

MAJOR HOSPITAL

STANDARD POLICY AND PROCEDURE

TITLE: Whistleblower Policy

PURPOSE: To outline the procedures a director, officer, volunteer or staff member should take in order to report violations or suspected violations of the law.

TEXT:

1. As beneficiaries of the public trust, Major Hospital Foundation, Inc. should represent the pinnacle of sound financial, auditing, and management standards and practices. As such, the Foundation's Directors, Officers, Volunteers and Staff must comply with the laws and regulations applicable to public charities and must faithfully implement the Foundation's own policies and procedures. This is particularly true with regard to matters and controls that affect the foundation's finances, audits, and governance.
2. Directors, Officers, Volunteers and Staff have the responsibility to report any circumstance that they have actual knowledge of or a reasonable good faith belief that the foundation's internal controls, auditing function, accounting systems, or governance policies are compromised or threatened.
3. Examples of such improprieties include the following, which is not an all inclusive list:
 - 3.1 Supplying false or misleading information on the Foundation's financial documents, include the tax return (Form 990).
 - 3.2 Providing false information to or withholding material information from the Foundation's auditors.
 - 3.3 Violations of the conflict of interest policy.
 - 3.4 Self-dealing, private inurement and private benefit (i.e., Foundation assets being used for personal gain or benefit).
 - 3.5 Payment for services or goods that are not rendered or delivered.
 - 3.6 Embezzlement.
 - 3.7 Planning, facilitating, or concealing any of the above.
4. Reporting suspected violations or illegal activities.

- 4.1 Directors, Officers, Volunteers and Staff should report suspected violations or illegal activities to the Foundation Executive Director or Board President.
- 4.2 If either the Executive Director or Board President is alleged to be in violation of the law, then the written report should be submitted to the Hospital CEO.
- 4.3 If suspected violations or illegal activities cannot be addressed through the normal chain of command, Directors, Officers, Volunteers and Staff are encouraged to report their concerns to the Compliance Office. A Hotline has been initiated for this purpose. By dialing 800-808-3198, callers will reach the Major Hospital Compliance Hotline.
- 4.4 Reports may be submitted anonymously, and calls to the Hotline will not be traced or recorded.
- 4.5 Reports will be received and acted upon in confidence to the maximum extent possible given legal requirements and the need to gather facts, conduct an effective investigation, and take necessary corrective action.
- 4.6 Anyone who does not report anonymously, including callers to the Hotline, will receive a telephone call regarding the resolution of the stated concern.

5. Handling of Reported Violations

- 5.1 The appropriate person as outlined in this policy to receive an official complaint will notify the complainant and acknowledge receipt of the report in writing within five business days.
- 5.2 All reports will be promptly investigated and appropriate corrective action will be taken if warranted by the investigation.
- 5.3 Outside legal counsel may be consulted as needed or warranted by the complaint.

6. Investigation

- 6.1 A submitted report will be investigated by the Executive Committee with assistance from the Hospital CEO, Board President and/or Executive Director.
- 6.2 If legal counsel is needed, it will be engaged at that time by the Hospital CEO, Board President and/or Executive Director.
- 6.3 The Executive Committee is authorized to retain legal counsel to address a complaint if it involves the Hospital CEO, Executive Director and/or Board President.
- 6.4 A report of findings will be submitted to the Board with recommendations for action.

7. Acting in Good Faith

- 7.1 Anyone filing a complaint concerning a suspected illegal activity must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation of the law.
- 7.2. Any allegations that prove not to be substantiated and which prove to have been made maliciously or knowingly to be false will be viewed as malfeasance and will be addressed accordingly.

8. Zero Retaliation Policy

- 8.1 No director, officer, volunteer, or staff person who in good faith reports a violation of the law, shall suffer harassment, retaliation, or adverse employment consequences even if the report is mistaken.
- 8.2 No director, officer, volunteer, or staff person who assists in the investigation of a reported violation shall suffer harassment, retaliation, or adverse employment consequences even if the report is mistaken.
- 8.3 A direct, officer, volunteer, or staff person who retaliates against someone who has reported a violation of the law in good faith is subject to disciplinary action up to and including termination of employment or removal from the organization.

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