expenses

Travel expenses will follow federal travel guidelines and procedures in the Employee Handbook.

The cost of alcoholic beverages will not be reimbursed.

3.11 Benefits

1. Clinic Services

Up to \$1,750 is allotted to each full-time employee per calendar year (January 1 through December 31) to be used by the employee and their immediate family members to pay for services they receive at the clinic. Immediate family members are those who can be claimed as dependents on federal income taxes.

Part time employees will receive the percentage of \$1,750 equal to the percentage calculated by dividing the number of their regular work hours by the normal weekly operating hours of the clinic.

Employees hired during the year accrue the benefit pro-rated from the date of hire.

Probationary employees earn the benefit from date of hire but may not utilize the benefit until their probationary period is successfully completed. If an employee resigns or is terminated before the successful completion of their probationary period, no benefit is allotted.

Services covered under this benefit exclude any services or items which incur an external cost to the clinic, such as laboratory tests, equipment, prosthetics, birth control devices, etc.

The accrued benefit is to be used in the calendar year in which it is earned. Any unused amount of benefit will not carry over to the next calendar year.

If the employee has insurance, their insurance is to be billed first. Employee should submit a statement showing the balance owed to the Office Manager or Administrator for processing.

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Employees and their families who choose to use Pine Eagle Clinic will be required to comply with regular patient procedures.

2. Workers' Compensation

Employees are covered under workers' compensation insurance according to state and federal requirements. Deductions for the employee's share of the worker's compensation premium will be withheld as prescribed by law from the employee's paycheck.

In the case of an on-the-job injury, in conjunction with the employee's medical provider, the PEHPC Board of Directors will determine whether the employee can perform the essential functions of the job, with or without reasonable accommodation and whether they can work without risk of further injury. If an employee can no longer perform the essential functions of their original position, even with reasonable accommodation and no other position is vacant, the PEHPC Board of Directors is not required to create a new position or bump another worker to accommodate the disabled employee.

3. Medical Insurance Coverage

PEHPC Board of Directors may implement medical insurance coverage as appropriate.

4. Health Insurance Portability and Accountability Act (HIPAA)

Members of the PEHPC Board of Directors, the Halfway-Oxbow Ambulance Service and the Pine Eagle Clinic will follow HIPAA guidelines to maintain the privacy of patient information.

5. Employees Covered by the Fair Labor Standards Act

The PEHPC Board of Directors will comply with the Fair Labor Standards Act (FLSA).

3.12 Leaves of Absence

1. Personal Time Off

Personal Time Off (PTO) leave includes all vacation, bereavement leave and sick leave hours.

Leave hours cannot be used for time off until after 90 days of continuous employment.

Qualified Employees are those employees who have met the probationary requirements as outlined in this manual, Section 3.15.

Personal time off does not accrue during inactive status.

Personal Time Off may be carried over from year-to-year up to a maximum of 32 hours for full-time employees and 24 hours for part-time employees.

Except in cases of illness or personal emergency, requests for time off must be made in advance and must have the approval of both the provider and administrator/office manager.

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Personal Time Off will be paid at the employee's hourly base rate of pay. PTO hours may not be used to increase an employee's paycheck beyond the number of hours for which that employee is normally scheduled to work and be paid.

PTO may be cashed out at termination of employment, except if the employee is in a probationary period. It will be paid at the final hourly rate of pay earned per hour of PTO.

2. Recognized Holidays

The Pine Eagle Clinic will be closed on the following six (6) holidays. Staff who are scheduled to work on the day of the week on which a recognized holiday falls should not report to work and will be paid their regularly scheduled hours.

January 1 st	New Year's Day
May	Memorial Day (last Monday of the month)
July 4 th	Independence Day
September	Labor Day (first Monday of the month)
November	Thanksgiving Day (last Thursday of the month)
December 25 th	Christmas Day

3. Educational Leave

Paid leave may be granted at the discretion of the supervisor for staff education and training not required by the organization, as budgeted dollars are available. All training required by the organization is considered part of normal working hours.

4. Jury Duty

Employees shall be permitted absences for jury duty as required by law. Time absent on jury duty will be considered an unpaid leave of absence. Employees must notify their supervisor when they need to be absent for jury duty.

5. Military Leave

Military Leave will be granted in accordance with the law. The employee's position, or a position of similar classification and pay, will be restored if the employee was involuntarily activated into the armed services and if they report back to work within forty-five days of release from military service and present proof of honorable discharge.

The clinic will allow time for military reserve training in accordance with applicable law. An employee may elect to use accrued personal time off or leave without pay.

6. Personal Leave of Absence (Leave Without Pay, LWOP)

A request for leave of absence for reasons other than those named above must be submitted at a minimum two weeks prior to the time the employee wishes to take the leave. The board directors must approve a request for a personal leave of absence. The PEHPC Board of Directors will guarantee re-employment in the same job or comparable job if the leave is one month or less. When leave is greater than one month, an attempt will be made to reemploy but the PEHPC Board of Directors cannot guarantee reemployment.

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Leave without pay begins when employee's personal time off runs out.

3.13 Training

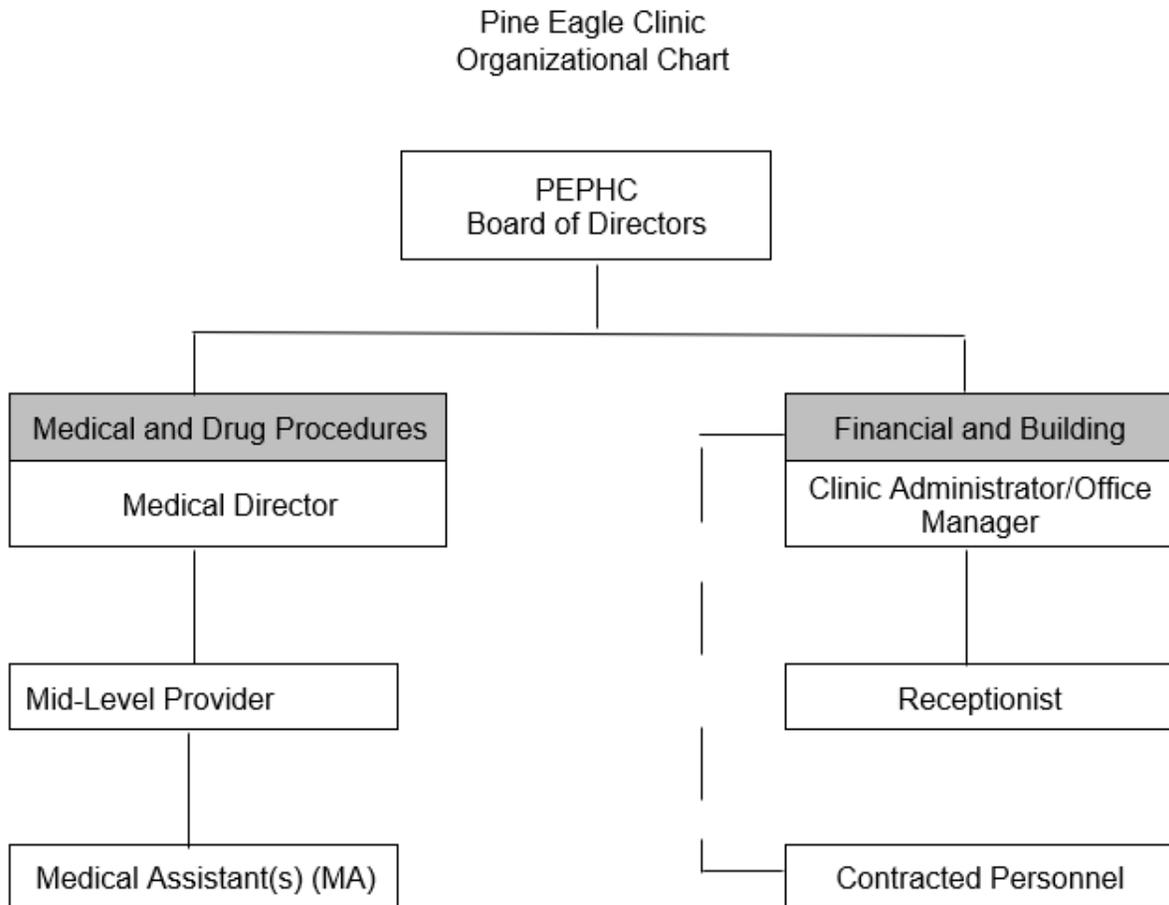
All employees are expected to maintain and increase their skills through participation in selected educational programs, staff meetings and team conferences. Within the financial ability of the organization, paid educational leave and conference expenses for outside educational programs that benefit the employee's job position may be approved by the Board of Directors.

3.14 Supervision

1. Medical Director

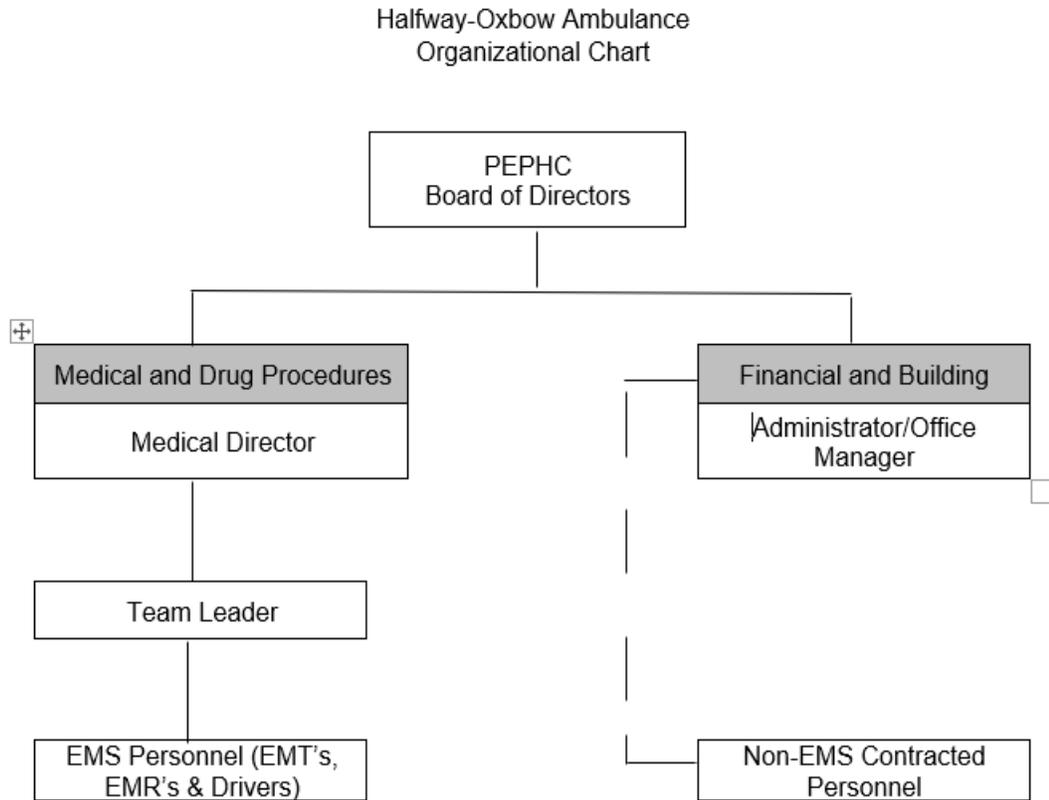
The medical director is responsible for direct medical care, quality assurance, medical direction and provider supervision as outlined in Section 491.8 of the Code of Federal Register of the Centers for Medicare and Medicaid Services guidelines.

2. Clinic Organization



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3. Ambulance Organization



3.15 Review

1. Probationary Period

New employees are hired as probationary employees for a period of ninety (90) calendar days. On completion of the 90-days the employee will receive a written evaluation by the employee's supervisor. Termination during the probationary period is not subject to review or appeal. The employee may be placed in a second probationary period at the discretion of the supervisor. After the second probationary period, the employee will be released from the probationary period or dismissed from employment.

2. Performance Evaluation

Each employee will receive a written annual performance evaluation from their immediate supervisor within ten (10) working days of their anniversary hire date or more often if performance warrants.

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3.16 Controlled Substances

1. Pre-Employment Drug Testing

A job offer may be extended conditioned upon passing a pre-employment drug test. An applicant who refuses to submit to the scheduled drug test or an applicant who tests positively for illegal drugs will not be considered for employment and will be ineligible to reapply for employment for one year. An applicant who tests positively for illegal drugs will not be hired and will be ineligible to apply for employment for one year or until the applicant can provide documentation demonstrating successful completion of a certified rehabilitation program.

An applicant who does not pass the pre-employment drug test may be re-tested if they can be contacted and report for the retest within 24 hours. If the applicant cannot be retested within 24 hours or again fails, they will not be hired.

2. Drug-free Workplace

The Pine Eagle Clinic is an illegal drug-free workplace. Drug or alcohol use that adversely affects job performance is not permitted.

The Pine Eagle Clinic supports a safe and healthful workplace for all employees by:

- Identifying job performance problems at the earliest possible time.
- Increasing employee awareness of the dangers of drug use and abuse.
- Making treatment for chemical dependency and on-going recovery, accessible to all employees.
- Prohibiting the actual or attempted use, abuse, possession, sale and/or distribution of unauthorized drugs and alcohol on clinic premises or clinic time.

3. Alcohol and Drug Problems

The Pine Eagle Clinic endorses rehabilitation for drug-dependent employees diagnosed or self-identified as drug dependent. The clinic recognizes chemical dependency as a progressive disease having behavioral, psychological, social and medical symptoms. The clinic also believes that in most instances, chemical dependencies can be treated successfully.

4. Legal Drugs

a) Medications

The use of medically prescribed drugs during working hours is permitted, provided there is no medically stated caution preventing the employee from performing his/her job safely.

b) Alcohol

No employee shall be permitted to perform work while under the influence of alcohol. Any employee reporting to work so affected or consuming alcoholic beverages on clinic premises or while on official business is subject to discipline, up to and including termination.

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c) Sale, Purchase or Transfer

Any employee attempting to or selling, purchasing or transferring drugs on clinic premises or while on clinic business in violation of Oregon State or federal law is subject to disciplinary action up to and including termination.

5. Illegal Drugs

The actual or attempted possession, use, sale, purchase, or transfer of illegal drugs by employees at the work site or while on clinic business is prohibited. The prohibition applies to any and all forms of controlled substances as outlined by Oregon State or federal law.

Any employee engaging in the sale or attempted sale of illegal drugs (as outlined by Oregon State or federal law) on clinic premises or while on clinic business will be terminated immediately and will be referred to law enforcement authorities.

6. Drug Testing

The PEHPC Board of Directors reserves the right to require employees and volunteers to submit to a drug or alcohol test in the following instances:

Random testing: The PEHPC Board of Directors reserves the right to conduct random testing for illegal drugs of any employee of the Pine Eagle Clinic or employee or crew member of the Halfway Oxbow Ambulance Service. For crew members of the Halfway Oxbow Ambulance Service any drug is considered illegal whose use is proscribed by law or regulation, or which would cause impairment to the individual's functioning as an ambulance crew member and/or risk patient safety. When a random drug test is called, those selected must immediately submit to testing without delay or detour. Random selection will be contracted through a

third-party service.

Unannounced testing: The PEHPC Board of Directors reserves the right to conduct unannounced testing for illegal drugs of any employee of the Pine Eagle Clinic or employee or crew member of the Halfway Oxbow Ambulance Service. For crew members of the Halfway Oxbow Ambulance Service any drug is considered illegal whose use is proscribed by law or regulation, or which would cause impairment to the individual's functioning as an ambulance crew member and/or risk patient safety. When an unannounced drug test is called, those selected must immediately submit to testing without delay or detour.

Reasonable cause: Where there are reasonable grounds to believe that an employee or volunteer is under the influence of an alcoholic intoxicant or has illegal controlled substances present in the body, a team of any two persons from the PEHPC Board of Directors, the medical director and/or administrator/office manager may require the employee or volunteer immediately submit to a field impairment, blood, urine, or breathalyzer test. Testing will be done at an appropriate collection site and a supervisor or a designated individual will transport the employee to the testing site.

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Post-accident testing: All employees who are involved in a personal injury or property damage accident on work time may be required to submit to a urine test for the detection of illegal drugs. In addition, if there is reasonable cause for believing an employee involved in an accident had alcohol in his or her system at the time of the accident, the PEHPC Board of Directors may require the employee to submit to a blood sample for the detection of alcohol.

3.17 Standards of Conduct

1. Attendance Policy

Employees are required to be on the job ready to work at the start of the scheduled shift. Employees must report any absence to their direct supervisor before the start of the normal work time.

2. Outside Employment

Employees are responsible for ensuring that any outside employment does not interfere with their performance at the Pine Eagle Clinic.

3. Supervision of Relatives

No person shall supervise any employee who is their family member. For the purposes of this policy, “family member” means the employee's spouse or domestic partner, child, stepchild, parent, stepparent, grandparent, grandchild, brother, sister, father-in-law, mother-in-law, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, or first cousin.

4. Dress Code

Employees of the Pine Eagle Clinic are required to dress in a professional manner appropriate to the work situation. Final determination of appropriateness of dress is with the supervisor.

5. Tardiness

Employees who fail to arrive at work on time without a legitimate reason are considered tardy and subject to disciplinary action. The employee’s supervisor determines whether the reason given is acceptable. Employees who cease and/or leave work before their scheduled stopping times without authorization by their supervisor are subject to disciplinary action.

3.18 Discipline

Any conduct that interferes with or adversely affects job performance is sufficient grounds for disciplinary actions including immediate termination. Incidents that are serious may be cause for immediate termination without benefit of previous warnings.

3.19 Staff Grievances

Staff complaints concerning the provider, clinic and ambulance staff and volunteers will be resolved in the following manner.

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1. Staff should first try to resolve an issue with their supervisor.
2. If the clinic provider is involved in a problem, they should try to resolve the issue with the Medical Director.
3. If a staff member or provider initially contacts someone on the board, the board member should refer the complaint to the appropriate person designated in item #1 or #2 above to attempt resolution.
4. If informal resolution at the supervisory level fails, the provider or staff member may file a written grievance with the board within 30 calendar days of the first attempt to resolve the problem. The written grievance should include a description of the complaint, the date it was first discussed for resolution, a statement of adverse effect this problem is causing and the complainant's signature.
5. Within ten days of receipt of written complaint, the PEHPC Board of Directors' chairperson will appoint a board member(s) to investigate the grievance. The board member(s) will discuss the issue with all parties and attempt to resolve the problem. The board member(s) will report back to the board at the next meeting or to the chairperson, if action needs to be taken before then.
6. The grievance will be kept confidential between those involved and the board members.
7. A majority opinion of the board shall be the final arbitration of the grievance.

3.20 Resignation

Resignation is initiated by the employee and is an end to employment. Professional and supervisory employees are requested to give a minimum of one (1) months' notice and preferably two months' notice to allow for a replacement search. Other employees are expected to give two weeks' advance notice to allow for replacement search. The PEHPC board may elect to accept an employee's resignation effective immediately.

3.21 Termination

Termination is separation initiated by the Pine Eagle Clinic, the Halfway Oxbow Ambulance Service, or the PEHPC Board of Directors. If termination is initiated by the clinic or the ambulance service it must be approved by the PEHPC Board of Directors. Terminated employees are entitled to all pay earned through the time of termination including payroll and accrued personal time off, unless the employee is serving a probationary period. The employee's final paycheck will be available no later than the end of the first business day after the termination.

3.22 Reduction in Workforce

As a result of general business conditions, including, but not limited to, financial and operational needs, a decrease in funding, lack of work, or program reorganization, it may become necessary to reduce the number of employees or hours scheduled for each employee. Determination of staff reductions shall be based on ability to perform the remaining work and seniority of service. Final decision lies with the board. If an employee must be terminated, the organization will give that

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employee two weeks' notice, or pay in lieu thereof, unless budgetary restrictions require less notice.

3.23 *Vaccinations*

PEHPC employees, volunteers and contractors will follow all Federal & State rules, regulations, and mandates as required by the Pine Eagle Clinic and the Halfway-Oxbow Ambulance's regulatory and licensing agencies.

Exception requests will be presented to and reviewed by a minimum of two of the following individuals: PEHPC's Administrator and/or officers of the PEHPC Board of Directors.

A decision to approve or deny the request will be in accordance with the Americans with Disabilities Act and Title VII of the Civil Rights Act of 1964. A decision will be given to the requesting party within 30 days from receipt of the request.

If the exception request and subsequent accommodations are not approved unanimously during the initial review, the requesting party would be notified and the request would be presented to the PEHPC Board of Directors.

If an employee, volunteer or contracted worker has any direct exposure and is unvaccinated, the maximum quarantine time according to the Center for Disease Control will be enforced. An employee may use PTO, if available, for any work time missed.

Personal Protected Information of the requesting party will be kept confidential.

4.0 Technology

4.1 *Email, Voicemail and Internet*

The e-mail, voicemail and Internet systems and all data transmitted or received through them are the exclusive property of the PEHPC and intended for business use only. No individual should have any expectation of privacy in any communication over these systems. The systems are to be used for clinic or ambulance-related business only, and are not to be used for personal business or pleasure. The PEHPC prohibits the use of the e-mail system in any way that is disruptive.

4.2 *Software and Hardware*

Computers, computer files and software furnished to employees or volunteers of the Pine Eagle Clinic and Halfway-Oxbow Ambulance are the property of the PEHPC and intended for business use only. All passwords are property of the PEHPC.

The PEHPC prohibits the use of computers in any way that is disruptive. Computers may not be used for any non-business matter.

Employees may only use software on local area network or on multiple machines according to the software license agreements and are prohibited from illegal duplication of software and any related documentation.

5.0 Facilities

5.1 Safety

Pine Eagle Clinic is committed to providing a safe, clean and healthful place to work. Employees are required to cooperate by wearing any required safety apparel, keeping their work areas neat and clean and observing safe practices.

1. Accidents

Any on-the-job injury or illness must be brought immediately to the attention of the employee's supervisor.

2. Infectious Disease Policy

Pine Eagle Clinic will not discriminate against staff or clients with infectious diseases. The clinic will comply with state, local and federal laws. Employees are required to comply with all health and safety regulations regarding infectious diseases in order to protect patients and staff.

3. Infection Control

The clinic will comply with all CDC recommendations and federal and state regulations regarding control of infection.

4. Hazardous Materials

The clinic will comply with all Occupational Safety and Health Administration (OSHA), federal and state regulations regarding hazardous materials.

5. Smoking Policy

Smoking is prohibited in all PEHPC facilities, vehicles and the waiting area outside the clinic within 10 feet of doorways. This policy applies to employees, clients, patients and visitors.

5.2 Security

Building will be locked whenever PEHPC board members, PEC staff or Halfway-Oxbow Ambulance volunteers are not present.

All medications stored on the clinic premises will be kept in *a designated* refrigerator or locked cabinets.

5.3 Maintenance

All broken, damaged or non-working items or parts of the facility should be reported to the administrator/office manager immediately. Minor repairs will be scheduled as soon as possible. Those costing more than the delegated purchasing limit will be referred to the head of the Building Committee.

6.0 Records

6.1 Medical Records

Medical Records of the Halfway-Oxbow Ambulance service and the Pine Eagle Clinic are the property of PEHPC.

1. Medical Records Availability and Transfer

Medical record availability and transfer policies will follow the HIPAA final rule and staff will be trained accordingly.

Patient may request a copy of their entire medical record or that a copy be transferred to any provider they chose once the proper paperwork as defined in HIPAA is executed. Release of paperwork will be executed within thirty (30) days of receipt of signed paperwork. If the patient is a minor or legally incompetent, the parent or legal guardian must also sign. The only exception to this rule is by legal court action through a subpoena.

2. Maintenance of Records

Appropriate records shall be maintained on all clinic patients either on paper or by electronic medical records. In the case of screening, findings may be kept on summarized roster sheets which ensure patient confidentiality.

Patient records for adults (21 years or older) shall be kept a minimum of 10 years from the last date of entry. Patient records for minors shall be kept until their 21st birthday. At that time, the file will come under adult guidelines.

6.2 Document Retention and Destruction

1. Document Destruction

The record retention responsibilities of staff, volunteers, members of the Board of Directors and outsiders (*independent contractors via agreements with them*) for maintaining and documenting the storage and destruction of the organization's documents as outlined below.

- a) Paper or electronic documents indicated under the terms for retention in the Document Retention and Destruction Schedule (Appendix 3) will be transferred and maintained by the administrator/office manager.
- b) No paper or electronic documents will be destroyed or deleted if pertinent to any ongoing or anticipated government investigation or proceeding or private litigation (check with the administrator/office manager or a board member for any current or foreseen litigation if employees have not been notified).
- c) No paper or electronic documents will be destroyed or deleted which are required to comply with government auditing standards (Single Audit Act).
- d) Documents that do not fall within the document retention and destruction schedule will be reviewed by the Office Manager/Administrator to determine length of storage.

7.0 Patient Safety

The PEHPC will comply with all federal and state regulations pertaining to patient safety. Providers, all licensed staff and EMT's are mandatory reporters of suspected child and elder abuse.

8.0 Volunteers and Students

Volunteers and students do not receive salaries or employment benefits. They are expected to adhere to the policies of the PEHPC Board of Directors and to conduct themselves in accordance with the Employee Handbook.

9.0 Charitable Donations

9.1 Substantiation

All donors of charitable contributions, whether monetary, non-monetary or quid quo pro, will be given a written acknowledgement of the donation.

9.2 Gift Acceptance

The administrator/office manager will maintain a record of all donations, the name of the donor, the amount and kind of the donation and notation on any donor-specified use of the donation. The administrator/office manager will present this information at the next PEHPC Board of Directors' meeting following receipt.

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10.0 Public

10.1 Service

The PEHPC Board of Directors encourages efforts to provide services to our public. This includes but is not limited to workshops on diabetes, dealing with grief, foot care and health and health fairs.

10.2 Complaints

Public complaints against the Pine Eagle Clinic and/or the Halfway-Oxbow Ambulance Service staff and volunteers will be resolved in the following manner.

1. The patient should attempt to discuss the issue(s) with the persons involved or their supervisor.
2. The staff member or volunteer dealing with the issue has the authority to resolve problems and complaints under the guidance of their supervisor.
3. If a patient initially contacts someone on the board, the board member should refer the complaint to the appropriate person designated in item #1 above to attempt resolution.
4. If the complaint is not satisfactorily resolved, the patient may elevate the complaint to a board member within 30 calendar days of the last attempt to resolve the problem. The written complaint should include a description of the issue, the date it was first discussed for resolution, the adverse effect this problem is causing, who it was discussed with, what their response was and the complainant's signature.
5. Within ten days of receipt of written complaint, the chairperson will appoint a board member(s) to investigate the grievance. The board member(s) will discuss the issue with all parties and attempt to resolve the problem. The board member(s) will report back to the board at the next meeting or to the chairperson, if action needs to be taken before then.
6. The grievance will be kept confidential between those involved and the board members.
7. A majority opinion of the board shall be the final arbitration of the grievance.

Complaints against a PEHPC board member will be resolved in the following manner.

1. The patient should attempt to discuss the issue(s) with the board member involved.
2. If the complaint is not satisfactorily resolved, the patient should submit the complaint in writing to the chairman of the board (vice-chairman if the chairman is involved) within 30 calendar days of the first attempt to resolve the problem. The written complaint should include a description of the issue, the date it was first discussed for resolution, a statement of adverse effect this problem is causing and the complainant's signature.
3. Within ten days of receipt of written complaint, the chairperson will appoint a board member(s) to investigate the grievance. The board member(s) will discuss the issue with all parties and attempt to resolve the problem. The board member(s) will report back to

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the board at the next meeting or to the chairperson, if action needs to be taken before then.

4. The grievance will be kept confidential.

A majority opinion of the board shall be the final arbitration of all grievances.

11. Board of Directors

The duties and responsibilities of the PEHPC Board of Directors are delineated in the By Laws of the PEHPC.

Only the Board of Directors has authorization to speak on behalf of the organization.

The Board of Directors of the PEHPC annually shall appoint committees and assign members. Committees may include:

Policy Committee

Finance Committee

Investment Committee

Goals/Planning/Public Relations Committee

Quality Assurance Committee

Grants Committee

Personnel Committee

Building Committee

Orientation Committee

Annual Retreat Committee

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Appendices

Appendix 1: Application for Discounts

Pine Eagle Clinic Application for Discounts

The Pine Eagle Clinic will provide essential services regardless of the patient's ability to pay. Discounts are offered depending upon household income and size. The following form is to be completed by the patient and returned to the front desk.

The discount, if approved, will apply to all services received at our office, but not those services which are purchased from outside providers, such as reference laboratory testing, prescription drugs, x-ray interpretation by a consulting radiologist and similar services. Please inquire at the front desk if you have questions.

Number of persons living in your household: _____

Total household income:

Household Member	Household Income (<i>complete one column</i>)		
	Annual	Monthly	Bi-weekly
Self			
Spouse			
Relative			
Others			
TOTAL			

NOTE: Include income from all persons in your household and income from all sources, including gross wages, tips, social security, disability, pensions, annuities, veterans' payments, net business or self-employment, alimony, child support, military, unemployment, public aid and other. Copies of tax returns, pay stubs and other information verifying income must be provided if requested before a discount is approved.

I certify that the household size and income information shown above is correct.

Name _____ Signature _____ Date _____
(Please print)

Office Use Only

Patient Name: _____ Discount: _____

Date of Service: _____ Approved by: _____

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Appendix 2: Provider Recruitment and Retention Plan

Pine Eagle Clinic Provider Recruitment and Retention Plan

Philosophy

The Pine Eagle Clinic will recruit primary care providers dedicated to the provision of quality, comprehensive, cost-effective medical care. The clinic will maintain and support an on-going Provider Recruitment and Retention Plan that provides:

- A comprehensive recruitment package designed to employ primary care medical providers committed to the mission of community-based health centers and dedicated to meeting the health care needs of the Pine Eagle Clinic patients, and
- A work environment that supports the personal and professional needs of primary care medical providers and their families, thus encouraging long-term employment commitments to the clinic.

Clinic Requirements

The success of the Pine Eagle Clinic Provider Recruitment and Retention Plan requires the clinic to provide:

- A clear and definitive role of primary care providers as team leaders among the medical support staff in the provision of health care,
- An effective and efficient medical support team that works with primary care providers in meeting the overall health care needs of clinic patients and special needs populations,
- a work environment that encourages the successful completion of established clinical goals,
- a compensation package that is competitive and recognizes providers for productivity, patient satisfaction and commitment to the community,
- a work environment where board of directors, administration/management and primary care providers understand the unique organizational and financial structure of community health care clinics, and work cooperatively in the planning, management and evaluation of the clinic and
- an opportunity for primary care providers to participate in community-based health care initiatives, networks and cooperative agreements and/or develop affiliations with other health care entities for the purpose of continued personal, professional and/or academic growth and development.

Recruitment of Provider Staff

1. Determine Need and recruitment Strategy
The Board of Directors, clinic administration/management and clinic staff may be involved in the process at varying stages. The following steps will be taken to ensure the most desirable outcome:
 - a. Determine the need for recruitment.
 - b. Determine desirable provider attributes and position qualifications.

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- c. Determine the feasibility of desirable recruitment methods.
- d. Select the method(s) that best suit the clinic's needs.
- e. Include mailings of the position profile containing a concise description of the practice opportunity:
 - i. specialty needed
 - ii. practice opportunity location
 - iii. description of the medical opportunity
 - iv. brief summary of the compensation package
- f. Target graduating residents from family practice resident programs.
- g. Target the search area to the six or seven closest states; expand the area as necessary.
- h. Develop a "sourcing action plan" considering all likely resources
 - i. Residency programs
 - ii. Medical school alumni lists/publications
 - iii. Publications: newspapers, journals
 - iv. Internet
 - v. National Health Service Corps
 - vi. Professional recruitment services

2. Development of Candidates

Do not assume that all inquiries about the position are serious. Initial screening activities should include:

- a. review of candidate's résumé/curriculum vitae (CV) for qualifications
- b. phone interview to ascertain the level of interest; answer questions about the practice opportunity and explain the recruitment process
- c. credentialing reference review and licensure verification
- d. if the candidate is viable, sending a recruitment packet with a sample contract, and scheduling an in-depth phone interview
- e. including spouse/significant other in the phone interview to determine their expectations, and answering any questions about the community (housing, schools, recreation, shopping, cultural activities)
- f. if five or more viable candidates complete this phase, select the top three for further consideration, based on all available data.

3. Candidate(s) Site Visit

Before the candidate visits the site, certain preparations need to be completed, including the following:

- a. a pre-visit planning call to determine the objectives of the candidate, spouse and other family members;
- b. arrangement of travel, lodging and a written itinerary for the visit two weeks prior to the visit, including recommendations for proper clothing for weather and events;
- c. meeting of the recruitment/reception committee to review the site visit plans, their roles and preparation for the interview and responses to the candidate's questions regarding the community;
- d. allow time to discuss the contract thoroughly before the visit ends;
- e. make every effort to ensure that the visit is pleasant and ends on a positive note.

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4. Selecting the Candidate

Selecting the final candidate will include input from the Board of Directors, clinic administration/management and clinic staff. Consideration will be based on:

- a. candidate who best fits the qualifications and other desired attributes and requirements for the position;
- b. candidate who best fits the health clinic practice site and community;
- c. the most mutually financially beneficial relationship for the clinic and the provider;
- d. overall fit and satisfaction of the candidate and family with the community.

5. Follow-up/Making the Offer

Immediately following the site visit and selection process by the recruitment committee, the following steps will be taken:

- a. immediately confirm the following in writing:
 - i. The candidate's acceptance has been received;
 - ii. The acceptance is based upon the agreed contract;
 - iii. The expected start date
- b. finalize plans to relocate with candidate and spouse;
- c. keep lines of communication open.

Retention of Provider

1. Clinic Orientation

Administrator/office manager will work with the new recruit to:

- a. introduce the new provider to clinic staff;
- b. provide orientation to the clinic;
- c. provide information about responsibilities of medical staff, such as attendance at meetings, chart completion expectations and protocol for scheduling patients;
- d. assist with establishing the provider in the patient scheduling system.

2. Community Orientation

The clinic will work to assist the new provider in becoming acquainted with the community.

3. Open Communication

The clinic will not assume that a new provider will be integrated into the practice situation after the initial few days or weeks. The normal orientation phase takes about six months. During this initial period, it is important that the medical director communicates regularly with the new provider regarding the adjustment to the practice and the community. Maintaining an open line of communication will likely prevent misunderstandings and conflicts from arising later.

4. Team Building

Retention depends a great deal on instilling a "team" atmosphere for the new provider. It is important that the new provider become a part of the organization as quickly as possible. This process can be facilitated by a planned approach to involving the new provider in the clinic functions. The retention strategy will also incorporate teaching the history, traditions and customs of the clinic and community.

5. Salary and Benefits

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Salary and benefits policies and procedures are particularly important for the retention of existing providers, as well as the recruitment of new providers. Compensation packages will be reviewed periodically and provider contracts updated regularly to remain competitive in the market place.

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Appendix 3: Document Retention and Destruction Schedule

Type of Document	Minimum Requirement
Accounts payable ledgers and schedules	7 years
Audit reports	Permanently
Bank reconciliations	2 years
Bank statements	3 years
Checks (for important payments and purchases)	Permanently
Contracts, mortgages, notes and leases (expired)	7 years
Contracts (still in effect)	Contract period
Correspondence (general)	2 years
Correspondence (legal and important matters)	Permanently
Correspondence (with customers and vendors)	2 years
Deeds, mortgages and bills of sale	Permanently
Depreciation schedules	Permanently
Duplicate deposit slips	2 years
Employment applications	3 years
Expense analyses/expense distribution schedules	7 years
Year-end financial statements	Permanently
Insurance records, current accident reports, claims, policies and so on (active and expired)	Permanently
Internal audit reports	3 years
Inventory records for products, materials and supplies	3 years
Invoices (to customers, from vendors)	7 years
Minute books, bylaws and charter	Permanently
Patents and related papers	Permanently
Payroll records and summaries	7 years
Personnel files (terminated employees)	7 years
Retirement and pension records	Permanently
Tax returns and worksheets	Permanently
Timesheets	7 years
Workers' Compensation records	Permanently

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Appendix 4: Policy Review Schedule

<i>Policy</i>	<i>Date Last Reviewed/Revised</i>	<i>Scheduled Review Date</i>	<i>Committee</i>
1.0 General Policies			
1.1 Mission Statement	09/26/2022	annually	Policy
1.2 Nondiscrimination	9/26/2022	annually	Policy
1.3 Non-English-Speaking Patients	09/26/2022	annually	Policy
1.4 Conflict of Interest	09/26/2022	annually	Policy
1.5 Whistleblower Policy	09/26/2022	annually	Policy
1.6 Confidentiality	09/26/2022	annually	Personnel
1.7 Political Activity	09/26/2022	annually	Policy
2.0 Financial Policies			
2.1 Check Writing	09/26/2022	annually	Finance
2.2 Billing and Collections	09/26/2022	annually	Finance
2.3 Discounts	09/26/2022	annually	Finance
2.4 Fees	09/26/2022	annually	Finance
2.5 Petty Cash	09/26/2022	annually	Finance
2.6 Investments	09/26/2022	annually	Finance
2.7 Endowment Funds	09/26/2022	annually	Finance
2.8 Restricted Funds	09/26/2022	annually	Finance
2.9 Reserve Funds	09/26/2022	annually	Finance
2.10 Insurance	09/26/2022	annually	Finance
2.11 Audits	09/26/2022	annually	Finance
2.12 Outside Services	09/26/2022	annually	Finance
2.13 Fraud and Abuse	09/26/2022	annually	Finance
3.0 Personnel			
3.1 Employment	09/26/2022	annually	Personnel
3.2 Nondiscrimination	09/26/2022	annually	Personnel
3.3 Harassment	09/26/2022	annually	Personnel
3.4 Hiring Authority and Process	09/26/2022	annually	Personnel
3.5 Documentation process	09/26/2022	annually	Personnel
3.6 Credentialing for New Providers Process	09/26/2022	annually	Personnel
3.7 Employment Status and Classification	09/26/2022	annually	Personnel
3.8 Compensation	09/26/2022	annually	Personnel
3.9 EMT Call Out	09/26/2022	annually	Personnel
3.10 Job Related Expenses	09/26/2022	annually	Personnel
3.11 Benefits	09/26/2022	annually	Personnel
3.12 Leaves of Absence	09/26/2022	annually	Personnel
3.13 Training	09/26/2022	annually	Personnel
3.14 Supervision	09/26/2022	annually	Personnel
3.15 Review	09/26/2022	annually	Personnel

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3.16 Controlled Substances	09/26/2022	annually	Personnel
3.17 Standards of Conduct	09/26/2022	annually	Personnel
3.18 Discipline	09/26/2022	annually	Personnel
3.19 Staff Grievances	09/26/2022	annually	Personnel
3.20 Resignation	09/26/2022	annually	Personnel
3.21 Termination	09/26/2022	annually	Personnel
3.22 Reduction in Workforce	09/26/2022	annually	Personnel
4.0 Technology			
4.1 Email, Voicemail and Internet	09/26/2022	annually	Policy
4.2 Software and Hardware	09/26/2022	annually	Policy
5.0 Facilities			
5.1 Safety	09/26/2022	annually	Building
5.2 Security	09/26/2022	annually	Building
5.3 Maintenance	09/26/2022	annually	Building
6.0 Records			
6.1 Medical Records	09/26/2022	annually	Policy
6.2 Document Retention and Destruction Policy	09/26/2022	annually	Policy
7.0 Child Safety			
8.0 Volunteers and Students			
9.0 Charitable Donations			
9.1 Substantiation	09/26/2022	annually	Policy
9.2 Gift Acceptance	09/26/2022	annually	Policy
10.0 Public			
10.1 Service	09/26/2022	annually	Policy
10.2 Complaints	09/26/2022	annually	Policy
11.0 Board of Directors			
Appendices			
1. Application for Discounts	09/26/2022	annually	Finance
2. Provider Recruitment and Retention Plan	09/26/2022	annually	Personnel
3. Document Retention and Destruction Schedule	09/26/2022	annually	Policy
4. Policy Review Schedule	09/26/2022	annually	Policy