PARC
A community of fulfilled lives

CORPORATE COMPLIANCE PLAN
CORPORATE COMPLIANCE PLAN
TABLE OF CONTENTS

Letter from the Board President and Executive Director 3

I. Overview & Mission Statements
   Overview 4
   PARC’s Mission Statement 4
   PARC’s Corporate Compliance Committee Mission Statement 4

II. Corporate Compliance Program Authority and Oversight
   Purpose of PARC’s Code of Ethics and Standards of Conduct 5
   Corporate Compliance Program 5
   Regulations 5
   Program Structure and Oversight Authority 6
   Chief Compliance Officer Role 6
   Corporate Compliance Committee Role 7
   Legal Counsel 7
   PARC’s Board of Directors’ Role 7

III. Corporate Compliance Operations
   Guidance on Reporting of Violations or Compliance Issues 8
   Personal Duty to Report 8
   Compliance Reporting System 8
   Audits and Monitoring
     ➢ External Audit Activity 9
     ➢ Internal Auditing and Monitoring Activity 9
   Employment/Retention of Excluded Individuals 10
   Employee or Contractor Licensure/Certification 10
   Discipline 10
   Training and Education 11
   Contractors and other PARC Representatives 11
   Code of Ethics & Standards of Conduct Policies and Procedures 11
   Record Keeping/Documentation Practices 12
   Confidentiality 12

IV. Billing, Coding and Fiscal Compliance
   Billing and Coding Compliance 13
   Fiscal Compliance 13

V. Chief Compliance Officer Contact Information 14

APPENDICES: Guiding Principles and Expectations, Standards of Conduct; Conflict of Interest; Corporate Compliance Complaint; Reporting Compliance Concerns, Whistle Blower & Anti-Retaliation Policy; False Claims Act, Document Retention Policy, Documentation Handwritten Changes, Computer Usage Policy.

PARC - Revised January 2017; Version 4; Original Plan approved by BOD 1/23/06
Dear Colleagues:

PARC has a long tradition of excellence in services for persons with developmental disabilities which is the foundation of the philosophy of our organization. We have always ensured an ethical, compassionate and enabling approach to participant services and to the professionals who deliver these services.

The PARC Corporate Compliance Plan, Code of Ethics and Standards of Conduct, adopted by our Board of Directors, provide clear guidance to ensure that our work is done in an ethical and legal manner. Although most of the Plan will seem like common sense and familiar practice, we wish to emphasize that the provisions and directions in this plan will govern the behavior of all employees, regardless of position, as well as those doing business with us, and protects against unlawful and unethical activity. We at PARC are deeply committed to the ideals reflected in our Vision and Mission Statement and our Guiding Principles and Expectations.

As a valuable member of the PARC team we ask that you support us by assisting our colleagues in understanding and promoting our principles and expectations, and in maintaining an ethical and lawful environment in which to support persons with developmental disabilities. Thank you.

Sincerely,

Susan Lucas
President, Board of Directors

Susan Limongello
Executive Director

PARC - Revised January 2017; Version 4; Original Plan approved by BOD 1/23/06
I. PARC OVERVIEW AND MISSION STATEMENTS

PARC OVERVIEW

Our competent and dedicated board members and staff are committed to working in partnership with children and adults with developmental disabilities and their families in providing advocacy and comprehensive person centered services of the highest quality. We continually strive to promote and enhance opportunities for those individuals we support as valued members of our community.

PARC’S MISSION STATEMENT

Empower individuals to achieve their highest quality of life.

PARC’S CORPORATE COMPLIANCE COMMITTEE MISSION STATEMENT

PARC is committed to implementing consistent, ethical practices through the development of policies and procedures which enforce applicable laws and regulations to ensure the success of PARC’s mission.
II. PROGRAM AUTHORITY AND OVERSIGHT

PURPOSE OF PARC’s CODE OF ETHICS AND STANDARDS OF CONDUCT

PARC has policies and procedures outlining its Code of Ethics and Standards of Conduct and this Corporate Compliance Plan. These promote the observance of the highest degree of moral and ethical conduct and establish standards of conduct to ensure that PARC and its board of directors, executive administration, directors, managerial staff, supervisory staff, employees, volunteers, interns, consultants, vendors and business associates (hereinafter referred to as “PARC and its Representatives” or “PARC’s Representatives”) conduct business in compliance with all federal, state and local laws, regulations and mandates, and Agency policy. This plan is provided to all PARC Representatives.

PARC and its Representatives shall never knowingly submit or provide false, fictitious or fraudulent information or claims to any government or private entity, program, person or department.

CORPORATE COMPLIANCE PROGRAM

PARC has adopted a Corporate Compliance Program, which establishes our commitment to adhere to all federal, state and local laws, regulations and mandates, and Agency policy.

PARC’s Corporate Compliance Program is intended to define the standards of conduct expected of PARC’s Representatives, and to provide guidance and a clear outline of expectations. These standards are designed to assist PARC’s Representatives in making the right choices when confronted with difficult situations regarding compliance. Additionally, this program provides a process to address and resolve compliance issues. The policies and procedures outlined in this Corporate Compliance Plan are mandatory and must be followed. Please contact the Chief Compliance Officer with further questions. All PARC Representatives must abide by the letter and spirit of all applicable laws, regulations and mandates, and must act in accordance with the principle that full disclosure of all facts related to any activity is their responsibility. The obligations set forth in PARC’s Corporate Compliance Plan apply to relationships with everyone with whom we do business or interact, including but not limited to, persons receiving services, their families, government authorities, vendors, consultants, third party payers, subcontractors, independent contractors, interns, volunteers, and one another.

PARC’s Corporate Compliance Policies and Procedures are designed to complement, not replace, other PARC policies and procedures, federal/state/local laws, regulations and mandates. Revisions to the Corporate Compliance Plan will be made to address changes in these areas, or any other area.

For additional information or guidance about applicable laws and regulations, please call PARC’s Chief Compliance Officer, John A. Meier at (845) 278-7272 extension 2286.

REGULATIONS

PARC provides a multitude of programs to the developmentally disabled adult and youth population including day habilitation services, residential services, clinical services, vocational services, early intervention and preschool services, service coordination, recreation services, TBI services, residential habilitation services, respite services, transitional services, educational advocacy services and...
guardianship services. All programs and services are subject to and are licensed, certified and operated pursuant to all applicable federal, state and local laws, regulations and mandates.

PARC is also subject to federal and state laws and regulations including (but not limited to) those governing Medicaid and Medicare, labor and employee benefit practices, discrimination practices, participant protection and rights, tax laws and liability laws.

It is the expectation of PARC that its employees are familiar with the legal and regulatory requirements pertaining to their job responsibilities. While employees are not expected to be an expert in every legal and regulatory requirement, they are expected to seek guidance from their Supervisor, Department Director/Head, Chief Compliance Officer or Executive Administrator whenever any legal or regulatory question or concern is raised.

PROGRAM STRUCTURE AND OVERSIGHT AUTHORITY

PARC has a Chief Compliance Officer who is responsible for the development, implementation and general oversight of the Corporate Compliance Program. The Chief Compliance Officer reports directly to the Executive Director and is the Chairperson of the Corporate Compliance Committee.

The Corporate Compliance Committee, appointed by the Executive Director, is devoted to upholding the standards outlined in the Corporate Compliance Plan, and is committed to supporting PARC and its Representatives in meeting these standards. The Committee is comprised of members of PARC’s Board of Directors, Executive Administrators and representatives of all major departments. Please contact the Chief Compliance Officer for current membership. Any concerns about the actions or members of the Corporate Compliance Committee may be brought to the Chief Compliance Officer, Executive Director, or to the Board Liaison to the Corporate Compliance Committee.

CHIEF COMPLIANCE OFFICER ROLE

The Chief Compliance Officer (CCO) oversees the Corporate Compliance Program and its day-to-day operations, assisting PARC and its Representatives to (a) remain in compliance with the rules and regulations of regulatory agencies, (b) follow Agency policies and procedures and (c) maintain compliance with PARC’s Standards of Conduct and Code of Ethics. Additionally, the CCO assures decisive action on issues of potential non-compliance.

Duties include (but are not limited to):

- Acts as an independent review to ensure that compliance issues and concerns within the agency are being appropriately evaluated, investigated and resolved.
- Develops, initiates, maintains and revises policies and procedures for the general operation of the Compliance Program and its related activities to prevent illegal, unethical or improper conduct.
- Coordinates the corporate compliance training program, which includes independent contractors, employees and other representatives so they are aware of requirements of the compliance program.
- Coordinates personnel issues with appropriate agency departments to ensure that employees and independent contractors have not been excluded from federal or state programs.
- Identifies potential areas of compliance vulnerability and risk; develops and implements corrective action plans for resolution of problematic issues and provides general guidance on how to avoid or deal with similar situations in the future.
Facilitate proper reporting of violations or potential violations to duly authorized enforcement agencies as appropriate and/or required.

**CORPORATE COMPLIANCE COMMITTEE ROLE**

See “Program Structure and Oversight Authority” for committee membership and formation.

Functions Include (but are not limited to):

- Meetings to review the status and progress of the Corporate Compliance Plan.
- Review corporate compliance concerns and ensure appropriate recommendations and corrective actions have been undertaken.
- Analyze risk areas and related policies and procedures for possible inclusion into the compliance program.
- Develop policies and procedures to promote compliance with legal and ethical requirements.
- Develop internal controls and systems to carry out the Agency’s standards, policies and procedures.
- Develop system for reporting, evaluating and responding to complaints and problems; Reviews internal/external audits and investigations to identify potential non-compliant issues and ensure implementation of corrective actions.
- Monitor progress of compliance efforts

**LEGAL COUNSEL ROLE**

When necessary, independent legal counsel shall assist Executive Administration, Chief Compliance Officer and General Counsel as requested to interpret laws and regulations pertaining to compliance, provide guidance on the maintenance of the compliance program and provide independent legal advice to PARC regarding compliance, audit or investigation issues.

When necessary, independent legal counsel may also be notified by General Counsel of circumstances which, when accompanied by a reasonable cause, may assert non-compliance. General Counsel may direct independent legal counsel to conduct an investigation into the facts surrounding such circumstances. The results of an investigation may be utilized by independent counsel to provide legal advice to PARC.

**PARC’s BOARD OF DIRECTORS’ ROLE**

PARC’s Board of Directors is the governing body and will approve the Corporate Compliance Plan. At least one board member will also serve as a member of the Corporate Compliance Committee. The Board of Directors will receive regular updates on the efforts and activities of the Corporate Compliance Program.
III. CORPORATE COMPLIANCE OPERATIONS

GUIDANCE ON REPORTING OF VIOLATIONS OR COMPLIANCE ISSUES

For any guidance on or reporting of compliance issues, including those outlined in the Corporate Compliance Plan, employees should contact their immediate supervisor and PARC’s Chief Compliance Officer (contact information outlined in Section V of this Plan). If the employee believes that a report of concern should only be addressed to the Chief Compliance Officer, they may do so.

PERSONAL DUTY TO REPORT

In order to have an effective Corporate Compliance Program, we must all cooperate willingly, participate actively, and be free of retribution. All persons affiliated with PARC who bring forth a good-faith report of non-compliance with laws, agency policies or suspected fraud or illegal activity, can expect to be free of retaliation.

All employees or others affiliated with PARC are mandated to promptly report any issues of concern or suspected instances of fraud or non-compliance with laws and agency policies. This applies to any suspect activity by any employee, colleague, vendor, contractor, etc. Failure to report may lead to disciplinary action.

COMPLIANCE REPORTING SYSTEM

PARC has established a 24-hour Compliance Hotline (including a voice-mail system) available to all employees and other parties affiliated with PARC. This voice-mail system is manned by the Chief Compliance Officer or a designee which is to be used only to pose questions regarding any compliance issue, or to report a potential violation of PARC’s Corporate Compliance Plan, federal, state or local law or regulation, or unethical behavior. The Chief Compliance Officer will respond to all calls within 10 business days or less. All calls and inquiries will be tracked for trends and appropriate response.

Compliance Hotline: (845) 278-7272 ext. 2411

Alternately, a written report or inquiry may be sent to the Chief Compliance Officer at the contact information located in Section II and V of this Plan.

Every effort will be made to ensure the confidentiality of any reporter who brings forth a complaint, report or issue. However, the identity of the reporter may become known during the investigation process. As noted earlier, PARC will not tolerate retaliation against good-faith reporters. Please refer to the Corporate Compliance Complaint Policy for the procedure PARC will follow in responding to any issues raised through the reporting system.
EXAMPLES OF A COMPLIANCE VIOLATION:

- Not documenting services provided at the time they were actually provided (meaning "contemporaneously")
- Using Agency vehicles for personal errands
- Using Agency washers or dryers for someone who does not reside in a PARC residence
- Documenting/billing for services not actually performed (falsely documenting or signing a daily checklist simply because you worked the shift not because you actually provided the service).
- Backdating a document; not signing and dating in "real time"
- Using a "Tax Exempt" form for personal use
- Parking your vehicle in front of your workplace, getting out, swiping in, and then parking your vehicle.
- Swiping in or out for another employee, or arranging for another employee to swipe you in or out.
- Altering documentation during an audit or any time after it has been submitted for billing
- Providing unnecessary services.
- Documenting/billing for more expensive services.
- Billing for services separately that should legitimately be one billing.
- Billing more than once for the same service.
- Falsifying documentation or cost reports.

- Failure to report any of the above violations or any Corporate Compliance violation.

AUDITS AND MONITORING

EXTERNAL AUDIT ACTIVITY

PARC is regularly audited by the NYS Office of People with Developmental Disabilities (OPWDD), which is the oversight body of many of our programs. If an auditor from OPWDD arrives in your department, immediately notify your Supervisor, Department Head/Director and the Director of Quality Assurance. OPWDD program certification audits and any resultant Statement of Deficiency(ies) [SODs] will be reviewed and responded to by appropriate program personnel, with the assistance of the Director of Quality Assurance, and/or the Chief Compliance Officer, as necessary. Copies of SODs and related responses will be internally distributed to the appropriate Program Director, Chief Compliance Officer, Director of Quality Assurance and Executive Administration.

In the event an auditor from any other external agency or government office (i.e. Medicaid Fraud Control Unit; NYS Attorney General’s Office; Department of Justice; OSHA; Department of Labor; Department of Health; Office of Child and Family Services; Office of the Inspector General, etc.) arrives in your department, immediately notify your Supervisor, Department Head/Director and the Chief Compliance Officer. For these audits, the Chief Compliance Officer and the Corporate Compliance Committee, together with department heads and executive administration, will review these audits to assist in establishing the appropriate response, and will elicit legal counsel advice when appropriate and necessary. Copies of responses will be distributed in the same manner as referenced above.

INTERNAL AUDITING AND MONITORING ACTIVITY

In order to monitor the Agency's compliance with its policies and procedures, and federal, state and local laws and regulations, periodic internal audits will occur. The Chief Compliance Officer and Committee are responsible for ensuring these audits occur on a regular basis. PARC will also utilize results of external audits to assist in providing feedback on compliance matters, and to internally
monitor corrective action pursuant to any stated concern(s). PARC utilizes a number of internal self-
auditing practices including: Quality Assurance reviews, Billing and Claims documentation, processing
and reimbursement reviews, and audits of program and participant’s funds/accounts conducted through
finance. Self-audit reports and any resulting recommendations will be generated to program and
executive administration, and the Corporate Compliance Committee, along with any required follow-up
status.

To assist in ensuring adherence to state and federal regulations, the Chief Compliance Officer will also
periodically monitor the Corporate Compliance Program through reviews of service delivery and clinical
documentation, billing, claims processing and reimbursement procedures and practices. Reports
related to such audits (and corresponding recommendations and corrective actions) will be provided to
the Corporate Compliance Committee, and shall be maintained by the Chief Compliance Officer.

EMPLOYMENT/RETENTION OF EXCLUDED INDIVIDUALS

PARC will not employ, contract or be associated with individuals who are ineligible for participation in
federally funded healthcare programs, or who have been convicted of criminal offenses related to the
healthcare field. Additionally, current employees, contractors or personnel otherwise associated with
PARC and who are charged on criminal offenses related to the healthcare field, or who become/may
become excluded from federally funded healthcare programs, will be removed from responsibility of
involvement in any such programs until such time as resolution of the charges is made. Should a
conviction occur, then the relationship between such individual and PARC will be terminated.

EMPLOYEE OR CONTRACTOR LICENSURE/CERTIFICATION

All persons employed/contracted in positions which require a license to practice that discipline will
maintain a current and valid license and/or certification, and be in good standing. Some examples (not
all-inclusive) of such positions are Registered Nurse, Licensed Practical Nurse, Medical Doctor,
Physical Therapist, Occupational Therapist, Clinician, Psychiatrist, Psychologist, Social Worker, and
Special Education Teacher. All such persons will provide a copy of their current license and/or
certification to PARC’s Human Resources Department. The Human Resources department will
periodically review licenses and/or certifications to verify non-exclusion status in any federal or state
programs, and/or validity of license or certification.

DISCIPLINE

Discipline of PARC employees, consultants and representatives will be done in accordance with
Agency policies and procedures.

Disciplinary actions, up to and/or including termination, may be taken for the following situations (this
list is not all-inclusive):

➢ Failure to report or disclose the following by an employee, consultant or representative:
  o Conduct which violates law, regulation or guideline.
  o Violation of PARC’s Corporate Compliance Plan.
> Retaliation against an individual for reporting a suspected or actual violation of the Corporate Compliance Plan, law, regulation or guideline.
> Willfully providing false information to PARC or any third party.
> Making a knowingly false report regarding a violation
> Knowingly presenting, or is otherwise involved in, false, fictitious or fraudulent claims for payment or approval.

In the event that a member of the Board of Directors is involved in one of the aforementioned situations they may be subject to removal from the Board.

Any entity under contract with PARC that is involved in one of the aforementioned situations shall be subject to contract termination.

**TRAINING AND EDUCATION**

PARC's orientation program for new employees includes an introduction and overview of the Corporate Compliance Plan, violation reporting and disciplinary actions for program violations. All new hires are mandated to take this segment of the orientation curriculum. The orientation program will be supplemented by an orientation conducted within the new employees program inclusive of program policies and procedures, and a review of regulations applicable to that program. These will be geared toward the employee's job responsibilities as outlined in their job description. All agency job descriptions will be revised to include corporate compliance requirements.

All incumbent employees will be mandated to attend an initial training, which include an introduction to Corporate Compliance, and overview of the Corporate Compliance Plan, violation reporting and disciplinary actions for program violations.

Ongoing education and training will be provided to affected employees at least annually. This on-going training will be provided either through the employee's program or via official training sessions, and will include 1 hour of regulatory compliance training appropriate to their job description and responsibilities, inclusive of compliance concepts and updates of regulatory information. This on-going training will ensure that staff are current in their regulatory knowledge and Agency policies and procedures.

The Human Resources/Training department tracks and monitors all trainings including, but not limited to, Corporate Compliance trainings and will provide status information relating to training expirations to departments both as needed and on at least a quarterly basis.

**CONTRACTORS AND OTHER PARC REPRESENTATIVES**

PARC mandates that all organizations or persons acting on PARC's behalf (i.e. consultants, independent contractors) comply with the Agency's Corporate Compliance Plan. Any such person or organization will be provided with PARC's Corporate Compliance Plan, Code of Ethics, Standards of Conduct, False Claims Policy and Compliance Complaint policy and are expected to adhere to the policies of PARC.
CODE OF ETHICS AND STANDARDS OF CONDUCT POLICIES AND PROCEDURES

PARC's Code of Ethics and Standards of Conduct Policies and Procedures sets forth PARC's standards for business practices. All PARC employees and representatives must adhere to these policies and procedures. A copy of these policies and procedures will be provided to each employee, and is attached and made part of this Corporate Compliance Plan.

RECORD KEEPING/DOCUMENTATION PRACTICES

All PARC records, reports and documentation will be accurately and honestly prepared and maintained. This includes payroll records, punch details, business expense reports and requests for reimbursement, personnel records, revenue and expenses and all other business and participant related records and documentation. All documentation and records will be kept in accordance with applicable federal and state laws and regulations, and document retention requirements. Each department will comply with the Agency's Document Retention Policy (which is attached).

All contracts entered into by PARC will accurately reflect the services to be received or provided. Only the Board of Directors (or Executive Director as designated by the Board of Directors) is authorized to enter into contracts on behalf of the Agency.

Records will not be falsified, backdated, destroyed or otherwise tampered with in any way. However, unnecessary or outdated records or documentation may be purged in accordance with PARC policies and procedures.

CONFIDENTIALITY

All employees and PARC representatives have a duty to uphold and protect confidential information. Confidential information includes, but is not limited to, information regarding participant's or families we support, employee data, participant lists, participant and employee financial data, payroll information, benefits, personnel files, disciplinary actions, research, legal and regulatory positions taken by PARC, strategic plans, etc. Except as were required by legal process, all such information must be held confidentially in accordance with all applicable laws and regulations (such as HIPAA), and PARC policies and procedures.
IV. BILLING, CODING, AND FISCAL COMPLIANCE

BILLING AND CODING COMPLIANCE

Billing activities shall be performed in a manner consistent with Medicaid, Medicare, NY State Education Department, County, Third Party Insurance, and any other federal and state laws, regulations and requirements. PARC will comply with all pertinent regulations in its billing and coding practices, including but not limited to, specific program requirements, procedure codes, bad debt reporting, medical necessity, credit balances and duplicate billing.

PARC prohibits practices related to claims such as false statements, mail fraud, wire fraud, or a conspiracy to commit fraud. It is the practice and continuing goal of all PARC employees and representatives related to billing to comply with all established federal, state and local laws and regulations. Billing and coding practices for participant services are based upon a complex set of laws and regulations, all PARC employees and representatives must abide by the following three principals:

- Prepare and maintain participant records and reports accurately and honestly.
- Ensure submitted claims to any federal and state health care program, individual, department or agency comply with all applicable laws and regulations.
- Ensure submitted claims accurately reflect that the: (a) services or products were actually rendered; (b) services or products were necessary and (c) claims are supported by the appropriate documentation.

Any PARC employee or other representative who presents, or is otherwise involved in, false, fictitious or fraudulent claims for payment or approval, may be subject to immediate termination, as well as civil and criminal charges.

PARC shall report to the appropriate authorities any claims which have been inaccurately submitted to any federal or state health care program, private entity, individual, department or agency and will reimburse any payments received on inaccurate claims. These situations will be documented by the Chief Compliance Officer and reported to the Executive Director.

FISCAL COMPLIANCE

PARC is committed to preparing and maintaining complete and accurate financial records in compliance with all tax and financial reporting requirements.

The Consolidated Fiscal Report (CFR) shall be prepared in compliance with all applicable regulations and accurately reflect the cost structure of PARC.

PARC’s annual financial statements are prepared according to Generally Accepted Accounting Principles (GAAP) and are subject to external audit by independent Certified Public Accountants on an annual basis. The audit findings, including any management letters, are reviewed with the Executive Director and the Board of Directors. Annual, audited financial statements are submitted to any regulators or funding sources as required, and are available to other parties upon request.

PARC - Revised January 2017; Version 4; Original Plan approved by BOD 1/23/06
V. CHIEF COMPLIANCE OFFICER CONTACT INFORMATION

Chief Compliance Officer: John A. Meier
PARC
31 International Boulevard
Brewster, NY 10509
Telephone: (845) 278-7272 extension 2286
Facsimile: (845) 278-5986

Compliance Hotline: (845) 278-7272 extension 2411

APPENDICES

These policies are attached for reference and made a part of this Corporate Compliance Plan:

A. Code of Ethics and HR 301: Guiding Principles and Expectations
B. Standards of Conduct and Attachment “A” to that policy
C. Conflict of Interest Policy and Attachment “A” to that policy
D. Corporate Compliance Complaint Policy
E. Reporting Compliance Concerns, Whistle Blower & Anti-Retaliation Policy
F. False Claims Act
G. Document Retention Policy
H. Documentation of Handwritten Changes
I. Computer Usage Policy
GUIDING PRINCIPLES AND EXPECTATIONS - this is referenced in HR 300 and attached thereto.

PARC GUIDING PRINCIPLES

The intrinsic nature by which anyone affiliated with PARC will interact

1. Integrity:
   To adhere to the guiding principles of PARC

2. Independence:
   To strive for, and create opportunities to achieve, the highest level of growth

3. Respect:
   To treat others as you want to be treated

4. Honesty:
   To be truthful in all actions and communications

5. Empathy
   To demonstrate concern and sensitivity to others

6. Equality
   To be fair, objective and unbiased

7. Trustworthy:
   To be dependable, reliable, and to follow through

PARC EXPECTATIONS

1. Commitment:
   In all actions be true to the Mission of PARC and the Guiding Principles

2. Professionalism:
   Commitment to continual learning, modeling of quality skills and knowledge to create a "Learning Environment"
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<th>PARC</th>
<th>[Exceptional Opportunities for People with Disabilities]</th>
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- **Generosity of Spirit:**
  A willingness to give without expecting something in return, a spirit of cooperation, teamwork

- **Self-awareness:**
  The ability to use one's own experience, to be a positive role model for others

- **Leadership:**
  Use of personal skills with the combination of heart, mind, spirit and body

- **Celebrate Diversity:**
  Respect the differences in others

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<th>Approved by Executive Director:</th>
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<td>Distribution:</td>
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<td>HR Department</td>
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Policy Statement: This policy establishes standards of ethical conduct and related monitoring and enforcement processes for all PARC Representatives to use in conducting business. These standards of conduct, along with the Corporate Compliance Plan, will assist PARC in maintaining its reputation of conducting business in accordance with the highest ethical standards and in compliance with all laws and regulations it operates under. This policy is issued in conjunction with PARC’s Code of Ethics and Conflict of Interest policies and serves as a guide for all employees of PARC in performing their duties and ensuring PARC’s mission and objectives.

PARC Representatives are to be familiar with the legal and regulatory requirements applicable to their positions and departments, and carry out their duties prudently, ethically and legally. It is imperative that all PARC Representatives understand their responsibility to adhere to these standards and actively participate in and promote compliance. While employees are not expected to be an expert in every legal and regulatory requirement, they are expected to seek guidance from their Supervisor, Department Head/Director, Executive Administrator or Corporate Compliance Officer for advice when addressing these areas. PARC insists that any and all compliance issues be raised with Department Head/Director and the Corporate Compliance Officer for prompt resolution. Additionally, should any PARC representative suspect a violation of these policies or rules, the Corporate Compliance Officer is to be immediately notified so the issue may be promptly addressed and resolved.

DEFINITIONS

“Agency” refers to Putnam County Chapter NYSARC, Inc. (PARC)

“PARC and its Representatives” means PARC’s Board of Directors, Executive Administrators, Directors and Department Heads, Managerial staff, Supervisory Staff and employees, volunteers, interns, consultants, vendors and business associates.

“Private Inurement/Benefit” is defined under IRS 501(c)(3) regulations and means that an organization must not be organized or operated for the benefit of private interests.

“PARC Affiliated Source” means any person or entity who has or seeks to have any relationship with PARC.
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<th>Responsibility</th>
<th>Procedure</th>
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<tr>
<td>PARC and its Representatives</td>
<td>1. Transact business in compliance with all local, state and federal laws, regulations, practices and standards. Applicable laws include, but are not limited to, Medicaid and Medicare standards and regulations, anti-kickback statutes, labor laws, antitrust laws, copyright laws, tax codes and regulations, consumer rights laws, OSHA, environmental laws, state education laws.</td>
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<td>2. Questions regarding interpretation or applicability of laws and/or regulations are to be referred to the Corporate Compliance Officer.</td>
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<td>3. Adhere to all program and agency policies and procedures.</td>
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<td>4. Train employees on policies and procedures, laws and regulations as applicable to their function and position within the Agency.</td>
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<td>5. Comply and perform in accordance with terms of agreements entered into by PARC which affect department and/or position.</td>
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<td>6. Treat all vendors uniformly and fairly. Weigh all facts and circumstances in an impartial and fair manner so as to avoid even the appearance of favoritism. Follow established policies and procedures in securing goods and services from vendors.</td>
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<td>7. Reimburse employees and representatives for all reasonable and appropriate documented expenses incurred while conducting PARC business (i.e. meals, travel, etc.). Therefore, rarely will PARC allow for someone else to pay for such items.</td>
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<td>8. Assumes responsibility for own actions and conduct; Supervisors are responsible for training and enforcing standards of conduct with anyone reporting to him/her.</td>
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<td>9. Complies in all respects with the Agency's corporate compliance plan and policies and procedures.</td>
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<td>10. Non-compliance with the requirements and intent of the Agency’s corporate compliance plan are subject to disciplinary action according to the Agency’s policies and procedures. Some examples include: (a) failure to report conduct by an employee that is known to be criminal; (b) failure to report a violation of the corporate compliance plan; (c) negligently or willfully providing false or incorrect information to the Agency or government; (d) intentionally making a false violation report of the corporate compliance plan.</td>
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<td>11. Immediately reports any suspected fraudulent or wrongful act to the Corporate Compliance Officer. Does not confront the individuals who may be investigated or initiate investigations on their own.</td>
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|                 | 12. Entering into any agreement, expressed or implied, for compensation for services to be performed for any matter while simultaneously receiving compensation and/or wages working for PARC (unless an approved request for personal or vacation time
Corporate Compliance Officer 1. Ensures that there will be no retaliation against any person who brings forth any fraud or compliance concern or against those who participate in any investigation of this alleged conduct.
2. Ensures appropriate investigation ensues on any fraud or compliance concern.

Staff Under Investigation 1. Cooperate with and during the investigation.
2. If, as a result of an investigation into any compliance concern, is found to have perpetrated any wrongful act, will receive appropriate disciplinary action up to and including termination of employment and prosecution.

**PARC ASSETS AND PROPERTY**

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<th>Responsibility</th>
<th>Procedure</th>
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</table>
| PARC and its Representatives           | 1. Maintains proper internal controls that provide accountability and security for the Agency and consumer resources and assets entrusted to them.
2. Will not misappropriate or steal Agency or consumer funds, securities, supplies or assets. |

**REFRAIN FROM MISREPRESENTATIONS**

<table>
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<tr>
<th>Responsibility</th>
<th>Procedure</th>
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</table>
| PARC and its Representatives           | 1. Make no misrepresentations or dishonest statements in conducting Agency business. Ensures all statements, communication and representation to current and prospective partners and vendors are truthful and accurate.
2. Report and record all information accurately and honestly on all materials, documents, records, reports or otherwise. |

**TAX-EXEMPT REQUIREMENTS**

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<tr>
<th>Responsibility</th>
<th>Procedure</th>
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</table>
| PARC and its Representatives           | 1. Adhere to all state and federal (i.e. IRS) regulations governing tax-exempt organizations. PARC sales tax exemption may be used for legitimate PARC activities only and NOT for personal activities.
2. Refrain from private inurement/benefit issues. |

**UNLAWFUL REFERRALS AND KICKBACKS**

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<th>Responsibility</th>
<th>Procedure</th>
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**PARC and its Representatives**  
1. Ensures that: (a) no employee or representative solicits or receives, offers to pay cash or remuneration of any kind (including rebates, kickbacks, bribes) to induce the purchase, recommendation to purchase or referral of any kind of services, goods or items paid for by Medicare, Medicaid or other Agency funding source; (b) no employee or representative shall offer or give any benefit to a referring physician or referral source conditioned that such physician or referral source refers or agrees to refer any patients/consumers to a person or PARC facility; (c) no billing for services rendered as a result of an improper referral occurs; (d) all employees or representatives discuss concerns that an improper referral or vendor arrangement has been made involving PARC with the Corporate Compliance Officer.

**BILLING AND DOCUMENTATION STANDARDS**

**Responsibility**  
**Procedure**  

1. Billing activities are to be performed in a manner consistent with Medicaid, Medicare, NY State Education Department, County and any other payer’s regulations and requirements. Billing and claims will accurately reflect services rendered and will be supported by appropriate documentation. Billing and claims will be submitted in accordance with all applicable laws, regulations and program requirements.

2. PARC will never knowingly make or present improper, false, fictitious or fraudulent claims to any government or private health care program or related entity. This includes, but is not limited to: (a) report, documentation or billing & claim falsification; (b) misrepresentation of services rendered or facts surrounding said services; (c) duplicate billing; (d) improper referrals; (e) claims for services rendered that are not medically necessary or described in the Individual Service Plan.

3. Appropriately document consumer care and services rendered. Verification of necessity of care provided and consumer eligibility must occur. All services and physicians authorizations (when necessary and applicable) must be accurately recorded. Services must be coded in compliance with all applicable standards and regulations. Improper coding will not be tolerated and is subject to immediate corrective action up to and/or including termination.

4. Establishes and maintains proper internal controls to provide accountability and security.

5. Recognizes and responds to risk exposures within area of responsibility.

6. Remains alert to symptoms of fraud and wrongful acts and reports all such acts immediately to the Corporate Compliance Officer without interacting with the suspected violators. Some examples are (not all-inclusive): authorizing billing for services/goods not rendered or supplied; unauthorized alteration in any form, destruction or disappearance of manual or electronic...
consumer records (chart, financial or other document); misappropriation or theft of funds, securities, supplies or assets; authorizing or receiving compensation for hours not worked; improperly handling or reporting financial transactions; acting for personal gain based on any insider knowledge; any dishonest act

GIFTS AND ENTERTAINMENT

Note: Entertainment may include, but is not limited to: expensive meals, shows (musicals, operas, and the like), movies or sporting events, transportation to an from these events, etc.

Responsibility
PARC and its Representatives

Procedure
1. Solicitation of any gift or entertainment in any form and for personal or professional gain, is prohibited.
2. Acceptance or receipt of a gift or entertainment, in any form, intended to influence or have the appearance to influence any Agency, Board or employee decision or action, or employee performance, is prohibited.
3. No undisclosed gift or entertainment received for any reason can have a nominal value of greater than $75.00.
4. All gifts or entertainment received from a PARC affiliated source with a value of $75.00 or more must be disclosed to the Corporate Compliance Officer in the format attached to this policy as "Attachment A" within 10 days of receipt of such gift or entertainment.
5. Gifts or entertainment received during the fiscal year (January 1 through December 31) from the same or related PARC affiliated source with cumulative values of $75.00 or more must be disclosed to the Corporate Compliance Officer in the format attached to this policy as "Attachment A". This disclosure must be submitted within 10 days of receipt of the gift or entertainment which brings the cumulative total to $75.00 or more.
6. Avoids offering a gift or entertainment wherein it could appear that the gift or entertainment is to influence PARC's relationship with a vendor, regulator or any other person or organization.

CONFIDENTIALITY

Responsibility
PARC and its Representatives

Procedure
1. Disclosure of any confidential and/or proprietary information acquired during the course of employment, or use of such information for personal interest, is prohibited. This applies to both consumer and agency information.

CONFLICT OF INTEREST
A potential conflict of interest exists whenever it appears that the actions of a person may be perceived not to be in the best interest of PARC. A thorough understanding of the circumstances surrounding such action, accompanied with full disclosure, will minimize the potential for a conflict of interest. Generally, a conflict of interest exists (a) where a person’s outside interests or affiliations may influence or appear to influence a decision of PARC; (b) where any PARC personnel may benefit, either directly or indirectly, by virtue of a position with PARC by using the authority or benefits of that position to compete with PARC.

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| PARC and its Representatives | 1. Avoids any direct or indirect conflict of interest  
2. Investing or holding an investment, directly or indirectly, in any commercial, private, financial or business transaction, which creates a conflict of interest in and with official duties, is prohibited (except as permitted by law).  
3. Engaging in or accepting private employment, or rendering services for personal interest, which creates a conflict with or impairs the performance of official duties, is prohibited. |
| PARC’s Board of Directors, Executive Administration, Department Heads/ Directors, Managerial Staff, members Of Standing Committees | 1. Annually completes and submits to the Corporate Compliance officer, a Conflict of Interest Disclosure Statement. |
| Corporate Compliance Officer | 1. Annually receives and reviews Conflict of Interest Disclosure Statements from above-referenced parties. Takes appropriate action on any actual or perceived conflict of interest. |

**FISCAL REPORTING**

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<th>Responsibility</th>
<th>Procedure</th>
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| PARC’s Chief Financial Officer | 1. Ensures compliance with financial reporting and recording requirements as established by (a) applicable federal, state and local laws and regulations; (b) established and accepted financial standards and practices and (c) generally accepted accounting principles.  
2. Develops, implements and maintains high standards of accuracy, completeness and integrity in all areas related to PARC’s financial records and reporting. |

**MARKETING/FUNDRAISING**

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Marketing/Fundraising Staff

1. Ensures practices are developed and implemented consistent with PARC's mission and objectives and are practiced with honesty and integrity.
2. Marketing/Fundraising materials will accurately reflect certifications, licensure and services provided.

HUMAN RESOURCES

Responsibility

Human Resource Staff

1. Ensures staff do not discriminate based on race, color, religion, age, sex, national origin, alienage, citizenship, disability, sexual orientation or marital status.
2. Adheres to all state and federal labor and employment laws and maintains policies, procedures and practices consistent with said.

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<th>Reviewed Director/Dept. Head:</th>
<th>Date of Review:</th>
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<td>Date of Review:</td>
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<td>Reviewed by Cabinet:</td>
<td>Date of Review:</td>
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<tr>
<td>Approved by Executive Director: S. Limongello and BOD</td>
<td>Date of Approval: 1/23/06</td>
</tr>
<tr>
<td>Distribution: All Agency policy manuals, PARC and its Representatives</td>
<td>Date of Distribution: Roll-out Start 3/13/06</td>
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</table>
ATTACHMENT “A” TO STANDARDS OF CONDUCT
GIFT OR ENTERTAINMENT DISCLOSURE STATEMENT

Definition: “PARC Affiliated Source” means any person or entity who has or seeks to have any relationship with PARC.

This form must be filed with the Chief Compliance Officer: (a) within 10 days of receiving a gift valued at $75.00 or more; (b) within 10 days of receiving from the same or related PARC affiliated source a gift or entertainment which brings the cumulative total from that same or related PARC affiliated source to $75.00 or more, and which was received during that same fiscal year (January 1 through December 31)

Who is required to file this form?
1. Any PARC Representative (or spouse, significant other or family member) who, during the course of their employment or relationship with PARC, receives from any PARC affiliated source any gift valued $75.00 or more;
2. Any PARC Representative (or spouse, significant other or family member) who, during the course of their employment or relationship with PARC and during any fiscal year defined as January 1 through December 31, receives from the same or related PARC affiliated source, gifts or entertainment with a cumulative value of $75.00 or more

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<tr>
<th>Donor</th>
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<td>4.</td>
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[ ] Check here if additional sheets are attached

I hereby certify that the above information is a true and complete disclosure of gifts received by me.

______________________________  _________________________
Signature                        Date

Complete and Send to:
Chief Compliance Officer
PARC
31 International Boulevard
Brewster, NY 10509

Version January 2017
### Policy Statement:

A potential conflict of interest exists whenever it appears that the actions of a person may be motivated by considerations other than the best interest of PARC. A thorough understanding of the circumstances surrounding such action, accompanied with full disclosure, will minimize the potential for a conflict of interest. Generally, a conflict of interest exists (a) where a Key Employee, Affiliate, Board Member, Independent Director, or Related Party's, outside interests or affiliations may influence or appear to influence a decision of PARC; (b) where any Key Employee, Affiliate, Board Member, Independent Director, or Related Party may benefit, either directly or indirectly, by virtue of a position with PARC by using the authority or benefits of that position to compete with PARC.

It is the policy of PARC that no Key Employee, Affiliate, Board Member, Independent Director, or Related Party shall personally profit or be perceived as personally profiting in any way from any Related Party Transaction with PARC. Related Party Transactions include, but are not limited to, the sale of services or products, the use of capital, and the lease and/or purchase of real estate. In addition, Key Employee's, Affiliate's, Board Member's, Independent Director's, or Related Parties shall not influence the administrative execution of established Board policies, such as in the areas of purchasing or the appointment or termination of personnel, in which a Key Employee, Affiliate, Board Member, Independent Director, or Related Party has any direct, personal interest. Key Employee's, Affiliate's, Board Members, Independent Director's, or Related Party's will support and abide by PARC's established due process. This policy is not meant to rule out transactions between PARC and other persons or entities where an interest or a relationship between a Key Employee, Affiliate, Board Member, Independent Director, or Related Party and such other person or entity exists which requires proper disclosure and which is documented as being the outcome of established purchasing policies and procedures, and are determined to be in the best interest of PARC.

This Conflict of Interest Policy is intended to ensure that: (1) All Board and/or Agency policy decisions and organizational transactions are never tainted with actual or perceived conflicts of interest; (2) No Key Employee, Affiliate, Board Member, Independent Director, or Related Party is ever charged with personal profit as a result of having served as a member on PARC’s Board of Directors or as a PARC Employee; and (3) PARC is in compliance with all laws and regulations.
Definitions Pursuant to the Not-For-Profit Revitalization Act:

Affiliate means “any entity controlled by, in control of, or under common control with such corporation”.

Entire Board means “the total number of directors entitled to vote which the corporation would have if there were no vacancies. If the by-laws of the corporation provide that the board shall consist of a fixed number of directors, then the “entire board” shall consist of that number of directors. If the by-laws of any corporation provide that the board may consist of a range between a minimum and a maximum number of directors, then the “entire board” shall consist of the number of directors within such range that were elected as of the most recently held election of directors.”

Independent Director means “a director who: (i) is not, and has not been within the last three years, an employee of the corporation or an affiliate of the corporation, and does not have a relative who is, or has been within the last three years, a key employee of the corporation or an affiliate of the corporation; (ii) has not received, and does not have a relative who received, in any of the last three fiscal years, more than ten thousand dollars in direct compensation from the corporation or an affiliate of the corporation [other than reimbursement for expenses reasonably incurred as a director or reasonable compensation as a director as permitted by paragraph (a) of section 202 (general and special powers)]; and (iii) is not a current employee of or does not have a substantial financial interest in, and does not have a relative who is a current officer of or has a substantial financial interest in, any entity that has made payments to, or received payments from, the corporation or an affiliate of the corporation for property or services in an amount which, in any of the last three fiscal years, exceeds the lesser of twenty-five thousand dollars or two percent of such entity’s consolidated gross revenues. For purpose of this paragraph, “payment” does not include charitable contributions.

Key Employee means “any person who is in a position to exercise substantial influence over the affairs of the corporation as referenced in 48 in 26 U.S.C. 4958(f)(1)(a) and further specified in 26 CFR 49.53.4958-3(c), (d) and (e) or succeeding provisions.

Related Party means (i) any director, officer, or key employee of the corporation or any affiliate of the corporation, (ii) any relative of any director, officer, or key employee of the corporation or any affiliate of the corporation, or (iii) an entity in which any individual described in clauses (i) and (ii) of this subparagraph has a 35% or greater ownership or beneficial interest, or in the case
of a partnership or professional corporation, a direct or indirect ownership interest in excess of 5%. Note: There’s no conflict if somebody serves on more than one board.

**Related Party Transaction** means “any transaction, agreement, or any other arrangement in which a related party has a financial interest and in which the corporation or any affiliates of the corporation is a participant”. Corporations may not enter into an RPT unless the Board determines it’s fair, reasonable, and in the corporation’s best interest. In addition, any directors, officers, or key employees who have a substantial financial interest in the RPT must disclose material facts regarding the RPT in good faith. If an RPT involves the charitable corporation and a Related Party with a “substantial financial interest”, the Board (or a committee thereof) is required to: (a) consider alternative transactions; (b) approve the transaction by majority vote of the members present at the meeting, and (c) contemporaneously document in writing the basis for the Board’s approval of the transaction, including all alternatives it considered and the reasons why they were not options.

**Relative** means a “(i) spouse, ancestors, brothers and sisters (whole or half blood), children (natural or adopted), grandchildren, great-grandchildren, and spouses of brothers, sisters, children, grandchildren, and great-grandchildren; or (ii) domestic partner as defined in Section 2993-a of the Public Health Law”

### Procedure:

**PARC and its Representatives**

1. Avoid any direct or indirect conflict of interest.
2. Investing or holding an investment, directly or indirectly, in any commercial, private, financial or business transaction, which creates a conflict of interest in and with official duties, is prohibited (except as permitted by law).
3. Engaging in or accepting private employment, or rendering services for personal interest, which creates a conflict with or impairs the performance of official duties, is prohibited.
Board of Directors, Key Employees, and Affiliates:

1. Disclose to the Board of Directors, through the Chief Compliance Officer, any relationship which you currently have or had during the previous twelve (12) months with any person, entity, or matter under review for decision by the Board of Directors or PARC. Any such relationship must be disclosed prior to the issue being deliberated. Interests or relationships requiring such disclosure shall include, but are not limited to, the following:

   A. Ownership of capital stock, partnerships or other proprietary rights;
   B. Ownership of notes, bonds or other claims as a creditor;
   C. A direct or indirect beneficial interest through a trust, nominee, spouse, significant other, family member or other relationship including employment of an entity or enterprise which:

      i. sells goods or services to PARC;
      ii. assets of PARC are deposited or invested;
      iii. is seeking, or has, any business connection with PARC.

2. In the event of a disclosure of a Conflict of Interest with respect to a matter before the Board of Directors, or its standing committees, person with the conflict: (1) may NOT be present or participate in any Board or Audit Committee deliberations or votes on the Related Party Transaction or matter giving rise to the conflict; and (2) is prohibited from making any attempts to improperly influence deliberations or votes on the matter.

3. Annually completes and submits to the Chief Compliance Officer a Conflict of Interest Disclosure Statement in the form attached.

Board of Directors:

1. Before the initial election of any director (and annually thereafter) each director must submit to the Secretary of the Chapter a Conflict of Interest Disclosure Statement.
indentifying any entity which the director is “an officer, director, trustee, member, owner, or employee” and with which PARC is a participant, and in which the director might have a conflicting interest.

2. Upon presentation of a potential or actual Related Party Transaction, The Secretary of the Chapter shall document the disclosure, discussion and outcome of the discussion regarding the Related Party Transaction.

3. The person with the conflict may NOT be present or participate in any Board or Audit Committee deliberations or votes on the Related Party Transaction or matter giving rise to the conflict.

4. The Key Employee, Affiliate or Board Member with the potential conflict is prohibited from making any attempts to improperly influence deliberations or votes on the matter.

5. The Secretary of the Chapter shall document in the Board minutes that the Chief Compliance Officer presented the results of the Annual Conflict of Interest Disclosure Statements to the Board, and any intermittent Conflict of Interest Statements from newly hired Key Employees.

Corporate Compliance Officer:

1. Annually distributes, receives and reviews Conflict of Interest Disclosure Statements from each Key Employee, Affiliate, and Board Member.

2. Annually informs Audit Committee or the Board of Directors, and the Executive Director of any actual or perceived conflict of interest to facilitate any appropriate action.

3. Ensures that Key Employees complete a Conflict of Interest Disclosure Statement upon hire, and reports any actual of perceived conflict of interest to the Audit Committee or the Board of Directors, and the Executive Director.
4. Maintains original Conflict of Interest Disclosure Statements for audit purposes.

5. Presents to the Board of Director on an annual basis in order for the existence and resolution of any conflicts to be documented in the Board’s meeting minutes.

6. Presents to the Board of Directors as needed when a potential Related Party Transaction is identified, so that the matter can be disclosed, addressed and documented.

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<thead>
<tr>
<th>Reviewed by Chief Compliance Officer:</th>
<th>Date of Review:</th>
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<tr>
<td>Darby Walsh</td>
<td>6/25/2014</td>
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<tr>
<th>Approved by Executive Director:</th>
<th>Date of Approval:</th>
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<tr>
<td>Susan Limongello</td>
<td>JUN 30 2014</td>
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<th>Distribution:</th>
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<tr>
<td>All Staff, Directors, Officers, Members of Standing Committees and Volunteers</td>
<td>7/1/2014</td>
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</tbody>
</table>
CONFLICT OF INTEREST DISCLOSURE STATEMENTS
RECOMMENDATIONS/DECISIONS/ACTIONS
2017

INFORMATION OF PERSON COMPLETING DISCLOSURE

Name: 

Position: 

Nature of Disclosure: 

The following people are my Relatives (as defined by PARC’s Conflict of Interest Policy) and work for PARC or serve as members on PARC’s Board of Directors: 

The undersigned hereby acknowledges receipt of the policy adopted by the Board of Directors, which pertains to avoiding conflicts of interest. I have read the policy and pledge to conduct my business affairs with integrity based on sound ethical and moral standards. I agree that I will promptly report to PARC’s Chief Compliance Officer any future situation that might result in a conflict of interest.

Signature: ___________________________ Date: ___________________________

Chief Compliance Officer Recommendation and Rationale:

Reviewed: 

__________ John Meier, Chief Compliance Officer

Date: ______________

Final Decision:

Reviewed and Completed:

__________ John Meier, Chief Compliance Officer

Date: ______________

__________ Susan Limongello, Executive Director

Date: ______________
Policy Statement: To ensure that all corporate compliance complaints are handled in a thorough and timely manner. Any corporate compliance issue that is of concern to any PARC Representative or the community may be forwarded in confidence to the Corporate Compliance Officer for timely and appropriate resolution.

Definitions:

“PARC Representatives” means PARC’s board of directors, executive administration, directors, managerial staff, supervisory staff and employees, volunteers, interns, consultants, vendors and business associates.

Responsibility:

All PARC Representatives, consumers, families, community members

Procedure:

1. Inform immediate supervisor, Program Director/Dept. Head, Executive Administrator and/or the Corporate Compliance Officer, verbally or in writing, of the details of any complaint or concern. If an immediate supervisor, Program Director/Dept. Head, Executive Administrator receives a corporate compliance complaint or concern, they are required to immediately notify the Corporate Compliance Officer. Examples of compliance complaints or concerns may include but are not limited to:
   - Misrepresentation of services;
   - Inappropriate billing/payment activities;
   - Illegal actions/activities;
   - Misappropriation of funds, supplies or assets;
   - Violations of the Agency’s Corporate Compliance Plan and related attachments and policies;
   - Violations of policies as outlined in the employee handbook

2. Compliance complaints or concerns may be reported, in addition to the above, in the following manner:
   - Compliance Line at (845) 278-7272 ext. 411; or
   - By U.S. Mail: Corporate Compliance Officer
   PARC
   31 International Blvd.; Brewster, NY 10509

Corporate Compliance 1. Conduct an investigation or assign an investigator, as
### PARC Policy & Procedure Manual

**Department:** Corporate Compliance  
**Include Other Departments this applies to:**  
**Agency:**  
**Committee:** (-Specify-)  

<table>
<thead>
<tr>
<th>Topic: Corporate Compliance Complaint Policy</th>
<th>Page 2 of 2</th>
<th>Regulatory Reference: N/A</th>
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<tr>
<td>Version Date: 1/06</td>
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<td>Prior Revision Dates: None</td>
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#### Officer

- Appropriately reports the outcome and recommendations to the Executive Director, and other appropriate PARC administrators and outside agencies.
- For issues not requiring an investigation but that are raised through the Corporate Compliance procedure, forwards the issue to the appropriate Executive Administrator and Program Director/Department Head for a response within [10] business days.
- Confirms appropriate follow-up is conducted within a reasonable timeframe.
- Responds to reporting party within [10] business days regarding the outcome or progress of the investigation.
- Tracks complaints/concerns, including trends, and reports outcomes of these to the Executive Director or Corporate Compliance Committee, as appropriate.

#### Corporate Compliance Committee

- Review corporate compliance concerns and investigations to ensure appropriate recommendations and corrective actions have been undertaken.
- Provide guidance and/or necessary follow-up regarding any reported trends, issues or improvements needed.

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<th>Reviewed Director/Dept. Head:</th>
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<tr>
<td>Approved by Executive Director: S. Limongello and BOD</td>
<td>Date of Approval: 1/23/06</td>
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**Distribution:**  
- Attached to Corporate Compliance Plan  
- All Department Heads/Directors  
- Date of Distribution: Roll-out Start 3/13/06
Policy Statement: It is the policy of PARC to not intimidate or retaliate against individuals who file good faith reports of suspected illegal and/or dishonest activities, including but not limited to, misrepresentation of services; inappropriate billing/payment activities; illegal actions/activities; misappropriation of funds, supplies or assets; violations of the Agency’s Corporate Compliance Plan and related attachments and policies or other fraudulent financial reporting, or violation of policies as outlined in the employee handbook.

I. Policy

Strict adherence to PARC’s Corporate Compliance Plan and Code of Conduct is vital. PARC requires all employees, directors, officers and volunteers to promptly report any known or suspected violations of the Corporate Compliance Plan, Code of Conduct, policies and procedures or any of the laws, rules or regulations by which PARC is governed. This Policy governs the procedure to be used by employees, directors, officers and volunteers to report compliance concerns and seeks to ensure that PARC provides an environment that encourages individuals to report any suspected violations without fear of retaliation or retribution.

II. Scope

This Policy applies to all employees, directors, officers, and volunteers of PARC. This policy must be distributed to all directors, officers, employees and volunteers who provide substantial services to PARC.

III. Procedure


Employees, directors, officers, and volunteers are required to report any known or suspected violations of the Corporate Compliance Plan, Code of Conduct, policies and procedures or any of the laws, rules or regulations by which PARC is governed to their supervisor, manager, the Corporate Compliance Officer or through PARC’s Compliance Hotline.

B. Reporting Through PARC’s Compliance Hotline.

1. Employees, directors, officers, and volunteers may report their compliance concerns confidentially to the PARC Compliance Hotline. The
Compliance Hotline telephone number is 845-278-7272 x2411. Callers to the Compliance Hotline may make reports anonymously. No caller will be required to disclose his or her identity and no attempt will be made to trace the source of the call or identity of the caller when the caller requests anonymity.

2. If a caller has revealed his or her identity, confidentiality will be maintained to the extent practicable and allowed by law. Callers should be aware, however, that it may not be possible to preserve anonymity if they identify themselves, provide other information which identifies them, the investigation reveals their identity or they inform people that they have called the Compliance Hotline. Callers should also be aware that PARC is legally required to report certain types of crimes or potential crimes and infractions to external governmental agencies.

3. The Compliance Hotline telephone number shall be visibly posted in a manner consistent with employee notification in locations frequented by PARC employees, directors, officers, and volunteers. Additionally, the Compliance Hotline telephone number is posted on PARC’s website.

C. Confidentiality of Reports.

PARC will attempt to treat all reports made under this policy confidentially and to protect the identity of the individual who has made a report to the maximum extent possible consistent with fair and rigorous enforcement of the Corporate Compliance Program and Code of Conduct.

D. Tracking/Investigations of Reports.

1. Any manager or supervisor who receives a report of a suspected violation shall complete a Complaint Intake Form (See Exhibit A). A copy of the completed Complaint Intake Form shall be immediately directed to the Corporate Compliance Officer. In addition, the Corporate Compliance Officer or his or her designee shall complete a Complaint Intake Form for all reports received through the Compliance Office or PARC’s Compliance Hotline or otherwise.

2. Upon receipt of a Complaint Intake Form, the Corporate Compliance Officer shall cause an investigation to be conducted.

3. The Corporate Compliance Officer shall prepare a report to the Audit Committee or other committee of the Board made up of independent directors, or the full PARC board at least annually summarizing incidents reported, investigatory findings and any corrective actions taken.

E. Non-Retaliation/Non-Retribution.

1. General Principles.
a. PARC will not impose any disciplinary or other action in retaliation, including intimidation, harassment, and discrimination, against individuals who make a report or complaint in good faith regarding any action, suspected action or suspended action taken by, PARC, that the individual believes may violate PARC’s Corporate Compliance Plan, Code of Conduct, its Compliance Policies, or any of the laws, rules or regulations by which PARC is governed.

b. “Good faith” means the individual believes the potential violation actually occurred as he or she is reporting it.

c. All employees, directors, officers, and volunteers of PARC are strictly prohibited from engaging in any act, conduct or behavior which results in, or is intended to result in, retaliation or retribution against any individual for reporting his or her concerns relating to a possible violation of PARC’s Corporate Compliance Plan, Code of Conduct, its Compliance Policies or any of the laws, rules or regulations by which PARC is governed.

d. The non-retribution/non-retaliation provisions of this Policy do not permit employees, directors, officers, or volunteers to avoid the consequences of their own wrongdoing by reporting such wrongdoing. Disciplinary actions taken against an employee, director, officer, or volunteer who reports his or her own wrongdoing will be a result of the wrongdoing itself, not the reporting of such wrongdoing and, therefore, are not to be considered retaliation or retribution. Self-reporting may, however, be taken into account in determining the appropriate disciplinary action to be taken.

2. Reporting Complaints.

a. If a PARC employee, director, officer, or volunteer believes in good faith that he or she has been retaliated against for initiating a report or complaint or for participating in any investigation related to such report or complaint, then the PARC employee, director, officer, or volunteer must report the retaliation to his or her supervisor, manager, the Corporate Compliance Officer or PARC’s Compliance Hotline as soon as possible. The report should provide a thorough account of the incident(s) and should include names, dates of specific events (if available), the names of any witnesses and the location or name of any document in support of the alleged retaliation.

b. PARC will conduct a thorough and objective investigation of the incident(s).
c. Adverse actions in retaliation for an employee’s report or complaint may result in disciplinary action, up to and including termination.

F. Discipline.

1. Any disciplinary action for violation of the Corporate Compliance Plan, Code of Conduct, policies and procedures or any of the laws, rules or regulations by which PARC is governed shall be imposed in accordance with PARC’s policies.

2. In the event an employee makes a frivolous, malicious or knowingly false report or complaint under this Policy, the employee will be subject to appropriate disciplinary action, up to and including termination.

List of Exhibits

Exhibit A – PARC Compliance Report Intake Report
Exhibit A
PARC Compliance Intake Form

Compliance/Legal Incident

File #:__________

Type (circle one): Compliance  HIPAA  Other Legal

To be completed by the Manager, Supervisor or Compliance Office Official receiving the complaint:

Name and Position of Employee Providing Information, if Provided:

__________________________________________

Date Reported: ____________________________

Facility/Function Reporting: ____________________________

Brief Description of Issue

__________________________________________

__________________________________________

__________________________________________

To be completed by the Compliance Office only:

Brief Description of Resolution, Including Any Corrective Action, Discipline

__________________________________________

__________________________________________

__________________________________________

__________________________________________

Date Resolved: ____________________________

Investigated/Managed by: ____________________________

Referred to Outside Counsel? Yes/No  Date Referred ________________

Other Issues

__________________________________________

__________________________________________

__________________________________________

* Attach copies of all pertinent documents obtained or created through your investigation of this complaint.
I. Policy

PARC is committed to prompt, complete and accurate billing of all services provided to participants. PARC and its employees, contractors and agents shall not make or submit any false or misleading entries on any bills or claim forms, and no employee, contractor or agent shall engage in any arrangement or participate in such an arrangement at the direction of another person, including any supervisor or manager, that results in such prohibited acts.

Further, it is the policy of PARC to detect and prevent fraud, waste and abuse in federal healthcare programs. This Policy explains the Federal False Claims Act (31 U.S.C. §§ 3729 – 3733), the Federal Program Fraud Civil Remedies Act (31 USC §§3801-3812), the Patient Protection and Affordable Care Act (Pub. L. No. 111-148, 124 Stat. 119), the New York State False Claims Act (State Finance Law §§187-194) and other New York State laws concerning false statements or claims and employee protections against retaliation. This policy also sets forth the procedures PARC has put into place to prevent any violations of federal or New York State laws regarding fraud or abuse in its health care programs.

II. Scope

This Policy applies to all employees, including management, and all contractors and agents.

III. Overview of Relevant Laws


1. Overview. The False Claims Act is one of the laws the Government uses to prevent and detect fraud, waste and abuse in federal health care programs. The False Claims Act establishes liability for any person who “knowingly” submits a false claim either (1) directly to the Government or (2) to a contractor or grantee of the Government, if the money or property is to be spent or used on the Government’s behalf or to advance a Government program or interest. A violation of the False Claims Act can result in a civil penalty between $10,781 and $21,563 for each false claim.
submitted, plus up to three times the amount of the damages sustained by the Government due to the violation(s). The False Claims Act defines “knowingly” to mean that a person (1) has actual knowledge of the false claim; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information. Specifically, the False Claims Act may be violated by the following acts:

a. Knowingly presenting, or causing to be presented, a false or fraudulent claim for payment or approval;

b. Knowingly making or using, or causing to be made or used, a false record or statement material to a false claim;

c. Conspiring to commit a violation of the False Claims Act; or

d. Knowingly making, using, or causing to be made or used, a false record or statement material to an obligation to pay money or transmit property to the Government, or knowingly concealing or avoiding or decreasing an obligation to pay money or transmit property to the Government.

2. Applicability. Among other things, the False Claims Act applies to claims submitted for payment by federal health care programs, including Medicare and Medicaid.

3. Examples. A few examples of actions that violate the False Claims Act include knowingly:

a. Billing for services that were not actually rendered;

b. Charging more than once for the same service;

c. Billing for medically unnecessary services; and

d. Falsifying time records used to bill Medicaid.

4. Methods of Enforcement. The Government, or an individual citizen acting on behalf of the Government (a “Relator”), can bring actions under the False Claims Act. If a Relator brings an action under the False Claims Act, the Government has a period of time to investigate the allegations and decide whether to join the lawsuit. If the Government elects to join the lawsuit, the Relator is entitled to 15-25% of any recovery. If the Government elects not to join the lawsuit, the Relator may still proceed with the action and is entitled to 25-30% of any recovery.

5. Employee Protection. The False Claims Act prohibits discrimination by PARC against an employee, contractor or agent for taking lawful actions
in furtherance of an action under the False Claims Act. Under the False Claims Act, any employee, contractor or agent who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts in furtherance of an action under the False Claims Act is entitled to all relief necessary to make the employee, contractor or agent whole. Such relief may include reinstatement, double back pay, and compensation for any special damages, including litigation costs and reasonable attorneys' fees.

B. Federal Program Fraud Civil Remedies Act (31 USC §§3801-3812). The Program Fraud Civil Remedies Act of 1986 is a federal law that provides for administrative recoveries by federal agencies including the Department of Health and Human Services, which operates the Medicare and Medicaid Programs. The law prohibits the submission of a claim or written statement that the person knows or has reason to know is false, contains false information or omits material information. Violations of this law are investigated by the Department of Health and Human Services and monetary sanctions may be imposed in an administrative hearing setting. Monetary sanctions may include penalties of up to $10,781 per claim and damages of twice the amount of the original claim.

C. Patient Protection and Affordable Care Act “PPACA” (Pub. L. No. 111-148, 124 Stat. 119). The Patient Protection and Affordable Care Act of 2010 is a federal healthcare law that through amendments expanded provisions of the Federal False Claims Act. Most significantly, PPACA expanded FCA liability for possession of overpayments (42 U.S.C. § 1320a-7k). The law clarified that an overpayment must be reported and returned by 60 days after the date on which the overpayment was identified. Overpayments retained after the deadline are considered an obligation as defined in the FCA imposing FCA liability.

D. New York State False Claims Laws

1. New York State False Claims Act (State Finance Law §§187-194). The New York State False Claims Act was modeled after the Federal False Claims Act and its provisions are very similar. This Act provides that anyone who “knowingly” submits false claims to the Government is liable for damages up to three times the amount of the erroneous payment plus mandatory penalties between $6,000 and $12,000 for each false claim submitted. The False Claims Act defines “knowingly” to mean that a person (1) has actual knowledge of the false claim; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information.

The Government, or an individual citizen acting on behalf of the Government (a “Relator”), can bring actions under the New York State False Claims Act. In addition, the New York State False Claims Act prohibits discrimination against an employee for taking lawful actions in furtherance of an action under the Act. Any employee who is discharged,
demoted, harassed, or otherwise discriminated against because of lawful acts by the employee in furtherance of an action under the False Claims Act is entitled to all relief necessary to make the employee whole.

2. **Social Service Law §145-b.** Under this section it is unlawful to knowingly make a false statement or representation, or to deliberately conceal any material fact, or engage in any other fraudulent scheme or device, to obtain or attempt to obtain payments under the New York State Medicaid program. In the event of a violation of this law, the local Social services district or the State has a right to recover civil damages equal to three times the amount of the incorrectly paid claim. In the case of non-monetary false statements, the local Social Service district or State may recover three times the damages (or $5,000, whichever is greater) sustained by the government due to the violation. In addition, the Department of Health may impose a monetary penalty of up to $10,000 per violation unless a penalty under the section has been imposed within the previous five years, in which case the penalty may be up to $30,000.

3. **Social Services Law § 145-c.** Under this section, if any person individually or as a member of a family applies for or receives public assistance, including Medicaid, by intentionally making a false or misleading statement, or intending to do so, then the needs of that person shall not be taken into account for determining the needs of that person or those of his or her family: (i) for a period of 6 months if a first offense; (ii) for a period of 12 months if a second offense, or upon an offense which resulted in the wrongful receipt of benefits in an amount of between $1,000 and $3,900; and (iii) for a period of 18 months if a third offense or upon an offense which resulted in the wrongful receipt of benefits in excess of $3,900, and 5 years for any subsequent occasion of any such offense.

4. **Social Services law §145.** Under this section, any person who submits false statements or deliberately conceals material information in order to receive public assistance, including Medicaid, is guilty of a misdemeanor. This crime is punishable by fines and by imprisonment up to one year.

5. **Social Service Law § 366-b.** Under this section any person who, with intent to defraud, presents for payment any false or fraudulent claim for services or merchandise, or knowingly submits false information for the purpose of obtaining compensation greater than that to which he/she is legally entitled to shall be guilty of a class A misdemeanor.

6. **Penal Law Article 155.** Under this Article, the crime of larceny applies to a person who, with intent to deprive another of his property, obtains, takes or withholds the property by means of trick, embezzlement, false pretense, false promise, including a scheme to defraud, or similar behavior. This
7. Penal Law Article 175. Under this Article, four crimes relating to falsifying business records or filing a false instrument have been applied in Medicaid fraud prosecutions. These crimes are punishable by fines and imprisonment up to four years.

8. Penal Law Article 176. This Article establishes the crime of insurance fraud. A person commits such a crime when he/she intentionally files a health insurance claim, including Medicaid, knowing that it is false. This crime is punishable by fines and imprisonment up to twenty-five years.

9. Penal Law Article 177. This Article establishes the crime of health care fraud. A person commits such a crime when, with the intent to defraud Medicaid (or other health plans, including non-governmental plans), he/she knowingly and willfully provides false information or omits material information for the purpose of requesting payment for a health care item or service and, as a result of the false information or omission, receives such a payment in an amount to which he/she is not entitled. Health care fraud is punished with fines and jail time based on the amount of payment inappropriately received due to the commission of the crime.

10. Labor Law §740. In addition to provisions contained in the Federal and New York State False Claim Acts, this section offers protections to employees who may notice and report inappropriate activities. Under New York State Labor Law §740, an employer may not take any retaliatory personnel action against an employee because the employee:

- discloses, or threatens to disclose to a supervisor or to a public body an activity, policy or practice of the employer that is in violation of law, rule or regulation that presents a substantial and specific danger to the public health or safety, or which constitutes health care fraud;
- provides information to, or testifies before, any public body conducting an investigation, hearing or inquiry into any such violation of a law, rule or regulation by such employer; or
- objects to, or refuses to participate in any such activity, policy or practice in violation of a law, rule or regulation.

To bring an action under this provision, the employee must first bring the alleged violation to the attention of the employer and give the employer a reasonable opportunity to correct the allegedly unlawful practice. The law allows employees who are the subject of a retaliatory action to bring a civil action in court and seek relief such as injunctive relief to restrain continued retaliation; reinstatement, back-pay and compensation of reasonable costs. The law also provides that employees who bring an
action without basis in law or fact may be held liable to the employer for its attorney’s fees and costs.

11. Labor Law §741. Under this section, an employer may not take any retaliatory personnel action against an employee if the employee discloses certain information about the employer’s policies, practices, or activities to a regulatory, law enforcement or other similar agency or public official. Protected disclosures are those that assert that, in good faith, the employee believes constitute improper quality of patient care. The employee’s disclosure is protected only if the employee first brought up the matter with a supervisor and gives the employer a reasonable opportunity to correct the alleged violation, unless the danger is imminent to the public or patient and the employee believes in good faith that reporting to a supervisor would not result in corrective action. The law allows employees who are the subject of a retaliatory action to bring a civil action in court and seek relief such as injunctive relief to restrain continued retaliation; reinstatement, back-pay and compensation of reasonable costs.

IV. Procedure

A. General Principles.

1. PARC provides training to all its employees, contractors and agents regarding this Policy.

2. Billing activities are performed in a manner consistent with Medicare, Medicaid and other payor regulations and requirements and in accordance with PARC’s Corporate Compliance Plan (Billing, Coding and Fiscal Compliance).

3. To assist in its efforts to detect and prevent fraud, waste and abuse, PARC conducts regular audit and monitoring procedures as described in PARC’s Corporate Compliance Plan (Audit and Monitoring).

B. Reporting Non-Compliance.

If a PARC employee, contractor or agent has any reason to believe that anyone is engaging in false billing practices, that employee immediately reports the practice in accordance with PARC’s Corporate Compliance Plan (and PARC’s Reporting Compliance Concerns, Whistleblower and Anti-Retaliation Policy). PARC’s Compliance Hotline telephone number is 845-278-7272 ext. 2411.

C. Non-Retaliation.

PARC does not retaliate against any employee for taking any lawful action under the False Claims Act. Moreover, PARC does not retaliate against any employee, contractor or agent for reporting any potential compliance concern, as described
D. Employee Handbooks and Contractor Agreements.

This Policy is included in all employee handbooks and attached to any contracts with outside contractors or agents.

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<thead>
<tr>
<th>Reviewed by Chief Compliance Officer:</th>
<th>Date of Review:</th>
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<tr>
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<tr>
<th>Approved by Executive Director:</th>
<th>Date of Approval:</th>
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<tr>
<td>S. Limongello</td>
<td>December 22, 2016</td>
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<th>Distribution:</th>
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<tr>
<td>All Agency policy manuals</td>
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<tr>
<td>PARC Employees, Volunteers and Contractors</td>
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<td>PARC Website</td>
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January 1, 2017
Policy Statement: To develop and maintain an ongoing, coordinated, administrative effort to systematically manage our records from initial creation to final disposition and to meet all regulatory and legal requirements related to document retention, storage, maintenance and destruction.

Definitions:

Content: The information contained in Documents and Records.

Custody (also referred to as "Maintenance"): The control of, and responsibility for, Records owned by the entity, regardless of their location. All Custody must be HIPAA compliant.

Document: Written or electronic information during the course of its useful lifetime. Beginning with creation of the Document and continuing through its use in the business and during follow-up audits. All Documents do not necessarily become Records.

Destruction: Shredding by a HIPAA compliant shredder. Documents and Records are prohibited from being disposed of in any other matter.

Electronic Records: Records stored on electronic media that can be read or processed only by means of a computer.

File: Generally assumed to be electronic information stored in some electronic, magnetic or other non-paper medium. Can also refer to paper Documents.

Litigation or Investigation Hold: When a lawsuit is initiated, any and all Documents, Electronic Records, Files, Records, Records of Enduring Value and Vital Records must be retained until the conclusion of the litigation. This time period shall include all statutory limits for appeals. All Record destruction shall be halted if PARC is being investigated, or if PARC receives notice that it shall be investigated, by a governmental agency or a governmental law enforcement agency, and all Record destruction shall not be resumed without the written approval of the General Counsel or the Executive Director.

Maintenance: See Custody.

Record: The enduring proof of business functions, including Documents that are required for regulatory compliance. Begins at the end of the Document stage. All Records were, at one time, Documents. The general category of Records may also include: Electronic Records, Files, Records of Enduring Value and Vital Records.
Records of Enduring Value (archival records): Records worthy of permanent retention and special administration because of the importance of the information they contain for continuing regulatory, statutory, administrative, legal or fiscal purposes, or for historical or other research.

Retention Period: The period of time that the Agency requires Documents and Records to be preserved. During the Retention Period all Documents and Records must be maintained in compliance with HIPAA.

Vital Records: Records essential to the organization's continuing operation. Includes information that would be needed to resume and continue the operations after a major disaster such as a fire or flood, to protect the legal and financial interests of the organization and preserve the rights of the people served.

Responsibility: All Staff

Procedure: Records may have different Retention Periods set forth by regulations or law, and as such, staff must verify Retention Periods before Destruction.

1. Staff members must check with their Department Director before the Destruction of any Documents or Records to ensure that the Retention Period has ended.

2. In the event of any doubt, or if the staff member is unable to contact their Director for any reason, there shall be no Destruction of Records until the staff member speaks with their Director.

3. No Documents or Records shall be subject to Destruction prior to the expiration of their Retention Period.

4. Unless otherwise specified by written exception from the Chief Compliance Officer, the Retention Period for all Documents and Records shall be eight (8) years. Department
Directors may identify documents that should be maintained longer than 8 years and/or indefinitely, based on program or clinical need.

5. The Preschool program is required to keep Documents and Records beyond the eight (8) year period and must establish department specific policies in conjunction with General Counsel and the Chief Compliance Officer.

6. The Human Resources Department and Finance Department must keep certain Documents and Records beyond the eight (8) year period and must establish department specific policies in conjunction with General Counsel and the Chief Compliance Officer.

Responsibility: Department Directors

Procedure: In conjunction with the Chief Compliance Officer, each Department Director shall develop guidelines related to Document and Record Custody, Retention, Maintenance and Destruction for their department.

1. Directors shall be responsible for establishing day to day Custody, storage and filing systems for all Documents and Records in their department's possession. These systems shall include an adequate indexing component so that Documents and Records can be adequately located.

2. Directors shall be responsible for ensuring that their staff are aware of all departmental and agency policies related to Document and Record Custody, Retention Period, Maintenance and Destruction.

3. Directors shall be responsible for establishing long term storage and filing systems for all Documents and Records in their department's possession that are not actively used but
are within their Retention Period. These systems shall include an Index so that Documents and Records can be easily located. A blank copy of the Document and Records Index Form is attached to this policy. Before Documents and Records are sent to long term storage, Directors are responsible for ensuring that a Document and Records Index is completed.

4. All Documents and Records that are in long term storage shall be either stored in a locked file cabinet, or in “Banker’s Box” (cardboard file boxes measuring 10”x12”x15”). A standard size box provides consistency, safety (with respect to lifting) and allows for more organized storage. A supply of such boxes shall be ordered or maintained by each department. All such file cabinets and cardboard file boxes must contain a label that is cross referenced to the Index. If Documents or Records are stored in a cardboard box, the box must be stored in a secure locked area that is HIPAA compliant.

5. Prior to the Destruction of Documents and Records, Directors must ensure that a Document & Record Destruction Form has been properly completed, reflecting that the Destruction was recorded, dated, authorized and witnessed. A copy of the Document & Record Destruction Form is attached to this policy.

6. When notified by the Executive Director (or his or her designee), General Counsel, Chief Compliance Officer of a Litigation or Investigation Hold, Department Directors shall be responsible for notifying their staff of the same and properly securing all Documents and Records.
# DOCUMENT & RECORD DESTRUCTION FORM

The information described below was destroyed in the normal course of business pursuant to PARC's Document and Record Retention and Destruction policies and procedures.

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<tr>
<th>Agency Name</th>
<th>Location/Site of Document Destruction</th>
<th>Method of Destruction</th>
<th>Date of Document Destruction</th>
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<td>Shredding</td>
<td>(on-site by vendor)</td>
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<tr>
<th>Participant Name</th>
<th>Inclusive Dates Covered (From-To):</th>
<th>Box # (Dept. Name and # on Each Box)</th>
<th>Description of Information Destroyed: (Note: Original Documentation establishing eligibility for services must be retained, i.e., Psych Evals, Level of Care, etc.)</th>
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<td>Residential Program Records/Documents</td>
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<td>Day Hab Program Records/Documents</td>
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<td>Other: Vocational Services Records/Documents</td>
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Staff Approving Record Destruction/Witnessing Destruction by Vendor:

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<th>Initials</th>
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July 2015 Document & Record Destruction Form CONFIDENTIAL
The information described below was filed in the normal course of business pursuant to PARC’s Document and Record Retention policies and procedures.

Boxes Must Be Numbered with the Department Name & Box Number

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<th>Box # [Dept. Name and # on Each Box]</th>
<th>Description of Information Filed:</th>
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July 2015 Document & Records Index Form
**Policy Statement:** PARC is committed to prompt, complete and accurate recording keeping. Further, it is the policy of PARC to detect and prevent fraud, waste and abuse in federal healthcare programs. PARC recognizes that at times it is necessary to make handwritten changes or revisions to documents. This Policy identifies the process required when a handwritten change or revision to an Agency document is necessary.

**Responsibility:** All Agency Staff

**Procedure:** Whenever it is necessary to make a handwritten change or revision to a document the following steps must be taken:

1. Anything that needs to be deleted must be crossed out, in ink, using a single straight line.
2. The change/revision must be clearly written and also must be done in ink.
3. The person making the change/revision must initial and date the change and write a brief explanation if the reason for the change is not obvious.
4. The use of “white out” or any similar product is strictly prohibited.

**Review by Chief Compliance Officer:**

**Reviewed by General Counsel:**

**Approved by Executive Director:**

**Distribution:** All Employees

**Date of Review:**

**Date of Review:**

**Date of Review:**

**Date of Approval:**

**Date of Roll Out:** January 2017
PARC Policy & Procedure Manual

Applicability: All Departments, all Agency Users

Committee: Corporate Compliance

 Topic: Computer Usage Policy
Version Date: 12/14/15
Prior Revision Dates: 2008

Regulatory Reference:
Health Insurance Portability and Accountability Act of 1996, ("HIPAA"); Health Information Technology for Economic and Clinical Health Act - "HITECH Act"

**SCOPE OF POLICY**

Agency refers to PARC.

This policy applies to all Agency Users (as defined below).

**STATEMENT OF POLICY**

Computer resources are provided to help Employees perform their jobs. It is the responsibility of Users to ensure that all computer and telecommunication resources are used in a work related, professional and lawful manner. All Users must read this policy, complete necessary paperwork and attend required training before working on any Agency Device or Application. Users are also required to complete the training on computer security on an annual basis.

**SUMMARY OF KEY POINTS**

Agency Data must only be handled using Permitted Applications on Approved Devices with Approved Methods.

**DEFINITION OF TERMS**

**Agency Data:** Agency Data includes information kept, held, filed, produced, or reproduced by, with or for, the Agency, for business related purposes, in any form or media including, but not limited to, reports, statements, examinations, memoranda, records, email, voice mail, instant messages, opinions, folders, files, books, manuals, pamphlets, forms, papers, designs, drawings, maps, images, photos, letters, microfilms, computer tapes, discs, rules, regulations or codes. Data is owned by the Agency. As such, Users should not have an expectation of privacy.
**Agency Network:** The group of Applications, Devices and systems managed by the Agency to meet its IT needs.

**Approved Devices:** Any electronic device, such as, but not limited to, computers, laptops, netbooks, scanners, tablets, Chromebooks, and Mobile Devices that have either been provided by the agency, or personal Devices approved for use by the Agency and/or Security Officer.

**Approved Methods:** A method of using a Permitted Application that ensures HIPAA compliance.

**Application:** Refers to software or programs used on Devices. Applications may be installed on Agency approved Devices, or they may be web-based programs accessed through the Internet. An Application may be any piece of software available on the Internet or a mobile or other Device. Some examples of web based applications are Therap, IEP Direct, IRMA, Choices and online banking resources.

**Confidential Information:** Information that is confidential in nature, whether it’s PHI, ePHI, employee information, proprietary, credit cards, financial, or administrative.

**Device:** Any electronic device, such as, but not limited to, computers, laptops, netbooks, routers, printers, scanners, tablets, Chromebooks, and Mobile Devices.

**Electronic Personal Health Information or ePHI:** Any individually identifiable health information stored on electronic media. ePHI is considered Confidential Information.

**Hardware:** Refers to the physical components of a computer system including Devices that attach to the computer or Agency Network.

**Health Insurance Portability and Accountability Act of 1996 (HIPAA):** A Federal regulation that in its most basic terms, HIPAA requires Agency to:

1. Physically and electronically secure PHI and ePHI against unauthorized retrieval
2. Secure the integrity of the information
3. Ensure the information is accessible and useable upon request by an authorized person

**Health Information Technology for Economic Clinical Health [HITECH]:** is a regulation that increases the penalties for not complying with HIPAA. The act requires that patients be notified of any unsecured breach of Personal Health Information.

**Individuals:** Persons who receive services from the Agency.

**IT:** Information Technology.
Mobile Device: A smart phone, tablet, or any handheld or mobile computing Device. It can function as a cellular phone, flash drive, mobile storage, fax sender, Web browser and personal organizer. Mobile Devices are a sub-category of Devices.

Non-Agency Data: Any data that is not Agency Data.

Permitted Application: An Application that is approved by the Security Officer, or an IT staff member designated by the Security Officer, for use by the Agency, for the purpose intended by the Agency, on Agency Approved Devices.

Personal Health Information (PHI): Any individually identifiable health information. PHI is considered Confidential Information.

Security Officer: The employee designated by the Agency to serve in this position that is mandated under HIPAA, or any IT staff designated to serve in this capacity by the Security Officer.

Staff or Employees: Persons employed by Agency.

User: All Employees, volunteers, independent contractors and other persons accessing or using Agency Devices or Applications, and/or telecommunication resources and services.

IMPLEMENTATION OF POLICY

AGENCY OWNED DEVICES, AGENCY DATA AND SOFTWARE

Agency is the proprietor of all Agency Data generated or stored on any Agency Device or Application.

Agency owned hardware and/or software is not to be taken outside the agencies facilities without approval.

If there is a Device or system malfunction the User must promptly report the issue to the IT Department using the Help Desk system.

If a User needs a Device (other than a Mobile Device) be moved, they must request this through the Help Desk, rather than moving the system themselves.

Only the IT Department is authorized to install software on any Agency Device. Agency owned Application software is not to be copied to another media for the purpose of duplication. Only the IT Department can duplicate Application programs and this duplication must be in compliance with copyright provisions for each program.

Users can only use Permitted Applications.
Any Device that contains ePHI, confidential information, or has in some way been connected to the Agency Network, that is either lost or stolen must immediately be reported to the Agency’s Privacy Officer and Security Officer.

If a User is placed on administrative leave or separates employment from the Agency, that User must immediately stop using all Agency Devices and Applications. Attempted or actual access to Agency Data, is illegal and such conduct is subject to criminal action.

CARE AND RETURN OF DEVICES

Care & Return of Devices: Users in possession of Agency equipment, such as cellular phones and laptops, are expected to protect the equipment from loss, damage or theft. Upon resignation or termination of employment, or at any time upon request, Users may be asked to produce the Agency equipment for return and/or inspection. Users unable to present the equipment in good working condition upon reasonable request may be required to pay the cost of replacement. Users who separate from employment and have outstanding debts for equipment loss will be considered to have left employment on unsatisfactory terms and may be subject to legal action for recovery of the loss.

Personally owned Devices that are going to be used for Agency Data must be presented to IT for proper configuration before they are allowed to be used for any Agency related business. Staff understand and agree that the Agency gains control over their personally owned Device to the extent that the Agency has the right to partially or fully “wipe the device” in the event there is a actual or potential security breach. Wiping the device means restoring your Device to its factory settings. The Agency retains the right to do so at its sole discretion, but will only do so when there is potential for a security breach.

The Agency reserves the right to disconnect Devices or disable services without prior notification.

The User is personally liable for all costs associated with his or her Device.

CLOUD APPLICATIONS

Users are not allowed to use any cloud Application that is not approved by the Agency. Examples of use that is not permitted: Any personal email, data storage (like Dropbox), photo sharing.

ELECTRONIC SIGNATURES

Certain applications contain an electronic signature statement at log in. By clicking the “Accept” button, Users are authenticating that they are, in fact, the User associated with the currently logged in User ID. This electronic signature is used in lieu of a signature affixed by hand. When a User clicks on a button such as “acknowledge”, “submit”, “save” or “approve” they are legally confirming that they took that action.
Electronic signatures can also be attached to internal Agency, or external encrypted, emails by inserting an affirmation statement into the sender's email signature when attaching intended signed documents. As follows:

"I agree, and it is my intent, to sign all documents attached by electronically submitting these records/documents. This fashion of signing and submitting documents is the legal equivalent of having placed my handwritten signature on the attached documents. I am affirming to the truth of the information contained therein."

**EMAIL**

The only Permitted Application for Agency email is the email system provided by the Agency.

Email messages are not personal or private, and they are all property of the Agency. As such, Users should not have an expectation of privacy. Incoming email and files are screened and filtered to protect the reliability of our Agency Network.

Email attachments or links have often been used to distribute viruses, spyware or other malicious applications. Users are prohibited from opening attachments or links from an unknown source, or that contain unknown or suspicious information. It is not sufficient to trust an attachment just based on the sender, because the sender's computer may have been compromised by a hacker. If you know that someone intended to send you certain attachments, then you can open them. If you receive something you did not expect, do not open it, or if you think it may be legitimate first contact the sender and confirm that the file is legitimate prior to opening it. To protect the Agency from viruses: employees who receive email with an attached file from someone unknown must immediately delete the email.

The Agency uses email security software to quarantine email that is suspected of containing a virus or spam. Users can release quarantined messages if they feel they need them and they are from a trusted source.

Users must immediately delete email chain letters and not distribute them to anyone else inside or outside the Agency. A chain letter is an email that tells the recipient to forward copies on to other people.

Also Refer to the Agency’s HIPAA policies related to “Confidentiality of Protected Health Information”

**INSTANT MESSAGING, DEVICE CONFERENCING, SOCIAL NETWORKING, AND BLOGGING**

The use of instant messaging, video conferencing, voice conferencing, or social networking systems is forbidden, unless it is done on an approved Device using a Permitted application. Also refer to the Agency’s social media policy.
INFORMATION ENCRYPTION

Confidential Information and ePHI must be protected from access by unauthorized Users. When information is transported physically or electronically outside the agency there is a higher risk of such unauthorized access. Secure encryption of Agency Data is required to help protect Confidential Information.

Mobile Device Encryption: Mobile Devices that contain Confidential Information or Agency Data must store the information on an encrypted storage device.

eMail Encryption: eMail that contains Confidential Information or Agency Data must be encrypted in transit by using the Agency approved email encryption solution.

Removable Storage: Removable storage devices that contain Confidential Information or Agency Data must be encrypted using an Agency Permitted Application.

Wireless Networks: Agency Wireless Networks must always be encrypted.

INFORMATION SECURITY & HIPAA

Employees and Users are responsible for maintaining the confidentiality of all Agency Data including electronic data as required under HIPAA and HITECH. Please refer to the Agency’s HIPAA policies for additional information.

Logon Security. Access to any Agency Device or personal Devices that may contain ePHI or Confidential Information requires User login name and passwords.

- **Password Protection.** User’s login names and passwords must be secured by each User who has access to Agency Data. Passwords must not be written down. Users must change their password as prompted by the Device or they will be locked out of their account. If a User suspects his or her password has been compromised, (s)he needs to immediately inform the Security Officer, Privacy Officer and the IT department so the password can be changed.

- **Users are not permitted to log anyone else onto any Device using their User name.** If a User requires access and they do not have their own User name and password, they must be directed to the IT department.

- **Users who do not have an approved logon account cannot use any Agency Devices.** They may however, help Individuals with their Device related goals or activities.

- **Users are not allowed to use a Device where they have not logged on under their own account.** If a Device is already logged on under someone else’s name, a new User must not use it without the other User logging out first. An exception to this is the Kiosk logon. **A Kiosk logon can be shared:** In some specific cases, a Device can possibly operate in Kiosk mode. This is a term used for a situation where a generic logon to a Device is provided just to allow a User to access web based applications.
This generic logon gives no access to any information on the Device and can, in specific situations, be used for logon to web based Agency applications. Chromebooks for instance can be configured for such use.

- **Devices owned by Individuals.** Under no circumstance should staff use a Device owned by an Individual. Staff can assist an Individual with the use of her/his personal Device whilst the Individual is present, or on explicit approved request by the Individual, for instance to help her/him configure the Device.

- **Unattended Devices.** Unattended Devices must be logged off or secured (password protected) to protect the Device from unauthorized access. The password protection must self-activate within 10 minutes.

- **Remote Access to Agency Data.** Remote (external) access to Agency Networks that contain Confidential Information, require extended authentication procedures.

- **Circumventing the login process.** Users must not circumvent the correct login process or attempt to gain access to another User’s account. File Access: Users must only access the information that they need to complete their job tasks. Unauthorized access to files is strictly prohibited.

- Lost or stolen Devices containing Agency Data, including email, must, upon discovery, be immediately reported to the Emergency Hotline, who will report it to the IT Department.

- Personal Devices are not permitted to access the Agency Network without prior approval from the Security Officer, unless it is an Approved Mobile Device.

**APPROVED STORAGE OF AGENCY DATA**

Agency Data must either be stored in a secured location or in a non-secured location (such as Mobile Devices) but must be in an encrypted format.

Cloud storage of Agency Data is forbidden, unless it is done on a Permitted Application using an Agency approved logon. Examples of systems that are not allowed: Dropbox, Google Drive, OneDrive, Picassa, Flickr, iDrive.

**DESTRUCTION OF STORED AGENCY DATA**

At the point in time when a Device is taken out of service, or when the Device is no longer under the control of the Agency, all Agency Data stored on any such Device must be either removed from the Device or destroyed.
CONVERTING PAPER DOCUMENTS TO ELECTRONIC DOCUMENTS

Agency approved scanners and scanning process can be used to convert paper documents to their electronic equivalent. Staff must verify that all pages were scanned prior to using the electronic version as a document of record. The electronic version is Agency Data that is subject to this and related policies.

INTERNET USAGE

We require that Users conduct themselves appropriately, professionally and legally on the Internet. Systems are in place which track and monitor Internet activity.

DOWNLOADING/UPLOADING

Non-Agency Data cannot be downloaded to, or used on, the Agency Network. Agency Data cannot be uploaded to an area outside of the Agency Network unless it is an Approved Use of a Permitted Application.

Users must obtain prior permission from their supervisor if they need to utilize and create a logon to any web site or web Application other than those that are Permitted Applications. Program Directors shall serve as liaisons to the IT Department; Program Directors shall inform IT of the need for approval of a web site or web Application, IT, or designee, will grant approval and set up access. The Program Director is responsible for verifying that the usage of the system is compliant.

Confidential Information must never be uploaded or used on any unapproved application. Users have to verify that the needed Business Associates Agreements are in place prior to using the site or application.

Examples of Uploading/Downloading Confidential Information include: Uploading ePHI to Therap, sending an email containing the name of individual(s) supported, adding information to an ISP via CHOICES.

USE OF SOCIAL MEDIA: Refer to Agency policy on Social Media Use.

MOBILE DEVICE POLICY

- Agency Data must only be handled using Permitted Applications on approved Mobile Devices with Approved Methods. There may be different Permitted Applications and Methods for Personal Mobile Devices versus Agency owned Mobile Devices.
• Users must ensure that their Mobile Devices are locked when not actively in use or not in their possession. For example, if your cell phone is on your desk and you leave your office, it must be locked and password protected.

• Users should be aware of their surroundings when viewing their device so others cannot view information that may contain PHI from their mobile device, and be aware that texting (including SMS) is not a HIPAA compliant method of transmitting PHI.

• While at work, Users are expected to exercise the same discretion in using personal Mobile Devices as is required for the use of Agency Mobile Devices. Excessive personal calls or text messages while on duty interferes with productivity and performance and are distracting to others.

• Personal Use of Mobile Devices: Phone usage may be audited to ensure that Users have adhered to Agency policy, on Personal Devices only Agency Data will be audited. At the Agency’s sole discretion, Staff using the business phone for personal calls or texts messages may be required to reimburse the Agency for the actual cost of those calls and text messages. Failure to reimburse the Agency for the cost of the call(s) upon request may result in disciplinary action up to and/or including termination.

SAFETY ISSUES FOR CELLULAR PHONE USE

• New York State Traffic Law prohibits the use of cellular phones or text messaging devices while driving unless hands-free equipment is utilized. Agency Staff who are issued a cellular phone for business use or utilize their personal cellular phone for business matters are prohibited from using their cell phone while driving. The only exception to this policy is where emergency circumstances require you to place or accept a call. In such case, hands-free equipment must be utilized. If hands-free equipment is not available, pursuant to New York State Traffic Law, Agency Staff are prohibited from using a cellular phone or text messaging device while driving and must safely pull off to the side of the road and stop before accepting or placing a cellular call. Safety is paramount and MUST come before all other concerns.

• Agency Staff charged with traffic violations resulting from the use of a cellular phone or text messaging device while driving an Agency vehicle will be solely responsible for such violations. Moreover, any use of a cellular phone or text messaging device, which violates New York State Law or this policy, is considered to be activity outside the scope of your employment and the Agency will seek to have you assume any and all liability which resulting from your actions. Furthermore, such traffic violations may be considered negligent acts under either (or both) civil and criminal law, and prosecution of such violations may be out of the Agency’s control. Violations will result in disciplinary action. See violation section for additional information.
VIOLATIONS

- Staff who violates this policy will be subject to disciplinary action, as outlined the Employee Handbook and further defined by appropriate laws and regulations, up to and including termination of employment or contract. Users who are not employees are subject to liability for their actions, and their relationship with the Agency may be terminated.

- Anyone who knows or has reason to believe that another person has violated this policy must promptly report the matter to his or her supervisor. All reported matters will be investigated, and, where appropriate, steps will be taken to remedy the situation. Where possible, the Agency will make every reasonable effort to handle the reported matter confidentially. Any attempt to retaliate against a person for reporting a violation of this policy will itself be considered a violation of this policy that may result in disciplinary action, as outlined in the Employee Handbook and further defined by applicable laws and regulations, up to and including termination of employment or contract with their respective Agency. Users who are not employees are subject to liability for their actions, and their relationship with the Agency may be terminated.

MANAGER RESPONSIBILITIES

All managers must ensure that Users and Employees are familiar with this policy and be aware of potential and actual misuse of Agency Devices.

Managers are responsible for communicating to the HR Department as soon as they are aware of a change of role or position of a user, the date a User plans to separate from employment, or when a user has separated from employment. At a minimum, the HR department should be provided one week’s advance notice for the creation of a new User accounts and/or new User training. The IT department should be informed immediately of other Device usage changes. Managers must also communicate to IT when changes to an employee’s computer access are required.

HUMAN RESOURCES DEPARTMENT RESPONSIBILITIES

When a User is placed on Administrative Leave, has been, or will be, terminated, or will be having change of job duties or position, HR is responsible for notifying IT so that appropriate action can be taken in regards to the employee IT access.

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