



Personnel Policy Manual

(June 2010)

PERSONNEL POLICY MANUAL

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OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Board of Directors
POLICY: Purpose and General Policy	ADOPTED DATE: 8/24/98
REFERENCE NUMBER: PER.001	REVIEW DATES: 12/99, 6/00, 1/1/10
REPLACES POLICY DATED: 1995	REVISION DATES: 8/24/98, 1/1/10
PAGE: 1 of 1	RETIRED DATE: n/a

The purpose of this manual is to clarify the mutual rights and obligations of Open Door Community Health Centers, Inc. (hereafter "ODCHC") and its employees. It is predicated on the belief that achievement of ODCHC's program goals rests primarily on the efforts and cooperation of its employees and that, in order to maintain a smooth-running and efficient organization, it is essential that the rules and regulations governing personnel be clearly communicated and effectively and impartially administered.

1.1 Establishment of Policies and Procedures

The Chief Executive Office (CEO) provides input to the Board of Directors on matters concerning historical precedents, specific areas needing attention, approaches used by similar organizations, and requirements of funding authorities. The Board of Directors then designs a review and approval method which assures that policies and procedures are current and relevant.

1.2 Administration of Personnel Policies

Final authority for the administration of personnel policies is delegated to the CEO. The employment of the CEO is by the Board of Directors. All personnel of ODCHC are appointed or discharged by the CEO or the CEO's designee.

1.3 Right to Revise

This employee handbook contains the employment policies and practices of ODCHC in effect at the time of publication. All previously issued handbooks and any inconsistent policy statement or memoranda are superseded.

ODCHC reserves the right to revise, modify, delete, or add to any and all policies, procedures, work rules, or benefits stated in this handbook or in any other document, except for the policy of at-will employment. However, any such changes must be in writing and must be signed by the CEO.

Any written changes to this Employee Handbook will be distributed to all employees so that employees will be aware of the new policies or procedures. No verbal statements or representations can in any way alter the provisions of this handbook. Nothing in this employee handbook or in any other personnel document, including benefit plan descriptions, creates or is intended to create a promise or representation of continued employment for any employee.

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Board of Directors
POLICY: At-Will Employment Status	ADOPTED DATE:
REFERENCE NUMBER: PER.002	REVIEW DATES: 1/1/10
REPLACES POLICY DATED: 1995	REVISION DATES: 1/1/10
PAGE: 1 of 1	RETIRED DATE: n/a

ODCHC personnel are employed on an at-will basis. Employment at-will may be terminated with or without cause and with or without advance notice at any time by the employee or ODCHC. **Nothing in this handbook shall limit the right to terminate at-will employment.** No director, manager, supervisor, or employee of ODCHC has any authority to enter into an agreement for employment for any specified period of time or to make an agreement for employment other than at-will terms. The only exception to this policy is for providers who are employees of ODCHC and have written Medical, Behavioral Health, or Dental Services Agreements signed by the provider and the CEO, Chief Human Resource Officer (CHRO), or Chief Operations Officer (COO).

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Board of Directors
POLICY: Equal Employment Opportunity Statement	ADOPTED DATE: 1/1/10
REFERENCE NUMBER: PER.003	REVIEW DATES: 1/1/10
REPLACES POLICY DATED: PER.005	REVISION DATES: 1/1/10
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It is the policy of Open Door Community Health Centers to provide equal employment opportunities to all employees and applicants for employment. ODCHC provides equal pay for equal work. Furthermore, all employment practices such as recruitment, selection, promotions, demotions, transfers, layoffs, terminations, compensation, benefits, training, and other terms and conditions of employment are administered in a manner designed to ensure that employees and applicants for employment are not subjected to discrimination.

It is unlawful to discriminate based on age (over 40), race color, sex or gender, sexual orientation, national origin or ancestry, physical or mental disability, marital status or registered domestic partner status, military/veteran status, religious or preferences, medical condition (including genetic characteristic or condition) and any other consideration made unlawful by federal, state, or local laws. The CEO has the primary responsibility of preventing and correcting such inequities. An employee who suspects that decisions or practices violate ODCHC's non-discrimination policy should immediately contact their supervisor, their department director, the CHRO, or the CEO.

It is the policy and practice of ODCHC to fully comply with applicable federal, state, and local laws ensuring equal employment opportunities to qualified individuals with a disability. As required by law, ODCHC will provide reasonable accommodations to qualified applicants or employees with a known disability, unless undue hardship would result.

Open Door Community Health Centers is committed to providing a work environment free from discrimination and harassment, and where employees are treated with respect and dignity. This policy is in accordance with State and Federal laws and reaffirms ODCHC's commitment to the spirit and intent of EEO laws and policies.

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Board of Directors
POLICY: Employment Status	ADOPTED DATE: 8/24/98
REFERENCE NUMBER: PER.004	REVIEW DATES: 12/99, 6/00, 1/1/10
REPLACES POLICY DATED: 1995	REVISION DATES: 7/24/00, 1/1/10
PAGE: 1 of 1	RETIRED DATE: n/a

ODCHC shall have clear categories of per-diem, full-time, part-time, exempt, and non-exempt employment.

4.1 Per-Diem, Full-Time, or Part-Time Employees

A regularly scheduled workweek of 40 hours (1 full time equivalent) is considered full-time employment. Employees regularly scheduled to work less than 40 hours per week are designated as part-time. All full-time and part-time employees who regularly work at least 24 hours a week (.6 FTE) may be eligible for ODCHC's benefit programs, with part-time employees earning benefits pro-rated in proportion to hours worked per week. Per-diem employees are employees who are not regularly scheduled but rather work as need be by ODCHC. Per-diem employees and part-time employees who regularly work less than 24 hours a week are not eligible for benefits, including paid time-off (PTO).

4.2 Exempt or Non-Exempt Employees

Exempt employees are salaried employees who meet the criteria of executive, administrative, or professional employees as defined in the Fair Labor Standards Act (FLSA) and California Wage Order 4. The overtime and minimum wage provisions do not apply to exempt employees. Therefore, exempt employees are not paid overtime for hours worked in excess of 8 hours in a day or 40 hours in any workweek.

Non-exempt employees are those employees who do not meet the criteria for exemption as executive, administrative, or professional employees as defined in the California wage orders and FLSA. These employees are therefore not exempt from the overtime and minimum wage. Therefore, they are eligible for overtime compensation and must be paid the minimum wage or above.

4.3 Independent Contractors

ODCHC may enter into contracts with individuals to fulfill contracted obligations. Independent contractors may be reimbursed at an hourly rate or by project to be defined in a written, signed contract. Independent contractors have a resume and a written letter of agreement defining the conditions of their contract on file with ODCHC.

Independent contractors do not have any employee status and are not entitled to participate in any of ODCHC's fringe benefit program.

4.4 Temporary Employees

Temporary employees are hired either by ODCHC directly or through a temporary staffing agency or locum tenens company. Temporary employees are hired to assist in meeting business demands that occur on a temporary basis (less than 1 year). Temporary employees do not receive benefits and their assignment may end at anytime or on a pre-determined date.

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Board of Directors
POLICY: Hours of Work	ADOPTED DATE: 8/24/98
REFERENCE NUMBER: PER.005	REVIEW DATES: 12/99, 6/00, 1/1/10
REPLACES POLICY DATED: 1995	REVISION DATES: 8/21/01, 9/22/04, 1/1/10
PAGE: 1 of 2	RETIRED DATE: n/a

5.1 Workweek

ODCHC's workweek begins at 12:01 a.m., Sunday and concludes at 12:00 midnight the following Saturday. Employees' precise hours of work shall be scheduled in accordance with the operational needs of ODCHC. Supervisors shall assure that employees fulfill their assigned work schedules and record their work and attendance accurately and completely.

5.2 Alternate Workweek

For employees who participate in an alternate workweek, their work schedules consist of four, 10-hour days. ODCHC will notify applicants if they are applying for a position currently scheduled with an alternate workweek schedule. Employees working alternate workweek schedules are entitled to rest breaks and meal breaks in accordance with California Labor Law. Holiday pay is 8 hours for full time employment and prorated for less than 40 hours per week regardless of the employee's work schedule. Employees regularly scheduled off on an agency holiday will be paid for that holiday at the employee's holiday rate, not to exceed 8 hours.

5.3 Meal and Rest Breaks

All non-exempt employees are entitled to breaks from work, as mandated by the California Labor Law, a copy of which is posted at each clinic/site premise. A half-hour meal period must be provided for every work period more than five hours. Rest breaks must occur at the rate of 10 minutes for each four hours worked. All rest breaks and meal periods should be taken away from the regular work area. You may leave the premises for your meal periods. Ten minute rest breaks are not deducted from the employees' recorded work time and the employee may be required to take their rest breaks on the worksite premises.

If for any reason, an employee does not take the applicable rest break(s) and/or meal periods, he/she must notify the supervisor immediately and accurately record it on the timesheet.

5.4 Flexibility of Scheduling

When feasible, the clinic offers flexibility of scheduling to employees. This includes unpaid leaves of absence, bereavement leave, and military leave as well as flexibility in negotiating individual work schedules within the constraints of ODCHC's needs.
See Leave of Absence Policy (PER.015).

5.5 Time Records

Non-exempt employees must accurately record their actual work-hours. Employees must document their meal periods on their timesheets. Any employee who knowingly misrepresents her/his time records or the time records of another employee may be subject to disciplinary action up to and including termination.

5.6 Work-Hour Rules

Non-exempt employees cannot begin work or perform any work-related duties prior to the beginning of their normal workday unless they have specific authorization from their supervisor. Similarly, employees cannot continue to work beyond the end of their normal workday without specific authorization from their supervisor.

OPEN DOOR COMMUNITY HEALTH CENTERS

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5.6 Work-Hour Rules cont.

Non-exempt employees are expected to be at their work station in a fit condition and ready to work at their scheduled starting time. Employees who repeatedly fail to arrive at work on time, fail to return from meal and rest breaks on time, and/or who cease and/or leave work without authorization before their scheduled stopping time may be subject to disciplinary action up to and including termination.

5.7 Absence Reporting and Certification

An employee who is unable to work as scheduled must report via telephone to her/his supervisor or the designated contact person within a minimum of one hour prior to the scheduled work time. **Such a report must be made for each day of absence, unless other arrangements are made for an extended absence.**

If an employee is absent due to medical reasons for more than three consecutive workdays or three days in a 30-day period, a physician's statement may be required to certify that the employee was ill and unable to work. The statement must also provide the date that the employee may return to work.

In the event an employee is absent for two days or more without prior notice or approval, such absence is viewed as job abandonment and may be considered a voluntary resignation. However, this does not change the at-will employment status.

5.8 Excessive Absenteeism

Dependability and diligent attendance are required at ODCHC. Absenteeism and tardiness place a burden on other employees, the department, and/or the clinic. Unexcused absences, excessive absences, and patterned absences are causes for disciplinary action up to and including termination. Unexcused absences are absences when an employee fails to call in, gives a late notice, fails to give advance notice for an absence which could be anticipated, and/or exceeds the number or length of absences covered by an appropriate leave policy or PTO. Patterned absences are absences for example, that routinely fall on particular days of the week, before or after holidays or calling in sick as rapidly as PTO is earned. An employee is considered absent if he or she is not present for work as scheduled, regardless of the cause.

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Board of Directors
POLICY: Compensation/Benefits	ADOPTED DATE: 8/24/98
REFERENCE NUMBER: PER.006	REVIEW DATES: 12/99, 6/00, 7/00, 11/00, 3/01, 1/1/10
REPLACES POLICY DATED: 1995	REVISION DATES: 6/26/03, 9/22/04, 1/1/10
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ODCHC shall compensate employees with pay rates and benefits that are competitive with the job market and feasible within its resources. Furthermore, ODCHC shall ensure that pay relationships among positions within the organization are equitable, and that common criteria (including job performance) are applied uniformly to determine compensation levels for individual staff members. The CEO has primary administrative responsibility and accountability for ensuring the development and implementation of a sound wage and salary administration program. The Board of Directors has general oversight responsibility with respect to the review of salary classifications, the review and approval of new or revised wage and salary scales, the review and approval of salary increases of senior management, and the review and approval of the development and the implementation of non-wage compensation or benefits.

There may be times when it is deemed necessary by the Board of Directors to adjust wages downward due to budget and funding constraints. While every measure is taken to avoid this step, it is sometimes imperative.

6.1 Wage and Salary Program

ODCHC's wage and salary program is designed to meet the minimum wage requirements of the Wage Orders from the Industrial Welfare Commission of the State of California; to maintain salary levels competitive with those of similar organizations in Humboldt and Del Norte counties in order to retain qualified personnel and attract competent applicants for positions when vacancies occur; to provide incentives for employees to put forth their best efforts on their jobs; to properly translate the results of job performance appraisals into meaningful wage and salary decisions for each employee; to define a uniform structure of job relationships which will foster the equitable compensation of employees and provide them with opportunities for advancement, promotion, and transfers; and to keep the individual employee informed of compensation matters and foster the realization by each employee that ODCHC has an equitable program.

6.1a Development and Administration

Wage and salary ranges are the approved minimum and maximum rates that may be paid to employees who fully meet the qualifications set forth in their position descriptions. When a new employee is hired, she/he receives a pay rate or salary commensurate with her/his qualifications and experience, and with the requirements of the position.

The pay levels for each position are based upon evaluation of:

- the experience, knowledge, skills, and abilities required for the position;
- the difficulty and complexity of tasks, duties, and responsibilities associated with the position; and
- the degree of supervision received and given by the position.

ODCHC will maintain an accurate and current job description for each position, which defines each of the characteristics noted above.

OPEN DOOR COMMUNITY HEALTH CENTERS

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REFERENCE NUMBER: PER.006	REVIEW DATES: 12/99, 6/00, 7/00, 11/00, 3/01, 1/1/10
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6.1b Overtime

Employees who are employed in positions classified as non-exempt are paid overtime for all hours worked in excess of 8 hours in a day (unless working an approved alternative workweek schedule) or 40 hours in one week. Any employee who works overtime without the prior authorization of her/his immediate supervisor may be subject to disciplinary action up to and including termination.

6.1c Compensatory Time

Compensatory time may be earned by full-time exempt employees when special projects are assigned which require a significant increase in work time. Accumulation and use of compensatory time must be approved in advance by the employee's supervisor. Compensatory time must be used within 90 days of being accumulated. No more than 40 hours of compensatory time may be accumulated.

6.1d Pay Period

All employees of ODCHC are to be paid on a bi-weekly basis, on Friday by 4 p.m.

6.1e Substitute Receipt

An employee's paycheck may be given to another person only upon the written request of the employee.

6.1f Payroll Advances

ODCHC will only grant payroll advances if there is a true emergency. An employee may request a payroll advance once a year. To request a payroll advance, the employee must complete and sign the Payroll Advance Form (located on the S drive) and submit it to the CHRO for approval. Payroll Advance requests are not processed during a pay week. The advance must be paid back during the following pay period.

6.2 Paid Time-Off Benefits

In order to enhance recruitment and retention, ODCHC offers competitive paid time off benefits to employees.

6.2a Paid Time-Off Accrual Rates

Employees are eligible for pro-rated Paid Time-Off (PTO) benefits based upon the number of hours worked. Employees may begin using accrued PTO after 90 days of employment.

Paid Time-Off is accrued based upon the employee's length of employment, as follows:

Up to 5 years employment	15 working days annually
5 to 9 years employment	20 working days annually
10 to 14 years employment	25 working days annually
15 + years employment	30 working days annually

ODCHC encourages its employees to use PTO time for recreation. At times, employees may wish to be paid for their accrued PTO time in lieu of taking the time off work. An employee must complete and sign a PTO Cash Out Form (located on the S drive>HR Folder>Employee Resources) and submit it to Finance for processing.

OPEN DOOR COMMUNITY HEALTH CENTERS

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Employees may request an advance on PTO twice a year. However, an employee may not request an advance of PTO if they are below a zero balance. Employees may not request more than 40 hours of advance PTO and must have completed 3 months employment.

Upon termination, any employee is eligible for payment for accrued PTO. In the event of death of an employee, the estate will receive payment for accrued PTO. PTO rolls over annually.

6.2b Continuing Education Leave

Licensed practitioners who work at least 24 hours per week (.6 FTE) are eligible for ODCHC's CEU benefit. Providers include physicians, dentists, physician assistants, family nurse practitioners, certified/licensed midwives, PsyD's, PhD's, and LCSWs. Providers who work full time (40 hours per week) qualify for 1 week of paid CEU time off and \$1,000 annually for CEU's. This benefit is prorated for providers working less than 1 FTE (40 hours per week). Paid continuing education benefits for licensed support staff (RNs, LVNs, RDH's, RD's, Radiologists) are 2 days per year, up to \$200 per year, pro-rated based upon hours FTE (full time equivalence or hours worked per week).

ODCHC will provide time-off with pay for licensed health care staff for attendance to or to complete online continuing education courses. The CEO has final authority to determine whether a course is approved for time-off pay.

The CEU payment benefit is paid to practitioners on a quarterly basis and is based on their FTE for the previous quarter. It is the responsibility of the practitioner to maintain their licensure and report their CEU's to their licensing board.

All continuing education paid time off leave must be used and tracked during the calendar year in which it is allocated.

6.2c Jury Duty Leave

If you are subpoenaed to serve as a juror, you will be given time off with pay for this service. You will receive the difference between what the state pays a juror and your regular earnings from ODCHC. For non-exempt employees, coordination with jury pay is for regularly scheduled shifts not to exceed 24 hours. Upon return from jury duty, present proof of jury duty and payment to the Human Resources Director. Exempt employees are compensated for jury duty according to CA labor law.

6.2d Court Appearance Leave

ODCHC will pay the wages or salary of any employee who is subpoenaed to appear in court as a witness in their capacity as an ODCHC employee, in return for any witness fees earned. ODCHC will bill for court appearance services of its employees as appropriate. In order to be eligible under the preceding provisions, an employee must present a copy of the summons, subpoena, or other appropriate documentation to her/his supervisor.

6.2e Bereavement Leave

Three days off with regular pay is provided to employees for attending to obligations upon the death of an immediate family member if the absence occurs during scheduled workdays. Proof of deceased's death is needed in order to take Bereavement Leave.

OPEN DOOR COMMUNITY HEALTH CENTERS

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6.2e Bereavement Leave cont.

Immediate family member is defined as: spouse, partner, child, step-child, partner's child, foster children, parent, parent-in-law, partner's parent, sibling and sibling by marriage, grandparent and grandparent-in-law.

6.2f Holidays

Paid holidays for employees are as follows:

New Year's Day	Labor Day
President's Day	Thanksgiving Day
Memorial Day	Day after Thanksgiving
Independence Day	Christmas Day

An additional floating holiday is offered for veteran's who have served in any of our Armed Services. This includes the following armed services:

- Army
- Navy
- Marine Corps
- Air Force
- Reserves or Guards
- Coast Guard

If a holiday falls on a Saturday or Sunday, one paid holiday day will be celebrated on the Monday following the holiday. Any employee who believes he/she is eligible for the Veteran's Day floating holiday should contact the Chief Human Resources Officer or HR Manager.

If a holiday occurs during an employee's approved PTO, the holiday is paid as a holiday rather than as a PTO day. An employee must work his or her regularly scheduled days prior to or immediately following a holiday or be on an approved paid leave (i.e. PTO) to be eligible for holiday pay

If an exempt employee works 40 hours or more during a week in which a holiday occurs, she/he may elect to use that holiday at another time.

Holiday pay for part-time employees is pro-rated based upon the number of hours regularly worked by the employee (FTE). Employees working a 4/10 alternative schedule will receive holiday pay equivalent to 8 hours of work.

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6.3 Other Paid Benefits

6.3a Medical/Dental/Vision Plans

Comprehensive hospital, medical, dental and vision insurance is available to all employees who work at least 24 hours per week averaged over a 3-month period. Health insurance begins the first of the month following 90 days of employment for staff and the first of the month following employment for providers. Enrollment forms must be completed by every eligible employee and returned to the Human Resource Department within the employee's first 90 days (staff) or first month (providers) of employment whether the employee chooses to participate or decline.

For providers, a portion of Call Time will be credited as hours worked for calculating insurance coverage.

Health insurance premiums paid by ODCHC employees are not subject to payroll tax withholding. Effective January 1, 2010 ODCHC has adopted a tiered-premium plan based on employee's FTE status (hours worked per week). A reduction in an employee's scheduled hours can result in an increased premium. Furthermore, a reduction to less than 24 hours worked per week or discontinuation of employment will result in termination of employee health insurance. The Human Resources Department will notify employees and their eligible dependents of their rights (if any) to continue health, dental, or vision insurance coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, as amended. Employees who choose this option will be required to prepay their premiums by the 25th of each month. Employees who do not prepay their premium contribution will be subject to termination of coverage. Contact the Human Resources Department for details.

The following graph depicts the percentage of the premium the employee is responsible for based on the employee's FTE status:

FTE	1 FTE (40 hours per week)	.8 FTE (32-39 hours per week)	.6 FTE (24-31 hours per week)
Employee Only	80%	65%	50%
Employee + 1	55%	40%	25%
Family	55%	40%	25%

See Employee Health Insurance Policy. (PER.018)

6.3b Tax-Sheltered Annuity (TSA)

As a non-profit organization, the clinic is able to offer its employees the opportunity to set aside up to 20% of their pay (up to the maximum allowable by law) for retirement, tax-deferred, into Tax Sheltered Annuities. These dollars remain untaxed until they are withdrawn from the fund.

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Board of Directors
POLICY: Compensation/Benefits	ADOPTED DATE: 8/24/98
REFERENCE NUMBER: PER.006	REVIEW DATES: 12/99, 6/00, 7/00, 11/00, 3/01, 1/1/10
REPLACES POLICY DATED: 1995	REVISION DATES: 6/26/03, 9/22/04, 1/1/10
PAGE: 6 of 7	RETIRED DATE: n/a

6.3c Profit Sharing Retirement Plan

Each employee who works at least 1000 hours during their first year of employment becomes eligible to participate in the profit sharing plan. Once they become a participant they may earn retirement at 1-8% of salary per year based upon clinic gains for that year. The Board of Directors votes annually to determine this percentage. Employees become fully vested (100%) in this program after participating for 6 years.

6.3d Worker's Compensation

All employees at ODCHC are covered by Worker's Compensation Insurance. An employee who is injured in the course of employment (or contracts an occupational disease) is entitled to medical attention and treatment under worker's compensation. Employees injured in the course of employment must report their injury to their supervisor, RN Clinic Coordinator, or Risk Manager immediately. Employees will be paid for lost time as provided by the Worker's Compensation Act. To file a Worker's Comp claim, employees should notify their supervisor or the Risk Manager. Independent Contractors are not covered by ODCHC's Worker's Compensation Insurance.

6.3e Long-Term Disability

All employees at ODCHC are covered by State Disability Insurance.

Employees who work at least 24 hours per week are eligible for the employer paid provision of Long-Term Disability Insurance as a supplement to State Disability Insurance. Employees become eligible for the Disability benefit after 90 days of employment. Applications for the program must be submitted to the Human Resources Department prior to or within 30 days of eligibility.

Employees do not accrue PTO during short-term disability.

6.3f State Unemployment Insurance and Social Security

As defined in Federal and State legislation, employees by virtue of employment are covered by State Unemployment Insurance and Social Security benefits.

6.3g Equipment and Protective Clothing

ODCHC provides required equipment and protective clothing as requested and approved.

6.3h Reference Materials

The clinic provides basic textbooks, reference materials, and journals, as requested and approved.

6.3i Memberships in Professional Organizations

Upon Administrative approval, up to \$100 per year will be paid towards memberships in professional organizations. The professional membership fees (for each site's dental director and medical director) will be paid in full up to \$500.00. Employees must submit appropriate receipts and a completed Expenditure Authorization/Check Request form to the HR Director for approval prior to reimbursement.

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Board of Directors
POLICY: Compensation/Benefits	ADOPTED DATE: 8/24/98
REFERENCE NUMBER: PER.006	REVIEW DATES: 12/99, 6/00, 7/00, 11/00, 3/01, 1/1/10
REPLACES POLICY DATED: 1995	REVISION DATES: 6/26/03, 9/22/04, 1/1/10
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6.3j Malpractice Insurance

Malpractice insurance fees are paid in full.

6.3k Licensing Fees

One-half of provider licensing fees are paid upon approval. DEA licenses are paid in full. Providers are required to submit appropriate receipts and a signed Expenditure Authorization/Check Request form to the Chief HR Officer for approval prior to reimbursement.

6.3l Incentive (Productivity) Pay

Under the present productivity system, additional pay is earned at the rate of \$15 per billable medical visit and \$9 per billable behavioral health/psychiatric or dental visits for all visits in excess of a base rate per clinic, as calculated on a monthly basis. See Productivity Policy (PER.015).

6.3m Hospital Dues for Medical Staff Privileges

Upon Administrative Approval, hospital dues for medical staff privileges will be paid in full. Providers are required to submit a completed Expenditure Authorization/Check Request form and hospital invoice to the Human Resources for payment.

6.3n Clinical Resource Software

ODCHC will provide providers with a subscription to Epocrates. ODCHC will reimburse providers up to \$350 for MD Consult or Up-to-Date if either is their preferred clinical resource software. Providers are required to submit a completed Expenditure Authorization/Check Request form and a receipt of payment to be reimbursed for the expense of a MD Consult and Up-to-Date subscriptions.

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Board of Directors
POLICY: Performance Evaluation	ADOPTED DATE: 8/24/98
REFERENCE NUMBER: PER.007	REVIEW DATES: 12/99, 6/00, 1/1/10
REPLACES POLICY DATED: 1995	REVISION DATES: 8/21/01, 1/1/10
PAGE: 1 of 1	RETIRED DATE: n/a

The job performance of each employee of ODCHC shall be evaluated after 6 months of employment, then annually for non-providers and bi-annually for licensed professional staff (providers) and exempt status employees. Evaluations are performed by the employee's immediate supervisor or department head. Evaluations should be based upon an employee's actual job performance within the requirements of the position description. Supervisors are encouraged to communicate with employees regarding their performance on a regular basis, discussing both positive aspects and areas of development as they occur or are necessary.

7.1 Performance Evaluation Objectives

The objectives of performance evaluation are:

- to fairly and accurately assess an employee's strengths, areas for improvement, and potential for professional development;
- to encourage and guide the employee's development of her/his special skills and work interests in a manner that is beneficial to both ODCHC and the employee;
- to provide a method of giving employees recognition for their actual job performance;
- to provide a method of improving operations by fostering communication between the employee and the immediate supervisor or department head; and
- to identify employee-training needs.

7.2 Performance Evaluation Procedure

The supervisor prepares a written performance evaluation of the employee, soliciting input from the employee's peers, or co-workers, as appropriate. The supervisor and employee meet to review and clarify the employee's job description, including assigned tasks, duties, and responsibilities. Any changes which either the employee or the supervisor feel have occurred in the employee's job are discussed and any major changes in the employee's job description and/or level of compensation are noted and forwarded to the CHRO.

A copy of the written evaluation is provided to the employee and any problems or issues are discussed. The employee is encouraged to discuss work assignments and to make suggestions for improving assignments, functions, or work procedures. The employee may make a written response to any aspect of the evaluation. The outcome of the discussion is the formulation of a plan to develop the employee's strengths and to identify and improve the employee's areas for further development or improvement.

Once the employee has reviewed the written performance evaluation and added any written comments she/he deems appropriate, the employee and supervisor sign the evaluation, submit it to the HR Director for signature and it becomes part of the employee's personnel file. If you have not received your evaluation within 60 days of the due date, contact the CHRO.

7.3 Peer Review

Performance Evaluation of licensed professional staff (providers) may include a component of peer review.

7.4 Performance Evaluation of the CEO

The Board of Directors is responsible for periodically conducting a performance evaluation of the CEO and for maintaining documentation of such evaluations.

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Board of Directors
POLICY: Employment Practices	ADOPTED DATE: 8/24/98
REFERENCE NUMBER: PER.008	REVIEW DATES: 12/99, 6/00, 1/1/10
REPLACES POLICY DATED: 1995	REVISION DATES: 8/21/01, 9/22/04, 1/1/10
PAGE: 1 of 3	RETIRED DATE: n/a

All employment practices shall be designed to meet the needs of ODCHC and comply with all applicable Federal, State, and local regulations.

8.1 Filling Vacancies

8.1a Recruitment

When a position vacancy occurs, ODCHC provides sufficient information and announcement time so that a pool of qualified applicants will have access to the opening. Efforts are made to assure that qualified employees within ODCHC have access to promotional and transfer opportunities.

All potential employees must provide a completed, signed application with references and may also provide a resume or CV. Selection of candidates and employees is accomplished by an equitable process and objective review of all candidates, including verification of prior work history and a reference check.

8.1b Hiring

Upon hiring, the new employee is provided with a job title and description, effective date of hire, wage/salary and benefit information, employment status, scheduled work hours, and a packet of forms and documents required for her/his personnel file.

8.2c Transfers

ODCHC recognizes that, from time-to-time, it may be necessary and appropriate to transfer an employee from one position to another. An administrative transfer is a transfer initiated by ODCHC. A transfer is implemented if it appears to be advantageous to ODCHC and is in accordance with existing policies and procedures. An employee may also initiate a transfer by completing the Internal Job Posting Response form. Forms must be signed by the employee and the employee's current supervisor prior to interviewing for the potential transfer position. Internal candidates must meet the minimal requirements for the position in order to be considered as a viable candidate. Furthermore, internal candidates must have successfully completed any Performance Improvement Plan and not received any disciplinary action within 6 months of their internal response to a posted position. A transferred employee retains her/his original anniversary date for calculation of benefits.

8.2 New Employee Orientation

Each newly-placed or newly hired employee receives a comprehensive orientation to ODCHC and its operations and to her/his department, thus providing necessary and pertinent instruction regarding the philosophy and services provided by ODCHC. This on the job orientation also provides information describing the expectations management has of job performance as well as the specific tasks, duties, and responsibilities associated with the employee's position. Orientation enables a newly hired or transferred employee to function properly in her/his role and to develop a proper work attitude towards ODCHC.

Newly hired employees are also invited to attend the ODCHC's Agency New Employee Orientation at the earliest possible opportunity.

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Board of Directors
POLICY: Employment Practices	ADOPTED DATE: 8/24/98
REFERENCE NUMBER: PER.008	REVIEW DATES: 12/99, 6/00, 1/1/10
REPLACES POLICY DATED: 1995	REVISION DATES: 8/21/01, 9/22/04, 1/1/10
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8.3 Separation from Employment

8.3a Employment At-Will

ODCHC and its employees understand and agree that the employment relationship between them is employment at-will which may be terminated by either party at any time, with or without notice, and with or without cause.

ODCHC assures that employees who are separated from employment by resignation or dismissal are treated fairly. The records pertaining to the separation of an employee become a part of the employee's personnel file. Management makes every effort to ensure separations from employment are handled in a manner that does not disrupt the orderly operation of ODCHC.

Upon separation, any employee receives payment for all unused accrued Paid Time-Off at the employee's regular rate of pay. Employees receive a notice of separation upon termination from ODCHC.

8.3b Notice of Resignation

Departing employees are requested to give sufficient notice to ODCHC to enable reassignment of their work functions. The requested minimum notice, in excess of accrued leave time, is 2 weeks for non-supervisory employees, 4 weeks for supervisors, and 8 weeks for licensed practitioners.

Notice of resignation must be given in writing to the supervisor and must include the reason why the employee is resigning. Any resignation records become part of the employee's personnel file.

8.3c Exit Interview

When an individual terminates employment with ODCHC, the Human Resource Department will attempt to conduct an exit interview either in person, by phone or through written correspondence. Any record of an exit interview shall be maintained in a separate file from the employee's personnel file and maintained in the HR department. Exit interviews are to be conducted privately and individual responses are to remain confidential.

8.4 Reduction in Force

When ODCHC experiences a reduction in funding or when other significant changes occur in its organization, it may be necessary to reduce the size of its work force. Any such reduction in force or layoff of personnel is accomplished in a manner which maximizes ODCHC's ability to continue to provide services in keeping with its mission.

The CEO has primary responsibility for implementing a reduction in force. Any plan for reduction in force is designed based upon the following criteria, which are listed in priority order:

1. the needs of ODCHC;
2. the functional requirements of the units within ODCHC;
3. the job performance of employees;
4. the capabilities and skills of employees; and
5. the seniority of employees.

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Board of Directors
POLICY: Employment Practices	ADOPTED DATE: 8/24/98
REFERENCE NUMBER: PER.008	REVIEW DATES: 12/99, 6/00, 1/1/10
REPLACES POLICY DATED: 1995	REVISION DATES: 8/21/01, 9/22/04, 1/1/10
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8.5 Personnel Files

Personnel Files shall be maintained for all employees. All information contained in the files is strictly confidential. Access to personnel files is granted only to employees whose duties require such access.

Employees may review their personnel file, by appointment, in the presence of a member of the Human Resources Department.

Employees are responsible for informing Human Resources department of any change of address, phone number, name, or other personal information.

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Board of Directors
POLICY: Employee Standards of Conduct	ADOPTED DATE: 8/24/98
REFERENCE NUMBER: PER.009	REVIEW DATES: 12/99, 6/00, 1/1/10
REPLACES POLICY DATED: 1995	REVISION DATES: 8/21/01, 9/24/04, 1/1/10
PAGE: 1 of 3	RETIRED DATE: n/a

ODCHC expects that the conduct of each of its employees will support and ensure the integrity of the organization and thereby enhance its credibility and acceptance in the community. This is essential to our success in providing important and necessary health services. To this end, there have been established official rules which clearly state the expected standards of conduct of employees. Violation of any of these standards may result in disciplinary action up to and including immediate dismissal.

9.1 Awareness of Clinic Policies and Procedures

It is expected that employees will remain informed regarding clinic policies and procedures, and that established policies and procedures will be followed at all times.

9.2 Harassment

It is the goal of Open Door Community Health Centers, Inc. to have a workplace free of harassment, regardless of whether the harassment is of a sexual nature or in reference to a protected class as designated by federal or state law. Laws enforced by the California Department of Fair Employment and Housing and federal laws protect applicants and employees from illegal discrimination and harassment in employment based on race, color, religion, sex (pregnancy and gender), sexual orientation, marital status, national origin (including language use restrictions) ancestry, disability (mental and physical, including HIV and AIDS), medical condition (cancer/genetic characteristics, age (40 and above), military/veteran status, denial of pregnancy disability leave or reasonable accommodation.

Any behavior that creates or contributes to an intimidating, hostile, or offensive environment is absolutely prohibited and will result in disciplinary action, up to and including termination.

See Harassment Policy (PER.016).

9.3 Job Description Performance Standards

It is expected that the employee will adhere to the duties and responsibilities defined in her/his job description and that any significant changes in such duties will be reported to the supervisor for correction or clarification.

9.4 Full Attention

When an employee is working, it is expected that ODCHC business will receive the full attention of the employee. It is equally important that employees respect their coworkers needs to pay attention to their work and therefore, conduct themselves in a manner that contributes to a productive, professional work environment.

9.5 Personal Use of Clinic Equipment

Employees are expected to use their rest breaks and meal breaks to make/receive personal phone calls and text messages unless the call is of an urgent, emergency nature. Except in cases of emergency, employees are discouraged from using ODCHC telephones to make personal phone calls. Telephones are located in break areas for employee's personal use during break times. All personal toll or long distance calls must be recorded by date, time and number, and given to the Chief Financial Officer. Employees will be charged for such calls.

Unauthorized personal use of computer, clinic photocopiers, fax machines, postage meters, or other equipment is prohibited and may result in disciplinary action up to including termination.

See Computer User Agreement (PER.020)

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Board of Directors
POLICY: Employee Standards of Conduct	ADOPTED DATE: 8/24/98
REFERENCE NUMBER: PER.009	REVIEW DATES: 12/99, 6/00, 1/1/10
REPLACES POLICY DATED: 1995	REVISION DATES: 8/21/01, 9/24/04, 1/1/10
PAGE: 2 of 3	RETIRED DATE: n/a

9.6 Dress and Personal Appearance

ODCHC dress code is business casual. Employees must be well-groomed and neatly dressed at all times. Dress must reflect professional decorum and be appropriate to duties performed and ODCHC's business. Employees in violation of this policy may be required, at their own expense, to leave the premises and return in appropriate attire.

9.7 Use of Alcohol or Drugs

Use of alcohol, illegal drugs or controlled substances by an employee in the workplace or during working performance or in a manner which impacts work performance is prohibited. The use of medications under specific physician orders are excluded provided they do not hinder job performance. Appropriate consumption of alcoholic beverages during designated ODCHC social functions may be allowed.

See Drug-Free Workplace Policy (OPS.005).

9.8 Smoking

By law, and for the comfort and health of patients and staff, there is no smoking allowed in any of ODCHC's buildings.

See No Smoking Policy (OPS.004).

9.9 Information Communication

Information regarding ODCHC's practices, policies, or internal problems is not to be discussed with personnel of other organizations, the news media, or the general public except by those individuals who are directed by the CEO to communicate such information.

9.10 Client Confidentiality

By law, all patient information must be maintained with strict confidentiality. Employees may not discuss, transmit, or narrate client information to any person or entity except in the routine performance of their specific job. During working operations, employees must protect confidentiality by shielding client names from public view, by keeping references to clients anonymous, and by keeping voices low. No patient information is to be accessed for any reason other than ODCHC business and on a need to know basis.

See Confidentiality Policy (PER.023).

9.11 Conflict of Interest

Any employee engaged in a personal business situation or transaction that may conflict with the interest or the purpose of ODCHC must disclose such information to the CEO. This includes any instance where an employee or a member of the employee's immediate family could benefit financially from any business situation or transaction involving ODCHC.

The CEO is responsible for gathering sufficient information regarding the disclosed activity to determine if further action is warranted and, with the help of legal counsel, for making a written recommendation to the Board of Directors.

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Board of Directors
POLICY: Employee Standards of Conduct	ADOPTED DATE: 8/24/98
REFERENCE NUMBER: PER.009	REVIEW DATES: 12/99, 6/00, 1/1/10
REPLACES POLICY DATED: 1995	REVISION DATES: 8/21/01, 9/24/04, 1/1/10
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9.12 Political Activities

No employee may levy or solicit any financial assistance or subscription for any political party, candidate, political fund or publication, or for any other political purpose from any other employee of ODCHC.

9.13 Personal Business Interests

Employees are not permitted to use ODCHC's contacts for personal business interests.

9.14 Outside Vendors

Outside vendors or representatives of groups who attempt to enter ODCHC's premises for the purpose of solicitation are to be stopped immediately, informed that the activity is unauthorized, and escorted from the premises. Outside vendors engaged in business with ODCHC are excluded from the prohibition.

9.15 Charitable Efforts

All requests for ODCHC sponsorship of charitable efforts must be submitted in writing to the CEO, who will determine the specific activities that may be carried out on ODCHC's premises and/or in ODCHC's name.

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Board of Directors
POLICY: Disciplinary Actions	ADOPTED DATE: 8/24/98
REFERENCE NUMBER: PER.010	REVIEW DATES: 12/99, 6/00, 1/1/10
REPLACES POLICY DATED: 1995	REVISION DATES: 12/22/04, 1/1/10, 1/1/10
PAGE: 1 of 2	RETIRED DATE: n/a

Fair but firm corrective action shall be taken promptly when violations of work rules, job performance problems or standards of conduct occur. **Although disciplinary actions may sometimes be corrective and/or progressive in nature, serious misconduct and work performance problems, or violation of laws and/or ODCHC policies, procedures, and practices may warrant disciplinary action including termination, outside the corrective, discipline approach.** The goals of the disciplinary process are to: inform the employee of inadequacies in performance or instances of improper behavior; instruct the employee on what action must be taken to correct the performance or behavior problem; and inform the employee of what action will be taken in the future if the expectations are not met. All disciplinary action is documented on the Personnel Action Form (PAF). A copy of the PAF is given to the employee at the disciplinary meeting.

The CEO or designee has final responsibility for monitoring performance and determining disciplinary action. In determining disciplinary actions, ODCHC considers the seriousness of the offense, any extenuating circumstances concerning the offense, and the employee's work record. The employee is given an opportunity to present and explain her/his side of the case.

10.1 Forms of Disciplinary Actions

10.1a Verbal Warnings

When an employee's performance, actions or behaviors indicates a need for improvement, the supervisor may coach that employee towards improved results. For example, verbal warnings may be used for first offenses involving minor infractions of rules or after coaching has been unsuccessful in correcting job performance or conduct. Verbal warnings are documented on the Personnel Action Form and become part of the employee personnel file.

10.1b Written Warnings

Written warnings may be used for example, following prior verbal warnings, in cases of more serious violations or when other corrective measures have been unsuccessful in affecting the employee's conduct or performance. The written warning is given to the employee and includes: what is expected, what was inadequate, and what must be done to change. A copy of the written warning is placed in the employee's personnel records. Further incidents may result in further disciplinary action up to and including termination.

10.1c Suspension

Suspension may be used for example, following verbal or written warnings, for major violations or for repeated minor violations. Suspension may also be invoked to facilitate investigative actions. To initiate suspension, the sequence of events is documented and the employee is notified, if possible, both in person and in writing by the CEO or designee. An employee may be suspended for no less than 1 and no more than 10 days without pay. At the conclusion of the suspension, the CEO or designee meets with the returning employee to discuss the terms and conditions of her/his return to work.

If the suspension is for the purpose of investigating allegations of misconduct and the employee is cleared and reinstated, the employee is paid all back-pay due from the date of his/her suspension to the date of her/his reinstatement.

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Board of Directors
POLICY: Disciplinary Actions	ADOPTED DATE: 8/24/98
REFERENCE NUMBER: PER.010	REVIEW DATES: 12/99, 6/00, 1/1/10
REPLACES POLICY DATED: 1995	REVISION DATES: 12/22/04, 1/1/10
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10.1d Demotion

Demotion results in permanent changes of the employee's assignment from a position in classification to a position in another classification with a lower pay grade. The salary/wage of a demoted employee may be reduced to a rate of pay within the lower pay grade.

Demotion may be used when an employee is unable to perform successfully in his or current position, but may be capable of performing satisfactorily in another position. Demotion may also be used without previous discipline if it is based on a serious offense.

Although disciplinary action may be used, employment-at-will may be terminated with or without cause and with or without advance notice at any time by the employee or ODCHC. Nothing in this employee handbook or ODCHC Policies and Procedures limits the right to terminate at-will employment.

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Board of Directors
POLICY: Employment Grievances	ADOPTED DATE: 8/24/98
REFERENCE NUMBER: PER.011	REVIEW DATES: 12/99, 6/00, 1/1/10
REPLACES POLICY DATED: 1995	REVISION DATES: 7/24/00, 12/23/04, 1/1/10
PAGE: 1 of 1	RETIRED DATE: n/a

Open Door Community Health Centers shall encourage an equitable atmosphere by permitting all grievances to be judged fairly.

11.1 Grievance Policy

All ODCHC employees have recourse through the grievance procedure for resolution of problems relating to ongoing employment at ODCHC. The grievance process is not used to investigate employee terminations.

Each grievance is resolved fairly and consistently in accordance with applicable policies and procedures. Discrimination or retaliation of any kind against an employee for exercising her/his rights under the grievance procedure is not permitted.

All ODCHC employees should attempt to work with their colleagues and supervisors to solve problems on an informal basis. Should a problem not reach resolution in this manner, a formal grievance may be initiated.

11.2 Grievance Procedure

Problems that cannot be resolved internally with colleagues or the supervisor are presented to the Chief HR Officer (CHRO) in writing. The written record should be detailed and specific, and should be filed within 5 working days of the original occurrence, if based upon a specific incident. The CHRO investigates as necessary and makes a response within 10 working days.

Problems that cannot be resolved by the CHRO are presented in writing by the employee and/or CHRO to the Executive Team, which makes a response within 10 days from the presentation of the grievance. Employees who have an unresolved grievance with the CHRO may present their documentation directly to the Executive Team or CEO.

Problems that cannot be resolved by the Executive Team are presented in writing to the CEO, who makes a final decision on the matter within 10 working days. The CEO has the final determination of the issue unless the grievance is with the CEO. In which case, the final decision will rest with the Ethics Committee members of Chief Medical Officer and Chief Human Resource Officer and Deputy Director of Operations.

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Operations Officer
POLICY: Confidentiality	ADOPTED DATE: unknown
REFERENCE NUMBER: PER.012	REVIEW DATES: 1/1/10
REPLACES POLICY DATED: n/a	LAST REVISION DATE: 4/1/2003
PAGE: 1 of 1	RETIRED DATE: n/a

POLICY:

1. All staff (volunteer, students, or employees) will sign a statement acknowledging understanding of the importance of maintaining confidentiality on all patient and personal clinic matters. Copies of confidentiality statements will be maintained in the employee's personnel file.
2. Each employee will receive privacy training upon hire and a privacy training update annually thereafter.
3. Each employee is responsible for understanding ODCHC's privacy practices, as described in the current Notice of Privacy Practices.

Attachment:

ODCHC Form #454 Confidentiality Agreement

ODCHC Form #568 Notice of Privacy Practices

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Operations	APPROVED BY: Board of Directors
POLICY: Ethics and Compliance	ADOPTED DATE: 6/12/2000
REFERENCE NUMBER: OPS.013/PER.012	REVIEW DATES: 1/1/10
REPLACES POLICY DATED: 1995	REVISION DATES: 1/07, 1/08, 7/08, 12/01/08, 1/1/10
PAGE: 1 of 14	RETIRED DATE: n/a

PURPOSE

The purpose of this policy is to demonstrate in the clearest possible terms the absolute commitment of Open Door Community Health Centers (ODCHC) to the highest standards of ethics and compliance. This commitment permeates all levels of the organization. The Ethics and Compliance Policy is approved by the Board of Directors, is applicable to all employees and contractors, guides ODCHC personnel and contractors in their performance of day-to-day activities, governs the actions of all ODCHC employees and affiliates and applies to our relationships with patients, members of the healthcare community, third-party payors, subcontractors, independent contractors, vendors, consultants and one another. An Ethics and Compliance Committee is responsible for monitoring adherence to this policy. The Ethics and Compliance Committee members are: the Corporate Compliance Officer (Deputy Director of Operations), the Corporate Medical Director (CMO), and the Chief Human Resource Officer (CHRO).

POLICY

ODCHC recognizes that many different individuals and organizations are stakeholders in its business of providing health care. These stakeholders include patients, ODCHC employees, third party payors, government and other regulatory agencies, contractors and subcontractors, vendors and suppliers and other community agencies, among others. The sections below define the ethical standards that govern interactions with and among these stakeholders.

PROTOCOL

13.1 PATIENTS

13.1a Patient Relationships

ODCHC is committed to business policies and practices which promote the health and well-being of patients and which, at the same time, empower individuals to take an active role in determining their health care. To further these policies and practices, all ODCHC patients shall:

- Be treated with respect and dignity;
- Be treated equally, without regard to race, color, religion, national origin, sexual orientation, income status, method of payment, ability to pay, or any other factor;
- Be given explanations of any tests, procedures or other care provided on her or his behalf and be able to ask questions and receive understandable answers regarding her or his care and treatment plan;
- Be given the opportunity to participate in health care decision making and planning, including the opportunity to consent or refuse care or treatment and the right to make an advance directive regarding her or his health care;
- Receive appropriate health education and counseling, including an explanation of the benefits, risks and alternatives to proposed treatment plans;

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Operations	APPROVED BY: Board of Directors
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- Receive services in a culturally and linguistically appropriate manner to the fullest extent possible.
- Be accorded appropriate confidentiality and privacy during the provision of services and in the maintenance of health care, financial and any other information contained in the patient records.
- Be given an opportunity to review her or his ODCHC health care records with a health care practitioner upon reasonable request and/or receive a copy of her or his ODCHC health care records as allowed by law upon reasonable request and receipt of appropriate authorization.
- Be informed of the above rights, and of his or her responsibilities as a patient of ODCHC (refer to Patient Rights and Responsibilities – OPS.014)

13.1b Patient Information

ODCHC collects information about patient's demographic information, medical condition, history, medication and family illnesses to provide the best possible care. ODCHC realizes the sensitive nature of this information and is committed to maintaining patient privacy and the confidentiality of patient specific information. ODCHC does not release or discuss patient specific information with others unless it is necessary to serve the patient, authorized by the patient or patient's representative or otherwise required by law.

ODCHC employees and contractors must never disclose individually identifying information or other confidential information in violation of the privacy rights of patients. **No ODCHC employee or contractor has a right to any patient information other than that necessary to perform his or her job.** Patients can expect that their privacy will be protected and that patient-specific (individually identifying information) will be released only under circumstances allowed by law and only to persons authorized by law or by the patient's written consent.

13.2 THIRD-PARTY PAYORS

13.2a Coding and Billing for Services

ODCHC takes great care to assure that all billings to all payors reflect truth and accuracy and conform to all pertinent federal and state laws and regulations. ODCHC prohibits any employee, colleague or agent of ODCHC from knowingly presenting or causing to be presented claims for payment or approval that are false, fictitious or fraudulent. ODCHC maintains oversight systems designed to verify that claims are submitted only for services actually provided and that services are billed as provided. These systems emphasize the critical nature of complete and accurate documentation of services provided. As part of the ODCHC documentation effort, ODCHC will maintain current and accurate medical records.

ODCHC routinely reviews billings and their related chart notes to determine accuracy and periodically audits or causes to be audited a review of billings and their related chart notes and other documentation to determine the validity and accuracy of the claims. Further, ODCHC is committed and obligated to inform employees and contractors about the federal and state False Claims Act, the role of these acts in preventing fraud, waste and abuse, and the whistleblower protections under these Acts (see Section 12.6 of this policy).

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13.2b Cost Reports

ODCHC business operations involve reimbursement under government programs that require the submission of certain reports of the costs of operation. ODCHC complies with federal and state laws relating to all cost reports. These laws and regulations define what costs are allowable and outline the appropriate methodologies to claim reimbursement for the cost of services provided to program beneficiaries.

13.2.c Regulatory Compliance

ODCHC complies with all applicable federal, state and local laws and regulations governing its licensing and operations. All ODCHC employees and contractors must be knowledgeable about and act in a manner consistent with ensuring compliance with appropriate laws and regulations. ODCHC is forthright in dealing with inquiries from regulatory agencies, third party payors or other stakeholders. Requests for information are answered with complete, factual and accurate information. ODCHC cooperates with and is courteous to all government inspectors and provides them with the information to which they are entitled during an inspection.

13.3 BUSINESS INFORMATION AND INFORMATION SYSTEMS

13.3a Accuracy, Retention and Disposal of Documents and Records

All ODCHC employees and contractors are responsible for helping to maintain the integrity and accuracy of ODCHC documents and records. The maintenance of complete and accurate records is necessary not only to comply with regulatory and legal requirements but also to ensure the continuity of health care over time and among providers and to ensure that documents are available to defend ODCHC business practices and actions. No one may alter or falsify information on any record or document.

Health care and business documents and records are retained in accordance with the law and the ODCHC operations policy *Record Retention* (OPS.018). Health care and business records include paper documents, computer files on disk or tape, electronic records, or information that is kept in any other medium which contains information about the organization and/or its business activities. ODCHC retains and destroys records appropriately according to its *Record Retention* (OPS.018) policy. No ODCHC employee or contract shall tamper with records, nor remove or destroy records prior to the allowable date.

13.3b Electronic Media

All communication systems, including electronic media, intra-site networks, email, electronic practice management systems, electronic health records, Internet access, telephones, facsimile machines, cellular telephones, pagers and voice mail are the property of ODCHC and are to be used primarily for conducting ODCHC business. Limited reasonable and responsible use of ODCHC's communication system for personal reasons is permitted while employees are on meal or rest breaks; however, the user should assume that such communications are not private. Information that is confidential or that can be associated with an individual patient should not be sent via the Internet, including email or email attachment, except as allowed in the ODCHC operations policy *Electronic Health Record Maintenance, Disclosure and Transfer* when promulgated.

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13.3b Electronic Media cont.

Employees and contractors are to make every effort to ensure the protection of confidential information whenever leaving voice mail messages, sending materials via facsimile transmission or communicating via email. All facsimile transmissions are to include a cover sheet containing a warning regarding the confidential nature of the information, prohibition of disclosure of such information, and means to notify the sender in case of receipt of misdirected facsimile materials.

ODCHC reserves the right to periodically access, monitor, record and disclose the contents of e-mail, facsimile, voice mail messages, the use of intranet and Internet sites and badge access data.

ODCHC employees and contractors may not use internal communication channels or access to the Internet at work to post, store, transmit, download or distribute any threatening, false, offensive, or obscene materials, including anything constituting or encouraging a criminal offense, giving rise to civil liability, or otherwise violating any laws, including those governing harassment and sexual harassment. Additionally, these channels of communication may not be used to send chain letters, personal broadcast messages or copyrighted documents that are not authorized for reproduction. Employees and contractors are not to use internal communication channels to conduct job searches. Employees and contractors are not to open misaddressed mail – voice or electronic – and are to report immediately such misaddressed communication to the ODCHC Information Technology department and the Corporate Risk Manager. ODCHC computer and communication systems are not made available to non-employees, except where required by contractors in the conduct of ODCHC business.

Employees and contractors who violate policies regarding ODCHC communication systems or use them excessively for non-ODCHC purposes may lose these privileges and be subject to disciplinary action up to and including termination.

13.3c Financial Reporting and Records

All financial information reflects actual transactions and conforms with generally accepted accounting principles. No undisclosed or unrecorded funds or assets may be established. ODCHC maintains a system of internal controls to provide reasonable assurances that all transactions are executed in accordance with management's authorization and are recorded in a proper manner so as to maintain accountability of the organization's assets.

13.4 WORKPLACE CONDUCT AND EMPLOYMENT PRACTICES

13.4a. Conflict of Interest

A conflict of interest may occur if an employee or contractor engages in activities or personal interests which influence or appear to influence her or his ability to make objective judgments and decisions in the course of her or his job responsibilities. A conflict of interest may also exist if the demands of any activities or personal interests hinder or distract an employee or contractor from the performance of her or his duties or cause the employee or contractor to use ODCHC resources for other than ODCHC purposes. It is the obligation of the employee or contractor to ensure that he or she remains free of conflicts of interest in the performance of ODCHC responsibilities. If an employee or contractor has any question regarding potential conflicts of interest, explicit permission must be obtained from the supervisor of the employee or contractor before the employee or contractor engages in or continues to pursue the activity.

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Should a potential or actual conflict of interest be identified by ODCHC, the employee or contractor will have the opportunity to discuss and defend her or his participation in the activity; however, it will be the judgment of ODCHC if a material conflict of interest exists.

13.4b Controlled Substances

Some ODCHC employees and contractors have routine access to prescription medications, controlled substances and other health care supplies. Many of these substances are governed and monitored by specific regulatory organizations and must be administered by physician order only. It is extremely important that these items be handled properly and only by individuals so authorized to minimize risks to patients, other employees and contractors, self and ODCHC. All drugs must be ordered, prescribed and documented in accordance with the ODCHC clinical policy *Medication Rooms* (CLN.009). Any employee or contractor who becomes aware of the diversion of any medications or health care supplies must report the incident immediately to her or his supervisor, site administrator and/or the corporate risk manager.

It is unlawful to self-prescribe a controlled substance. Furthermore, it is ODCHC's policy that providers do not prescribe controlled substances to their immediate family members. Per diem providers may prescribe only when they are working in clinic or on call.

13.4c Copyrights

ODCHC employees and contractors shall comply with all laws and regulations regarding copyright. Employees and contractors may not make multiple copies of copyrighted materials or otherwise restricted materials without prior authorization from copyright holders.

13.4d Harassment and Workplace Violence

Each ODCHC employee and contractor has the right to work in an environment free of harassment. ODCHC will not tolerate harassment by anyone based on the diverse characteristics or cultural backgrounds of those who work with ODCHC. Degrading or humiliating "jokes", slurs, intimidation, or other harassing conduct is not acceptable in the ODCHC workplace. Any form of sexual harassment is strictly prohibited. This prohibition includes unwelcome sexual advances or requests for sexual favors in conjunction with employment decisions. Moreover, verbal or physical conduct of a sexual nature that interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment is unacceptable.

In addition to the criminal nature of the incident, workplace violence is also considered harassment. Workplace violence includes robbery and other commercial crimes, stalking, violence directed at colleagues and the employer, terrorism and hate crimes committed by current or former employees or contractors. As part of its commitment to a safe working environment, ODCHC prohibits employees and contractors from possessing firearms, other weapons, explosive devices or other dangerous materials on ODCHC premises. Any ODCHC employee or contractor who observes or experiences any form of harassment or violence should report the incident to her or his supervisor, human resources director, risk manager or other member of management.

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13.4e Health and Safety

All ODCHC facilities must comply with all government regulations and rules and with ODCHC policies and practices which promote workplace health and safety. ODCHC policies have been developed to protect employees, contractors, patients and others visiting ODCHC facilities from potential workplace hazards. Each employee and contractor should become familiar with and understand how these policies apply to her or his specific workplace and job responsibilities. Questions about health and safety should be addressed to each clinic's site administrator or, depending on the nature of the question, to the corporate facilities manager or corporate risk manager. Situations which pose a danger to the health and safety of anyone entering or working in a site should be reported immediately so that corrective action can be taken.

It is essential that workplace injuries be reported immediately. An employee or contractor who has experienced any injury on the job or in the workplace is to seek immediate appropriate medical care through the nurse coordinator or first available medical provider and report immediately such incident to the nurse coordinator or site administrator. Refer to ODCHC operations policy *Workplace Injuries* (OPS.501) for additional information.

13.4f Illness and Impairment

Following the provision of any needed or emergency medical care, employees who are injured on the job are required to report such injuries to their site administrator, supervisor or RN Clinic Coordinator immediately, complete a DWC1 Workers' Compensation Claim Form and abide by protocols for treatment and/or job restrictions. ODCHC will follow state and federal laws regarding the processing and payment of any claims related to an on-the-job injury and will provide accommodation for employees' restrictions as necessary and possible.

Employees who are ill – particularly with contagious illnesses – should not report for work; rather, they should inform their supervisor of their condition. Employees should not expose patients or coworkers to their illness. Employees should follow the illness reporting requirements discussed in Hours of Work Policy PER.005

13.4g License and Certification Renewals

Employees and contractors in positions which require professional licenses, certifications or other credentials are responsible for maintaining the status of such licenses, certifications and credentials, including continuing education, testing and reapplication. Employees and contractors shall comply at all times with federal and state requirements applicable to their respective disciplines. ODCHC is committed to the recruitment and employment of board eligible/board certified professionals. Board certification of all licensed professionals must be maintained during employment at ODCHC.

Employees and contractors are required to notify ODCHC of any event which may affect adversely the professional standing of the employee or contractor, her or his ability to maintain or renew any required licenses, certifications or other credentials, or other incident which may negatively impact on the individual's to appropriately and legally carry out her or his responsibilities and fulfill her or his contract and scope of employment.

ODCHC requires evidence of an individual having a current license, certificate or other required credential. ODCHC will not allow any employee or contractor to work without valid current licenses, certificates or other appropriate credentials.

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13.4h Moonlighting

Moonlighting is defined as working for one's self or for another entity while simultaneously receiving payment for such services or hours from ODCHC. On-call arrangements may be excluded from this definition; however, such on-call or coverage arrangements must be included in the employee's scope of employment and employment contract. Accepting payment for services rendered on behalf of ODCHC patients or ODCHC activities from any entity other than ODCHC is not allowed.

Moonlighting is also defined as operating a practice wherein a practitioner receives payment from ODCHC patients for services they could have received through ODCHC medical, dental or behavioral health services and programs. Accepting payment from ODCHC patients for services which could have been rendered through a clinic or service of ODCHC is not allowed. Working for any entity other than ODCHC, including self-employment is allowed provided the employee is doing so on time not otherwise scheduled and/or paid for by ODCHC. Practitioners should note that ODCHC provided professional liability insurance, including protections available under ODCHC's status as a Federally Qualified Health Center, do not extend beyond the practitioners' approved scope of employment. Working for another entity, including self-employment, is not protected under ODCHC general or professional liability insurance or its status as a Federally Qualified Health Center.

13.4i Personal Use of ODCHC Resources

It is the responsibility of each ODCHC employee and contractor to preserve the resources and assets of the corporation, including time, materials, supplies, equipment and information. ODCHC assets are to be maintained for the purposes of conducting ODCHC business. As a general rule, the personal use of any ODCHC asset without prior supervisory or managerial approval is prohibited. The occasional use of items, such as copying facilities or telephones, where the cost to ODCHC is insignificant, is permissible. Any use of ODCHC assets or resources for community purposes must receive prior supervisory or managerial approval. Any use of ODCHC assets or resources for personal financial gain unrelated to ODCHC business is strictly prohibited.

13.4j Relationships with Contractors, Subcontractors, Suppliers and Educational Institutions

ODCHC employees and contractors, as appropriate, must manage contractor, subcontractor and vendor relationships in a fair and reasonable manner, consistent with all applicable laws and good business practices. ODCHC promotes competitive procurement to the maximum extent practicable. The selection of subcontractors, suppliers and vendors will be made on the basis of objective criteria including quality, technical excellence, price, delivery, adherence to schedules, service and continued availability of adequate supplies. ODCHC purchasing decisions are made on the supplier's ability to meet ODCHC needs and specifications and not on personal relationships. ODCHC will always employ the highest ethical standards in business practices related to source selection, negotiation, determination of contract awards and the administration of overall purchasing activities. ODCHC will not communicate confidential information provided by suppliers unless directed in writing by the supplier to do so. ODCHC will not disclose contract pricing and information to any outside parties.

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13.4k Tobacco, Alcohol and Other Drugs

By law, and for the health and comfort of patients, employees, contractors and other visitors in ODCHC facilities, smoking of any substance is prohibited in all ODCHC facilities. Use of alcohol and/or controlled or illegal substances by employees or contractors in the workplace, during work hours, during the performance of work duties or in a manner which impacts performance is prohibited. The use of medications specifically ordered or prescribed by an appropriate medical or dental provider is allowed, provided that the use of such medications does not impair the individual's performance. Appropriate consumption of alcoholic beverages during designated ODCHC social functions may be allowed. Please see the ODCHC policy *Drug-Free Workplace* (OPS.005) and the ODCHC policy *No Smoking* (OPS.004).

13.5 BUSINESS PRACTICES

13.5a Antitrust

Antitrust laws are designed to create a level playing field in the marketplace and to promote fair competition. ODCHC competitors are other health care delivery systems and facilities in areas where ODCHC operates. Antitrust laws could be violated by discussing ODCHC business with a competitor, such as how ODCHC prices are established, disclosing the terms of supplier and vendor relationships, allocating markets among competitors or agreeing with a competitor to deal with a supplier. In general, ODCHC employees and contractors must avoid discussing sensitive topics, either orally or in writing, with competitors or suppliers.

13.5b Business Courtesies

It is critical to avoid the appearance of impropriety through the giving or receiving of gifts from individuals who seek to do or who do business with ODCHC. No employee or contractor may solicit or accept personal gifts, cash or cash equivalents from any individual or organization that has a current, past or potential business relationship with ODCHC. ODCHC will never use gifts or other incentives to improperly influence relationships or business outcomes. Acceptance of perishable or consumable gifts of minimal value given to a department or group as a whole, particularly when related to educational or general professional and business discussions are allowed. The provision of sample medications accepted on behalf of patients or for the express purpose of being redistributed to patients is allowed.

Federal and state governments have strict rules and laws regarding gifts, meals and other business courtesies for their employees. It is ODCHC policy not to provide gifts, entertainment, meals of anything else of value to any employee of any state or federal government agency or office, except for the provision of minor refreshments during the course of professional or business discussions. Such refreshments should not exceed the level or value typically provided to non-governmental participants of such discussions.

13.5c Environmental Compliance

ODCHC complies with all environmental laws and regulations as they relate to ODCHC operations. ODCHC diligently employs the proper procedures with respect to handling and disposal of hazardous and bio-hazardous waste, including but not limited all medical and dental waste. All ODCHC employees and contractors must understand how job duties may impact the environment and adhere to all requirements for the proper handling of hazardous materials. Any situation regarding the discharge of a hazardous substance, improper disposal of medical or dental waste, or any situation which may be potentially damaging to the environment should be communicated immediately to the site administrator or corporate facilities manager.

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ODCHC is also sensitive to protecting the environment and conserving resources. It is expected that employees and contractors will do their best to minimize trash, waste and use of hazardous materials. It is also expected that employees will do their best to maximize the amount of materials appropriately recycled. ODCHC is committed to saving energy and reducing power needs and will install more energy efficient lighting, appliances, heating and cooling systems and medical, dental and office equipment as practical.

13.5d Gathering Information about Competitors

It is not unusual to obtain information about other organizations, including ODCHC competitors, through legal and ethical means such as public documents, public presentations, articles published in journals, magazines and newspapers, other media coverage, and other published and spoken information. It is not, however, acceptable for any ODCHC employee or contractor to obtain proprietary or confidential information about a competitor through illegal means. It is also not acceptable for an employee or contractor to seek proprietary or confidential information when doing so would require anyone to violate a contractual agreement, such as a confidentiality agreement with a current or prior employer.

13.5e Marketing and Advertising

ODCHC may use marketing and advertising activities to educate the public, provide information to the community, increase awareness of available services and recruit employees and contractors. ODCHC will present only truthful, fully informative and non-deceptive information in these materials and announcements.

13.5f Political Activities and Contributions

ODCHC is prohibited by law from participating in political activities. ODCHC funds and resources are not to be used to contribute to political campaigns or for gifts or payments to any political party or any of their affiliated organizations. It is essential for employees and contractors to separate their personal political activities from any corporate activities or affiliation in order to comply with the appropriate rules and regulations related to lobbying or attempting to influence government officials. Employees and contractors may of course participate in the political process of their choice, on their own time and at their own expense. It is essential that employees or contractors involved in political activities do not give the impression that they are speaking on behalf of or representing ODCHC, and that all activities and opinions are personal. Employees and contractors cannot seek to be reimbursed by ODCHC for any expenses or contributions they may make as part of their involvement in the political process.

At times, ODCHC may ask an employee or contractor to communicate with a government official, either orally or in writing, to present the corporation's position on a specific issue, need or concern, typically because the employee or contractor is the most knowledgeable and best able to communicate the corporation's position. Such requests are voluntary in nature and the employee or contractor may decline.

Some ODCHC management employees have the responsibility to establish and maintain communication and engage in discussions of corporate business, finance, needs and progress with government officials. It is important that anyone communicating with government officials on behalf of the corporation be familiar with and fully observe regulatory constraints, prohibitions against lobbying and other rules and regulations concerning such communications.

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13.6 FEDERAL AND STATE FALSE CLAIMS ACT

ODCHC is committed to fully complying with all laws and regulations. All employees, volunteers, contractors, vendors and other business associates are expected to: exercise good faith and honesty in all dealings and transactions; observe all laws and regulations that govern ODCHC activities, including requirements of Medicare, Medi-Cal and other government health programs, including the maintenance of complete and accurate medical and dental records and submitting only complete and accurate claims for services provided; provide accurate and truthful information in all transactions; always follow the ethical standards outlined in this policy (OPS.012); and, report promptly any potential or actual breaches of these standards.

13.6a Federal False Claims Act

The federal False Claims Act (31 USC § 3729-33)¹ helps the federal government combat fraud and recover losses resulting from fraud in federal programs, such as Medicare and Medi-Cal. Violations of the False Claims Act can include “knowingly”²:

- Submitting a false claim for payment;
- Making or using a false record or statement to obtain payment for a false claim;
- Conspiring to make a false claim or get one paid; or,
- Making or using a false record to avoid payment owed to the U.S. Government.

Examples of potential false claims include:

- Billing for services that were not provided at all;
- Billing for services that were provided, but were not medically necessary;
- Submitting inaccurate or misleading claims about the type of service provided; and,
- Making false statements to obtain payment for services.

The False Claims Act contains provisions that allow individuals with original information concerning fraud involving government programs to file a lawsuit on behalf of the government. If the lawsuit is successful, the individual may be eligible to receive a portion of the recoveries by the government.

Penalties for violating the federal False Claims Act are significant. Financial penalties for submitting a false claim can total as much as three times the amount of the claim, plus fines of \$5,500 to \$11,000 per claim.

¹ A copy of the Federal False Claims Act may be obtained from the ODCHC shared drive at S:\POLICIES\Operations Policies\Reference.

² “Knowingly” means that a person: i. has actual knowledge that the information is false; ii. acts in deliberate ignorance of the truth or falsity of the information; or, iii. acts in reckless disregard of the truth or falsity of the information.

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13.6b California False Claims Act

In addition to the federal False Claims Act, California has a False Claims Act that is similar to the federal act: California Government Code § 12650 et seq. A copy of the California False Claims Act may be obtained from the ODCHC shared drive at S:\POLICIES\Operations Policies\Reference.

13.6c Education of Employees and Contractors

ODCHC will provide detailed information to all ODCHC employees, contractors and agents regarding the federal and state False Claims Acts, related criminal, civil and administrative remedies, and whistleblower protections, and the role these laws have in preventing and detecting fraud, waste and abuse in federal and state health care programs. This information will be provided to employees in the following ways:

- This ODCHC policy *Ethics and Compliance* (OPS.012) includes information on the federal and state False Claims Act. Each new employee will be given a copy of this Ethics and Compliance policy and be required to sign an acknowledgement that he or she has received and read this Ethics and Compliance policy.
- The ODCHC Ethics and Compliance policy will annually be distributed to all employees by email.
- The ODCHC Ethics and Compliance policy (OPS.012) is posted on the ODCHC shared drive at S:\POLICIES\Operations Policies\Operations Approved.

A copy of the federal False Claims Act and the California False Claims Act are posted on the ODCHC shared drive at S:\POLICIES\Operations Policies\Reference.

- An abbreviated version of the ODCHC policy Ethics and Compliance is posted in poster form at each ODCHC worksite, referencing highlights of this policy and referring readers to this more complete document.

This information will also be provided to all ODCHC covered contractors – those individuals and agents who are under contract to ODCHC to provide: health care services; billing or coding functions; and/or, monitoring of health care performance. A copy of the ODCHC policy Ethics and Compliance (OPS.012) will be attached to all written contracts for any of these services.

13.6d Right of Employees and Covered Contractors to be Protected as Whistleblowers Under the False Claims Act

Both the federal and state False Claims Acts protect employees and covered contractors from retaliation if they, in good faith, report fraud. Employees and covered contractors are protected against retaliation such as being fired, demoted, threatened or harassed as a result of filing a False Claims Act lawsuit.

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13.7 ETHICS AND COMPLIANCE COMMITTEE

ODCHC maintains an Ethics and Compliance Committee, representing the following ODCHC employees: Compliance Officer (Deputy Operations Director), Chief Medical Officer and Chief Human Resources Officer. This committee is charged with responsibility for development and implementation of a comprehensive Compliance Plan, the purpose of which is to ensure that ODCHC operations are effectively governed by the contents to this policy. Any ODCHC employee or contractor may contact any member of the Ethics and Compliance Committee if she or he is aware of any real or potential breach of this policy.

13.8 RESOURCES FOR GUIDANCE AND REPORTING VIOLATIONS

To obtain guidance on an ethics or compliance issue or to report a suspected violation of this policy, ODCHC employees and contractors may:

- Resolve issues at the local level. This option is encouraged whenever possible. It is an expected good practice (when an employee or contractor is comfortable with attempting resolution and believes that such attempted resolution is appropriate under the circumstances) for an employee or contractor to raise her or his concern with her or his supervisor. The supervisor can help determine if concerns should be discussed with the Compliance Officer.
- If discussion between an employee or contract and her or his supervisor about a suspected ethics or compliance policy violation is not comfortable or appropriate – for whatever reason – the employee or contractor may contact immediately and directly her or his site administrator or the corporate Compliance Officer.
- The employee or contractor may instead of or in addition to contacting her or his site administrator or corporate compliance officer choose to contact another member of the Ethics and Compliance Committee.

ODCHC will investigate any allegations of breaches of this policy, making every effort to maintain, within the limits of the law, the confidentiality of the individuals who reports possible misconduct. There will be no retribution or discipline of anyone who reports a possible ethics and compliance violation in good faith.

Any ODCHC employee or contractor who deliberately makes a false accusation with the purpose of harming or retaliating against another ODCHC employee or contractor will be subject to disciplinary action.

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REPLACES POLICY DATED: 1995	REVISION DATES: 1/07, 1/08, 7/08, 12/01/08
PAGE: 13 of 15	RETIRED DATE: n/a

13.9 REPORTING, INVESTIGATION AND MONITORING

13.9a Personal Obligation to Report

ODCHC is committed to ethical and legal conduct that is compliant with all relevant federal, state and local laws and regulations. ODCHC seeks to identify and correct wrongdoing wherever it may occur in the organization. Each ODCHC employee and contractor has an individual responsibility to report any activity by any co-worker, contractor, subcontractor, or vendor that appears to violate applicable laws, rules, regulations or this policy.

13.9b Internal Investigations of Reports

ODCHC is committed to investigating all reported concerns about real or potential violation of applicable laws, rules, regulations or this policy. All reports will be investigated promptly and confidentially to the extent possible. A member of the Ethics and Compliance Committee will: coordinate findings from the investigation; present such findings to other members of the Ethics and Compliance Committee and ODCHC senior management; make recommendations for corrective action and/or other response to the situation; and, coordinate such corrective actions or other response as approved. All employees and contractors are expected to fully cooperate with any investigation efforts.

13.9c Corrective Action

When an internal investigation substantiates a reported violation of laws, rules, regulations or this policy, it is the policy of ODCHC to initiate corrective action. Such action, to be determined by the Ethics and Compliance Committee in conjunction with ODCHC senior management, may include, as appropriate: making restitution of overpayment amounts; notifying the appropriate governmental agency; providing whatever training and education appears necessary to prevent future violations; implementing changes to practices, systems or monitoring procedures to prevent future violations; and, instituting whatever disciplinary action is necessary.

13.9d Disciplinary Actions

All violators of the Ethics and Compliance Policy will be subject to disciplinary action including and up to termination of employment. The precise discipline used will depend on the nature, severity and frequency of the violations and may result in any of the following actions or any combination of the following actions: verbal warning; written warning; suspension; termination; demotions, and/or restitution. Disciplinary actions, dependent upon the nature, severity and frequency of the violations, need not be progressive.

13.9e Internal Audit and Other Monitoring

ODCHC is committed to the aggressive monitoring of compliance with its policies. Much of this monitoring effort is conducted by site administrators, finance department and the Ethics and Compliance Committee. Additional efforts by the ODCHC Quality Improvement Committee may identify and inform the efforts of the Ethics and Compliance Committee. All of these groups routinely conduct internal audits of issues that have regulatory or compliance implications. ODCHC also routinely seeks other means of assuring and demonstrating compliance with laws, regulations and policy and of providing regular and appropriate orientation and training regarding ethics and compliance issues to employees and contractors at all levels.

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Operations	APPROVED BY: Board of Directors
POLICY: Ethics and Compliance	ADOPTED DATE: 6/12/2000
REFERENCE NUMBER: OPS.012/PER.013	REVIEW DATES: 1/1/10
REPLACES POLICY DATED: 1995	REVISION DATES: 1/07, 1/08, 7/08, 12/01/08, 1/1/10
PAGE: 14 of 15	RETIRED DATE: n/a

13.9f External Audits

ODCHC may from time to time commission external audits of issues that have regulatory or compliance implications by hiring a qualified consultant or firm to review relevant records for the purposes of determining accuracy and reporting consistent with applicable policies, regulations and laws.

13.9g Acknowledgement Process

ODCHC requires all employees and contractors to sign an acknowledgement confirming they have received this Ethics and Compliance Policy and understand that it represents mandatory policies of ODCHC. Newly hired employees will be required to sign this acknowledgement as a condition of employment. This policy will be included as an attachment to all agreements with relevant contractors. Adherence to and support of the ODCHC Ethics and Compliance Policy and participation in related orientation, training, monitoring and investigative activities will be considered in decisions regarding hiring, promotion, compensation and retention for all candidates, employees and contractors.

13.10 Anti-Snooping and Anti-Browsing Regulations

Notice of Change in California Law Regarding Protected Health Information

On September 30, 2008, Governor Arnold Schwarzenegger signed into law two new health information privacy bills – Assembly Bill 211 and Senate Bill 541. These laws expand the reach of privacy protections beyond improper “use” or “disclosure” to the prevention of “access” to medical information. These laws impose new obligations on health facilities, including community health centers, and permit the Department of Public Health to levy substantially increased administrative penalties under Health & Safety Code §§ 1280.1, 1280.3, 1280.15 and 130200 through 13205. These laws and regulations become effective January 1, 2009. Informally called “You Snoop, You Pay” and “No Browsing” legislation, these laws and regulations are serious matters.

These regulations relate to all protected patient information maintained by Open Door Community Health Centers, its employees, contractors and business associates, and restrict internal and external use, disclosure and access to patients’ protected health information, including medical, dental and mental health (behavioral health), billing and payment information.

As part of the Confidentiality Agreement an employees signs upon hiring, he/she agreed to access only that information (protected health information) required to perform his/her job. Accessing, reading, reviewing, using or disclosing patient records, patient schedules, recall lists or any other patient information not directly related to the performance of your specific job is strictly prohibited and subject to substantial fines and legal actions. As defined in these laws, “Unauthorized access means the inappropriate review or viewing of patient medical information without a direct need for diagnosis, treatment or other lawful use as permitted by the Confidentiality of Medical Information Act or other statutes or regulations governing the lawful access, use and disclosure of medical information.”

These laws expand controls on protected patient information from unlawful “use” and “disclosure” to include “access” – including unnecessary reading or browsing through paper records, electronic health records, information within the practice management system (including scheduling and billing), and other potential sources of patient information.³

³ For employees who receive health care (medical, dental, mental/behavioral health) within the ODCHC system, and for employees with family members who receive health care from an ODCHC clinic, these regulations prohibit you from reviewing your family members’ or your own protected health information as discussed above; however, you may gain access to your personal records by submitting a properly completed Authorization for the Release for Information.

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Operations	APPROVED BY: Board of Directors
POLICY: Ethics and Compliance	ADOPTED DATE: 6/12/2000
REFERENCE NUMBER: OPS.012/PER.013	REVIEW DATES: 1/1/10
REPLACES POLICY DATED: 1995	REVISION DATES: 1/07, 1/08, 7/08, 12/01/08, 1/1/10
PAGE: 15 of 15	RETIRED DATE: n/a

In the past ODCHC has been able to deal with certain allegations of breaches of confidentiality as an internal matter. A provision of the law requires that clinics report violations of these regulations within five (5) days to the Office of Health Information Integrity within the California Department of Health and Human Services. Subsequent investigation will be conducted by the Department of Public Health and the Office of Health Information Integrity. Fines for violation of these laws range up to \$100,000 per incident. Sanctions against the clinics can be imposed by the Department of Public Health. Individuals who violate these regulations may be prosecuted in California Superior Court. Both the individual who violated these regulations and the clinic system are subject to prosecution and fines. Willful, intentional or malicious misuse, unauthorized disclosure and inappropriate access to protected health information, or use of protected health information for personal gain, or use of protected health information that in any way which causes loss or injury to the patient may void insurance protections, making the cost of defending against such accusations the responsibility of the violator.

A review of existing ODCHC policies is ongoing and revisions to such policies required as a result of this legislation will be issued as needed. Employees are expected to observe all precautions regarding the unlawful use and disclosure of and access to patient's protected health information.

Employees may direct questions about these laws, definitions of use, disclosure and/or access, and the practical implications for their specific jobs to the Risk Manager.

Should you become aware of any actual or potential breach of these regulations, it is your responsibility to contact immediately the Ethics and Compliance Committee or Risk Manager.

Resources: S:\POLICIES\Operations Policies\Reference\Federal False Claims Act
S:\POLICIES\Operations Policies\Reference\California False Claims Act

References: CLN.009 Medication Rooms
OPS.004 No Smoking
OPS.005 Drug-Free Workplace
OPS.018 Record Retention
OPS.501 Workplace Injuries

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Operations Officer
POLICY: Employee Orientation	ADOPTED DATE: 7/99
REFERENCE NUMBER: PER.014	REVIEW DATES: 12/99, 1/1/10
REPLACES POLICY DATED: n/a	REVISION DATES: 5/16/03, 1/1/10
PAGE: 1 of 1	RETIRED DATE: n/a

Policy:

1. Each employee will receive a comprehensive orientation to Open Door Community Health Centers facilities and policies, appropriate to his or her job description.
2. It is the responsibility of the Human Resources department to provide basic orientation to ODCHC policies and procedures, and to complete initial employment paperwork.
3. It is the responsibility of the employee's direct supervisor to ensure that appropriate orientation to the work site and specific job duties occurs. Supervisors will use ODCHC orientation checklists to ensure that all required areas are covered. Copies of completed orientation checklists will be maintained in the employee's personnel file.
4. Orientation Checklists exist for the following job areas and should be completed by the supervisor and returned to the HR Department within 2 weeks of the new employee's hire date:
 - a. New Employee Orientation Checklistall employees
 - b. Initial Safety Training.....all employees
 - c. Provider Orientation ChecklistMedical Clinicians
 - d. Medical Assistant Orientation ChecklistMedical Assistants
 - e. Dental Orientation ChecklistDental Staff
 - f. Laboratory Orientation ChecklistLab Staff

Attachments:

Orientation Checklists

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Human Resources
POLICY: Leave of Absence	ADOPTED DATE: 1/1/00, 1/1/10
REFERENCE NUMBER: PER.015	REVIEW DATES: n/a
REPLACES POLICY DATED: n/a	LAST REVISION DATE: 8/21/01, 9/22/04, 12/22/04, 1/1/09, 1/1/10
PAGE: 1 of 4	RETIRED DATE: n/a

15.1 FMLA/CFRA

State and Federal family and medical leave laws provide up to 12 weeks of unpaid family/medical leave within a 12-month period, under the following conditions:

- The employee has more than 12 months of service. If the leave is for Family and Medical Leave Act (FMLA) only, the 12 months of service must have accumulated with the previous seven years. There is no such cap under California Family Right Act (CFRA);
- The employee has worked at least 1250 hours during the previous 12-month period before the need for leave; and
- The employee is employed at a worksite where there are 50 or more employees within a 75 mile radius.

Leave may be taken for one of the following reasons:

- The birth of the employee's child, or placement of a child with the employee for adoption or foster care (FMLA/CFRA);
- To care for the employee's spouse, child, or parent who has a serious health condition (FMLA/CFRA);
- To care for the employee's registered domestic partner (CFRA only);
- For a serious health condition that makes the employee unable to perform his or her job (FMLA/CFRA);
- For any "qualifying exigency" (as defined by federal regulation) because the employee is the spouse, son, or daughter, or parent of an individual on active military duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation (FMLA only); or
- An employee who is the spouse, son, daughter, parent, or next of kin of a covered servicemember will be entitled to a total of 26 workweeks of leave during the 12-month period to care for the servicemember (FMLA only).

ODCHC will run FMLA/CFRA, Worker's Compensation, and Pregnancy Disability leaves concurrently when possible.

A request to schedule any leave of absence time must be submitted on the appropriate ODCHC the Request for Leave of Absence Form as soon as medical certification is available but no later than the 15th day of absence, if unexpected. For planned leaves of absence, ODCHC requires 30 days notice prior to the leave. The clinic will measure the 12 month period as a rolling 12 month period measured backward from the date an employee first uses the FMLA/CFRA time. Each time an employee takes leave ODCHC will compute the amount of leave the employee has taken under this policy and subtract it from the 12 weeks of available leave, and the balance remaining is the amount the employee is entitled to take at that time.

During an approved FMLA/CFRA leave, every effort will be made to keep a position available upon return. If, due to business necessity, this is not possible, placement options will be considered based upon current job openings and your qualifications. Notice of your return must be received five working days in advance for scheduling purposes. Failure to advise the company of return to work or continued absence beyond the approved time by more than 3 days will be considered a voluntary separation of employment with Open Door Community Health Centers.

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Human Resources
POLICY: Leave of Absence	ADOPTED DATE: 1/1/00, 1/1/10
REFERENCE NUMBER: PER.015	REVIEW DATES: n/a
REPLACES POLICY DATED: n/a	LAST REVISION DATE: 8/21/01, 9/22/04, 12/22/04, 1/1/09, 1/1/10
PAGE: 2 of 4	RETIRED DATE: n/a

15.2 PREGNANCY DISABILITY LEAVE (PDL)

Leave due to pregnancy, childbirth or a pregnancy-related medical condition is not counted as time used under CFRA. However, PDL may run concurrently with FMLA. When the employee is no longer disabled, she may apply for leave under the CFRA, for purposes of baby bonding (up to 12 weeks if eligible). Employees may take up to 4 months PDL as determined by the employee's health provider. Part-time employees are entitled to PDL on a pro rata basis. There is no service requirement for PDL and the employee is eligible for PDL upon hire.

Employees who need to take pregnancy disability leave must inform their supervisor and the Human Resources Department when a leave is expected to begin within 30 days if the leave is foreseeable by completed a Request for Leave of Absence form. If the leave is unforeseeable, notice must be given as soon as practical but within 15 days of the beginning of the leave. Pregnancy leave usually begins when ordered by the employee's provider. The employee must provide ODCHC with medical certification from a health care provider in conjunction with the Request for Leave of Absence form. The provider certification should include:

- the date on which the employee became disabled due to pregnancy;
- the probably duration of the period or periods of disability; and
- a statement that, due to the disability, the employee is unable to perform one more or the essential functions of her position

Upon the request of the employee and recommendation of the employee's physician, the employee's work assignment may be changed if necessary to protect the health and safety of the employee and child. Requests for transfers of job duties will be reasonably accommodated if the job and security rights of others are not breached.

Leave does not need to be taken in one continuous period of time and may be taken intermittently, as needed. Leave returns will be allowed only upon ODCHC's receipt of the provider's release for work. Under most circumstances, upon submission of the release for work certification, an employee is able to return to work and will be reinstated to her same position held at the time the leave began or to an equivalent position. An employee returning from PDL has no greater right to reinstatement than if the employee had been continuously employed.

15.3 MEDICAL LEAVE OF ABSENCE (NON FMLA/CFRA/PDL)

An employee whose FMLA/CFRA has been exhausted or who is not eligible for FMLA/CFRA may request a medical leave of absence from ODCHC. These medical leaves of absences must be for a definitive, reasonable amount of time that will result in the employee returning to work. Furthermore, all other accommodations must be deemed ineffective for the employee's leave of absence request to be considered. Non-FMLA/CFRA medical leave of absence requests are approved at ODCHC's discretion. During a medical leave of absence that is not designated as leave under FMLA/CFRA, the employee is responsible for payment of their entire health insurance premium through COBRA.

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Human Resources
POLICY: Leave of Absence	ADOPTED DATE: 1/1/00
REFERENCE NUMBER: PER.015	REVIEW DATES: 1/1/10
REPLACES POLICY DATED: n/a	LAST REVISION DATE: 8/21/01, 9/22/04, 12/22/04, 1/1/09, 1/1/10
PAGE: 3 of 4	RETIRED DATE: n/a

15.4 PERSONAL LEAVE (UNPAID/NOT MEDICALLY RELATED)

An employee must have worked for 12 months of continuous employment to be eligible for Personal Leave. A request to schedule Personal Leave time must be submitted on the appropriate ODCHC's Request for Leave of Absence form at least 30 days in advance. Leave will be granted at the discretion of ODCHC management.

During an approved Personal Leave of Absence, every effort will be made to keep a position available upon return. If, due to business necessity, this is not possible, placement options will be considered based upon current job openings and your qualifications. During personal leave which is not designated as leave under FMLA/CFRA, the employee is responsible for payment of their entire health insurance premium through COBRA. Notice of your return must be received five working days in advance for scheduling purposes. Failure to advise the company of return to work or continued absence beyond the approved time by more than 3 days will be considered a voluntary separation of employment with Open Door Community Health Centers.

15.5 PAID FAMILY LEAVE

The Paid Family Leave (PFL) benefits program is an income replacement program (not a leave of absence program) for employees who need to take time off work to care for a seriously ill family member (child, parent, spouse or domestic partner) or to bond with a new child whether by birth, adoption or foster care placement. For purposes of bonding with a new child, PFL benefits are available only during the first year of birth or adoption or placement.

PFL is a state government-mandated program. PFL is a component of the state disability insurance program and is administered by the Employment Development Department (EDD). The program is funded by employees through government-mandated payroll deductions.

As previously stated, PFL is not a leave of absence program. Eligibility or receipt of benefits for PFL does not entitle an employee to a leave of absence from the employer. An employee still must qualify, request and be approved for the appropriate leave of absence by their supervisor and the Human Resources Department.

Any employee may file for PFL by submitting a claim form to the EDD. Claim forms are available in the Human Resources Department or at the EDD office. EDD determines if the claim is approved and the amount of the benefits. PFL benefit checks are mailed directly to the employee by EDD. A 7 day waiting period is required before PFL benefits begin. During the 7 day waiting period, employees may use paid time off, if any is available.

An individual cannot receive PFL benefits while receiving benefits from State Disability Insurance, Unemployment Insurance, or workers compensation.

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Human Resources
POLICY: Leave of Absence	ADOPTED DATE: 1/1/00
REFERENCE NUMBER: PER.015	REVIEW DATES: 1/1/10
REPLACES POLICY DATED: n/a	LAST REVISION DATE: 8/21/01, 9/22/04, 12/22/04, 1/1/09, 1/1/10
PAGE: 4 of 4	RETIRED DATE: n/a

15.6 MILITARY LEAVE AND CA FAMILY MILITARY LEAVE

Military reservists ordered to engage in military training, drills, encampment, or like activity are entitled to a temporary leave of absence without pay. Provisions for reemployment are also available to an employee who leaves ODCHC to enter active duty in the U.S. Armed Forces voluntarily or involuntarily.

Employees who work more than 20 hours per week and have a spouse in the Armed Forces, National Guard or Reserves who have been deployed during a period of military conflict are eligible for up to 10 unpaid days off when their spouse is on leave from (not returning from) military deployment.

Employees must request this leave in writing to by completing the Family Military Leave Request that can be obtained on the S drive or through the HR Department. The request form must be completed within two business days of requested leave. Employees requesting this leave are required to attach to the leave request written documentation certifying the spouse will be on leave from deployment and submit it to their supervisor and HR department for approval.

15.8 INSURANCE COVERAGE DURING LEAVE

ODCHC will continue to pay the employer's portion of insurance costs during an approved FMLA/CFRA leave of absence. The employee is required to make payment the first of each month for any individual contribution that is currently being deducted from the employee's paycheck. Failure to do so may result in the interruption or cancellation of benefits.

In the event you are not able to return to work after the approved 12 week leave, your insurance, coverage will be continued under Cobra if you so choose. Please consult your CHRO or Benefits Coordinator who will assist you in all matters related to requests for leaves of absence.

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Human Resources
POLICY: Harassment	ADOPTED DATE: 1/1/00
REFERENCE NUMBER: PER.016	REVIEW DATES: 1/1/10
REPLACES POLICY DATED:	REVISION DATES: 8/21/01, 1/1/10
PAGE: 1 of 1	RETIRED DATE:

It is the goal of Open Door Community Health Centers to have a workplace free of harassment, regardless of whether the harassment is of a sexual nature or in reference to race, color, ancestry, creed, national origin, sex (pregnancy, gender, and payment of wages), sexual orientation or preference, marital status, religion, age (40 and above), military/veteran service or disability (mental/physical including HIV/Aids), medical condition (cancer/genetic characteristics), denial of Pregnancy Disability Leave, request for reasonable accommodation or any other protected categories covered in federal, state, or local law. Any behavior that creates or contributes to an intimidating, hostile or offensive environment is absolutely prohibited and will result in disciplinary action, up to and including termination.

Prohibited unlawful harassment includes, but is not limited to, the following behavior:

- Verbal conduct such as epithets, derogatory jokes or comments, slurs, or unwanted sexual advances, invitations, or comment;
- Visual conduct such as assault, unwanted touching, blocking normal movement, or interfering with work because of sex, race, or any other protected basis;
- Threats and demands to submit to sexual requests as a condition of continued employment or to avoid some other loss and offers of employment benefits in return for sexual favors; and
- Retaliation for having reported or threatened to report harassment.

If you believe that you have been unlawfully harassed, provide a written complaint to your supervisor or the Chief Human Resources Officer (CHRO) as soon as possible after the incident. Your complaint should include details of the incident or incidents, date, time, and place, names of the individuals involved and names of any witnesses. Supervisors will refer all harassment complaints to the CHRO or the CEO. Any reported episode of harassment will be carefully reviewed and investigated promptly and, to the extent feasible, confidentially.

If it is determined that unlawful harassment has occurred, effective remedial action will be taken in accordance with the circumstances involved. Any employee determined by ODCHC to be responsible for unlawful harassment will be subject to appropriate disciplinary action, up to and including termination. The CHRO will advise all parties concerned of the results of the investigation. ODCHC will not retaliate against you for filing a complaint and will not tolerate or permit retaliation by management, employees, or co-workers.

ODCHC encourages all employees to report any incidents of harassment forbidden by this policy immediately so that complaints can be quickly and fairly resolved. Employees should be aware that the Federal Equal Employment Opportunity Commission and the California Department of Fair Employment and Housing investigate and prosecute complaints of prohibited harassment in employment. If you think you have been harassed or that you have been retaliated against for resisting or complaining, you may file a complaint with the appropriate agency. The nearest office is listed in the telephone book.

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Operations	APPROVED BY: Operations Officer
POLICY: Workplace Injuries	ADOPTED DATE: unknown
REFERENCENUMBER: OPS.501/ PER.017	REVIEW DATES: May-00, Aug-00, Feb-01, Jun-03, 1/1/10
REPLACES POLICY DATED: n/a	LAST REVISION DATE: 6/30/03, 10/25/04
PAGE: 1 of 1	RETIRED DATE: n/a

POLICY:

It is the policy of ODCHC to promptly and appropriately treat all employee workplace injuries and to investigate all such injuries so that problems can be identified and corrected.

PROCEDURE:

1. The Risk Manager shall serve as the Workman's Compensation Coordinator and contact for all employees of ODCHC.
2. The RN Clinic Coordinators at each health center shall oversee the treatment of workplace injuries and shall ensure proper implementation of post-exposure plans, when required.
3. Each health center shall keep packets of information for processing of workplace injuries, as follows:
 - a. Work Injury Packets (to be used for injuries not involving body substance exposure) shall contain:
 - Employee Claim Form
 - Informational brochure about ODCHC Workers Compensation plan
 - Accident Investigation form (Form #302 rev 08/00)
 - b. Post Exposure Packets (to be used for needle sticks and other injuries involving exposure to body substances) shall contain:
 - Employee Claim Form
 - Informational brochure about ODCHC Workers Compensation plan
 - Sharps Injury Log Form (Form #444 rev 03/01)
 - Accident Investigation Form (Form #302 rev 08/00)
 - Copy of this policy
 - Doctor's First Report of Injury
 - Body Substance Exposure Protocol (OPS.502)
 - c. Packets shall be kept in a central location at each health center.
4. ODCHC shall maintain a list of Work Comp Medical Providers available for treatment of injuries not involving body substances. Employees with non-body substance workplace injuries that require treatment other than immediate first aid must use one of the Work Comp Medical Providers, or another non-ODCHC provider of their choice.
5. Workplace injuries shall be treated and reported according to the attached protocol.

Attachments:

Post Exposure Packet (contents listed above)

Additional References:

OPS.502 – Body Substance Exposure Protocol

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Board of Directors
POLICY: Employee Health Insurance	ADOPTED DATE: 1/1/00
REFERENCE NUMBER: PER.018	REVIEW DATES: 5/01, 1/1/10
REPLACES POLICY DATED: n/a	REVISION DATES: 6/27/03, 1/1/10
PAGE: 1 of 2	RETIRED DATE: n/a

17.1 GROUP SELF-FUNDED HEALTH PLAN AND DENTAL/VISION GROUP INSURANCE PLANS

Comprehensive hospital, medical, dental and vision insurance is available to all employees who work at least 24 hours per week averaged over a 3-month period. Health insurance begins the first of the month following 90 days of employment for staff and the first of the month following employment for providers. Enrollment forms must be completed by every eligible employee and returned to the Human Resource Department within the employee's first 90 days (staff) or first month (providers) of employment whether the employee chooses to participate or decline.

For providers, a portion of Call Time will be credited to hours worked for calculating insurance coverage.

Health insurance premiums paid by ODCHC employees are not subject to payroll tax withholding. ODCHC has a tiered premium plan based on employee's FTE status (hours worked per week). A reduction in an employee's scheduled hours can result in an increased premium. Furthermore, a reduction to less than 24 hours worked per week or discontinuation of employment will result in termination of employee health insurance. The Human Resources Department will notify employees and their eligible dependents of their rights (if any) to continue health, dental, or vision insurance coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, as amended. Employees who choose this option will be required to prepay their premiums by the 25th of each month. Employees who do not prepay their premium contribution will be subject to termination of coverage. Contact the Human Resources Department for details.

The following graph depicts the percentage of the premium ODCHC is responsible for based on the employee's FTE status:

FTE	1 FTE (40 hours per week)	.8 FTE (32-39 hours per week)	.6 FTE (24-31 hours per week)
a. Employee Only	80%	65%	50%
b. Employee + 1	55%	40%	25%
c. Family	55%	40%	25%

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Board of Directors
POLICY: Employee Health Insurance	ADOPTED DATE: 1/1/00
REFERENCE NUMBER: PER.018	REVIEW DATES: 5/01, 1/1/10
REPLACES POLICY DATED: n/a	REVISION DATES: 6/27/03, 1/1/10
PAGE: 2 of 2	RETIRED DATE: n/a

17.2 ODCHC EMPLOYEE BENEFIT (PENDING REVISION)

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Board of Directors
POLICY: Employee Dental Benefit	ADOPTED DATE: 1/1/2001
REFERENCE NUMBER: PER.019	REVIEW DATES: 5/2001, 1/1/10
REPLACES POLICY DATED: n/a	REVISION DATES: 5/22/2001, 7/1/2003, 9/8/04,, 1/1/10
PAGE: 1 of 1	RETIRED DATE: n/a

POLICY: PENDING REVISION

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Information Director
POLICY: Computer User Agreement	ADOPTED DATE: 7/1/98
REFERENCE NUMBER: PER.020	REVIEW DATES: 11/99, 1/1/10
REPLACES POLICY DATED: n/a	REVISION DATES: 10/1/2002
PAGE: 1 of 1	RETIRED DATE: n/a

(Completed with new hire paperwork)

Printed Name: _____

Please read and initial each paragraph below and sign your name at the bottom.

_____ I understand that the proper operation of the computer system and network requires special care and consideration on my part as a user.

_____ I agree to not attempt to modify the system or network in any way, including the addition of any personal programs, games, screensavers, backgrounds, or by customizing any part of the software in the system.

_____ I agree to use only the software installed on the network or individual computers on the network. I will follow ODCHC procedures to request installation of other necessary items.

_____ I understand that I have been assigned exclusive access privileges appropriate to my needs and I will not knowingly allow any unauthorized access to ODCHC computers or networks, including by non-staff family and friends. I will request, in writing, any changes in my access privileges that I feel necessary.

_____ I agree to follow ODCHC procedures for requesting technical support or changes to the location or configuration of my workstation.

_____ I agree to follow ODCHC procedures for documenting and reporting system or software problems.

_____ I agree to respect the security measures of the network, and will not attempt to breach those security measures in any way. This includes ensuring that my workstation is properly locked or logged off when not in use.

_____ I understand that I have been granted email and internet access for the purpose of performing my job functions at ODCHC. I will limit my personal use of these resources and I will follow ODCHC policies to help ensure that my email and internet use does not compromise the functionality or security of ODCHC networks.

_____ I agree to attend ODCHC computer user security trainings as scheduled.

_____ I understand that any deliberate violation of the above will result in disciplinary action and/or dismissal.

Signature

Date

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Board of Directors
POLICY: Employee Medical Assessments	ADOPTED DATE: 1/1/01
REFERENCE NUMBER: PER.021	REVIEW DATES: 1/1/10
REPLACES POLICY DATED: n/a	REVISION DATES: 3/13/02, 1/1/10
PAGE: 1 of 2	RETIRED DATE: n/a

Purpose:

The purposes of this policy are:

- *To assure that the ODCHC employee does not have any infectious health condition that would create a hazard for the employee, fellow employees, patients or visitors, as required by Section 75051 of Title 22 of the California Code of Regulations.*
- *To screen ODCHC employees for musculoskeletal disorders caused or exacerbated by exposure to risk factors on the job, as required by the OSHA Ergonomics Standard 1910.900, Code of Federal Regulations 29.*

Policy

All employees of Open Door Community Health Centers are required to have a medical assessment upon hire and annually thereafter.

Procedure

New Employees

1. An initial Medical Assessment is required for each new employee.
2. Human Resources will include an Employee Medical Assessment form (ODCHC Form #406.1), Employee Immunization form (Form #438) and a copy of the new employee's job description in each new employee packet. The job description outlines the physical requirements for the job.
3. The employee is asked to affirm that he or she is able to perform the essential job functions included in the job description, and notes any accommodations that are needed. All requests for accommodation shall be managed by the Chief Human Resources Officer or designee.
4. The employee contacts the RN Coordinator or Office Manager at the Open Door health center of his or her choice in order to arrange the employment assessment.
5. There is no charge to the employee for any services related to, or required by, the employment medical assessment.
6. The supervisor ensures to return a copy of the completed assessment form to Human Resources before the employee can begin work. Human Resources will notify the employee's supervisor the employee is cleared to work.
7. Completed Employee Medical Assessment forms are filed by Human Resources. A copy is provided to the employee for placement in his or her personal medical record, if desired.

Continuing Employees

1. Annual Medical Assessments are required for all employees. They shall be due during the month of the employee's anniversary of hire.
2. Human Resources will send a reminder to the employee and the employee's supervisor that the medical assessment is due prior the employee's hire anniversary date.

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Board of Directors
POLICY: Employee Medical Assessments	ADOPTED DATE: 1/1/01
REFERENCE NUMBER: PER.021	REVIEW DATES: 1/1/10
REPLACES POLICY DATED: n/a	REVISION DATES: 3/13/02, 1/1/10
PAGE: 2 of 2	RETIRED DATE: n/a

3. Annual Medical Assessments, and any medical or ergonomic review services related to those assessments, are provided at no charge at any Open Door health center.
4. Once completed, original Medical Assessment forms are routed to Human Resources for filing. If a medical provider referral is included as part of the annual assessment, a copy of the form will be placed in the employee's medical chart.
5. Human Resources shall maintain a database of due dates and completion dates for employment exams.
6. Employees whose assessments are not completed and returned to Human Resources within 30 days are considered delinquent and may be removed from duty until proof of fitness for work is received.

Attachment:

Form #406.1 – Employment Medical Assessment – New Employee

Form #406 – Employment Medical Assessment – Annual

Form #438 – Employee Immunization Screening

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Operations Team
POLICY: Staff Immunization	ADOPTED DATE: 6/1/00
REFERENCE NUMBER: PER.022	REVIEW DATES: 6/13/01, 1/1/10
REPLACES POLICY DATED: n/a	LAST REVISION DATE: 1/1/10
PAGE: 1 of 1	RETIRED DATE: n/a

POLICY

For the safety and health of patients and staff, ODCHC shall require immunizations and/or proof of immunity to some illnesses, as follows:

ILLNESS	ESTABLISHMENT OF IMMUNITY	REQUIRED BY THE FOLLOWING STAFF
Varicella [Chicken Pox]	History of Chicken Pox or Positive Titer or Two vaccines given 4-8 weeks apart	Any employee who works in any ODCHC clinic. Any non-clinic employee whose duties require frequent work at ODCHC clinics.
Rubeola [Measles]	Proof of vaccination after age 18 or Positive Titer or MMR vaccine	
Rubella	Positive Titer after age 18 or MMR vaccine	
Hepatitis B	Statement of receipt by employee of Hepatitis B series elsewhere or Hep B series with follow-up titer	Any employee who works in any ODCHC clinic. Any non-clinic employee whose duties require frequent work at ODCHC clinics. Janitorial staff.

ODCHC recommends that all clinic and non-clinic employees who are frequently present in ODCHC clinics are vaccinated against Pertussis with a Tdap vaccination. It is also the recommendation of ODCHC that each employee protects themselves by receiving their annual flu shot.

This policy applies both to ODCHC employees and to non-employee contractors, volunteers or other individuals performing listed job duties on behalf of ODCHC. The above required immunizations and titers are provided at no cost to employees.

Varicella, MMR, Hepatitis B vaccination (but not titers), and Tdap will be offered to all new employees not listed above, but will not be required. Employees electing to receive vaccinations will not be charged.

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Operations Team
POLICY: Tuberculosis Testing and Treatment	ADOPTED DATE: 11/7/01
REFERENCE NUMBER: PER.023	REVIEW DATES: 1/1/10
REPLACES POLICY DATED: n/a	LAST REVISION DATE: n/a
PAGE: 1 of 1	RETIRED DATE: n/a

POLICY

1. All employees who work in any ODCHC clinic or who frequently conduct business at any ODCHC clinic will be tested for tuberculosis upon hire and annually thereafter. However, ODCHC will provide TB tests to any employee requesting testing.
2. ODCHC provides required tuberculosis tests at no cost to the employee.
3. New employees who work in any ODCHC clinic or who frequently conduct business at any ODCHC may provide proof of tuberculosis testing completed within 30 days prior to date of hire. If no such record is available, the employee must receive a tuberculosis test within 7 days following date of hire.
4. Tuberculosis test results will be filed as follows:
 - a. If employee is an ODCHC patient: Original results to ODCHC chart
Copy of results to Human Resources
 - b. If employee is not an ODCHC patient: Original results to employee
Copy of results to Human Resources
5. Testing will consist of purified protein derivative (PPD) read within 48-72 hours following placement by the licensed clinician. Positive tests may be read up to 7 days following placement. Negative tests not read 48-72 hours after placement must be re-administered.
6. For employees that have previously tested positive by PPD, annual follow-up will consist of a review of symptoms, as indicated on the ODCHC TB Test Form.
7. Individuals that have not had a tuberculosis test within the last 10 years will be tested in 2 steps, with the second test administered 1-3 weeks after a first negative test.
8. In general, any test with greater than 10mm in duration is considered positive. However, because special cases do exist, ODCHC clinicians will follow current CDC guidelines (attached) in determining whether a test is positive.
9. All employees with newly positive PPD tests will receive the following, at ODCHC expense:
 - a. One view chest x-ray
 - b. Symptom review with Clinic RN or other licensed practitioner
 - c. Education regarding the follow-up process
 - d. Education regarding INH treatment
 - e. Education regarding screening of family members
10. Encouragement to follow-up with his or her primary care provider. Treatment of positive PPDs will be determined by the employee in consultation with his or her primary care provider. ODCHC clinicians acting as primary care providers will follow current CDC guidelines and offer treatment with INH to any employee that tests positive, however, no employee will be required to take INH treatment as a condition of employment.
11. All costs of treatment for a new employee are the responsibility of the employee. Any new employee that previously worked in healthcare will be encouraged to contact his or her former employer regarding the possibility of worker's compensation coverage for treatment. The cost of treatment for an ongoing employee that converts to PPD+ during ODCHC employment are paid by ODCHC. The employee's supervisor or clinic RN will immediately begin processing paperwork for workman's compensation.
12. Any employee with symptoms of active tuberculosis will be removed from contact with others.

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Human Resources
POLICY: Personal Protective Equipment	ADOPTED DATE: 6/7/1995
REFERENCE NUMBER: PER.024	REVIEW DATES: 5/23/2001, 1/1/10
REPLACES POLICY DATED: n/a	LAST REVISION DATE: 5/23/2001
PAGE: 1 of 1	RETIRED DATE: n/a

POLICY:

The following personnel are required to wear personal protective equipment appropriate to their potential exposure to biological hazards:

Medical assistants and laboratory personnel must wear a scrub top or lab coat at all times. In addition, gloves and/or protective eyewear should be worn at any time that there is a reasonable risk of exposure to bodily fluids or hazardous chemicals (e.g. when giving injections, drawing blood, assisting with invasive procedures, washing instruments, etc.).

Medical Providers (Physicians, Midlevels) are to evaluate their own exposure and wear protective equipment accordingly. Exposure will vary according to the exam type and procedure. Protective equipment must be worn if there exists any reasonable expectation of exposure to bodily fluids or hazardous chemicals.

Dental Staff (Dentists and Assistants) must wear full protective equipment (scrub tops and bottoms, gloves, protective eyewear) during all dental procedures.

Required personal protective equipment shall be supplied by ODCHC and shall remain the property of ODCHC. Staff wishing to supply their own personal protective equipment must launder it according to the procedures at each site.

A protective face shield and impermeable gown shall be available in each medical exam room for emergency use.

Clinic/RN Coordinators shall be responsible for ensuring that adequate stocks of personal protective equipment are available.

No personal protective equipment shall be worn outside of ODCHC work areas. Single use items shall be appropriately disposed of in ODCHC trash or hazardous waste receptacles. Scrubs and lab tops shall be laundered at ODCHC or through arrangement with an outside laundry service.

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Human Resources
POLICY: Credentialing of Licensed Staff	ADOPTED DATE: 9/19/01
REFERENCE NUMBER: PER.025	REVIEW DATES: 1/1/10
REPLACES POLICY DATED: n/a	LAST REVISION DATE: 9/19/01
PAGE: 1 of 1	RETIRED DATE: n/a

POLICY:

The following clinicians must be credentialed:

- Physicians
- Midlevel Practitioners (PA, NP, CNM)
- Ancillary Service Providers (Registered Dietician)
- Dentists
- Dental Hygienists
- Mental Health Practitioners (LCSW, MFT, Clinical Psychologist)
- RNs

Credentialing will take place upon hire and every three years thereafter.

No clinician will commence providing services until key portions (marked *) of the credentialing process are complete.

A list of the items addressed during the credentialing process is attached.

Attachment:

Credentialing Checklist for Licensed Professional Staff

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Board of Directors
POLICY: Productivity Pay	ADOPTED DATE: 1995
REFERENCE NUMBER: PER.026	REVIEW DATES: 5/01, 1/1/10
REPLACES POLICY DATED: n/a	LAST REVISION DATE: 9/1/2002, 1/1/10
PAGE: 1 of 2	RETIRED DATE: n/a

Purpose

Open Door Community Health Centers has a productivity pay system for licensed clinicians. This system is intended to provide incentives to clinicians to exceed baseline productivity levels and to maximize, within reasonable limits, the number of patient visits provided.

Policy

1. Productivity will be determined by a report from the Epic system. The report will be created on the 10th of the month for the prior month's visits. Productivity will be paid on the number of completed (closed) visits on the day the report is run. Productivity will not be paid retroactively for visits that are closed after the report is run.
2. The number of visits from the productivity report will be divided by the number of patient care clinics the provider worked in the month corresponding to the productivity report. This will produce an average number of patients per clinic. The average number of patients over the productivity minimum will be multiplied by the number of patient care clinics to determine the number of visits eligible for productivity pay.
 - a. Example A: A primary care provider has closed visits of 400 as determined by the productivity report for September. In September the provider worked 40 patient care clinics. The provider averaged 10 patients per clinic. The productivity standard for primary care is 8 patients per clinic. The provider averaged 2 patients per clinic over the productivity standard. The provider has earned productivity for 40 visits.
3. Productivity pay is \$15.00 per medical visit and \$9 per dental, behavioral health, or psychiatric medical visit effective July 1, 2009.

Paying Productivity

1. Productivity bonuses will be paid in the next regular pay period following the 15th of the month for the previous months work.

Eligibility for Productivity

Productivity bonuses will not be paid for providers who are determined to be out of compliance in the following areas:

1. 5 or more open encounters (as determined by Corporate Medical Director and Chief Operations Officer)
2. Standard of care not met consistently as determined by Corporate Medical Director.

Minimum Productivity Standard

Productivity will be paid for visits above the minimum standard. It should be noted that minimum productivity rates are not minimum visit expectations per clinics. These rates are used only for the purpose of calculating productivity incentive pay. In recognition that productivity will vary by the predominant types of care provided, the following standards are in effect:

1. Primary care and pediatrics8 visits per clinic
2. Internal medicine/HIV/ Women's Health7.5 visits per clinic
3. Dental care7 visits per clinic
4. Behavioral Health4 visits per clinic
5. Psychiatric6 visits per clinic

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Board of Directors
POLICY: Productivity Pay	ADOPTED DATE: 1995
REFERENCE NUMBER: PER.026	REVIEW DATES: 5/01, 1/1/10
REPLACES POLICY DATED: n/a	LAST REVISION DATE: 9/1/2002, 1/1/10
PAGE: 2 of 2	RETIRED DATE: n/a

Exceptions

Productivity will be paid as an average of the previous quarter when external conditions (EHR implementation) prevent the provider from achieving productivity. This exception is determined by the Chief Operations Officer and Corporate Medical Director.

Future provisions of productivity pay may also include quality components and may include for example, patient satisfaction survey results, citizenship skills, and patient process and outcome measures.

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Management Team
POLICY: Clinician Evaluation	ADOPTED DATE: 8/20/02
REFERENCE NUMBER: PER.027	REVIEW DATES: 1/1/10
REPLACES POLICY DATED: n/a	LAST REVISION DATE: 1/1/10
PAGE: 1 of 1	RETIRED DATE: n/a

Purpose

Open Door Community Health Centers is committed to providing evaluation and feedback for licensed clinicians, according to the following guidelines.

Policy

Clinicians shall be reviewed according to the following schedule:

- a. Fill-in clinicians – at 6 months and annually thereafter
 - b. Permanent staff clinicians new to Open Door: at 6 months of employment and every 2 years thereafter (based on hire date)
 - c. Supervisors will recommend more frequent reviews for clinicians for whom issues are raised during review.
 2. The process for reviews is as follows:
 - a. Reviews will generally occur at employee's anniversary date.
 - b. Site directors are responsible for reviews for all clinicians at their sites. In certain instances, it may be appropriate for the site director to delegate responsibility for midlevel reviews to the midlevel's supervising physician.
 - c. The Corporate Clinical Directors are responsible for reviews for fill-in clinicians and/or any clinician that routinely works at multiple sites without a designated home base.
 - d. Human Resources will notify site directors when evaluation is due. Site directors are expected to complete evaluations within 6 weeks of notification.
 3. The following components shall be considered during clinician evaluations. Information is collected from a variety of sources, as indicated:
 - a. Input from co-workers [coordinated by HR]
 - b. Input from peer review [Medical Administrative Assistant]
 - c. Clinician self evaluation [downloaded by supervisor]
 - d. Clinician job satisfaction [downloaded by supervisor]
 - e. Patient satisfaction data [Operations]
 - f. Productivity data [Operations]
 - g. Compliance data [Compliance Officer]
- In addition, the following items shall be covered during the review:
- a. National Practitioner Databank Query (by HR Dept)
 - b. Credentialing review (by HR Dept)
 - c. Practitioner Scope of Work
 - d. Protocols/ Standardized Procedures for midlevels (as appropriate)

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Board of Directors
POLICY: Recruitment and Retention	ADOPTED DATE: 5/27/03
REFERENCE NUMBER: PER.028	REVIEW DATES: 1/1/10
REPLACES POLICY DATED: n/a	REVISION DATES: 7/23/04, 1/1/10
PAGE: 1 of 2	RETIRED DATE: n/a

Policy: ODCHC is committed to recruitment and retention practices that promote development of a high quality, long term staff committed to the ODCHC mission.

Recruitment

1. Assessment of staffing needs is performed, analyzed, and approved by the Management Team on a regular basis.
2. New and replacement positions require an employee requisition form to be completed and given to the CHRO and COO for approval and signature.
3. Open positions are posted at all sites to allow current employees to apply for open positions.
4. Positions are advertised in local and appropriate newspapers; professional journals; professional, government, and other applicable Internet sites; employment departments; professional schools and colleges; special language newspapers; and other media to be found effective in recruiting. Recruiting is part of the budget and some funds are acquired from grant awards.
5. Applications shall be available online, by mail, fax, email, or by walking in to any clinic location. Applications are also accompanied by EEO survey. If applicants return application and EEO survey to clinics, clinics must forward to HR department and may not interview applicant until he/she is pre-screened by HR.
6. Recruitment packets are sent to professional applicants describing the available position, benefit structure, area demographics, and local resources.
7. The Human Resources Department pre-screens applicants, conducts professional credentialing, checks all references, answers applicant questions about open positions, mails out any additional information requested, and follows up on missing or incomplete information from applicants.
8. Copies of selected candidates' applications and resumes are sent to the designated department hiring staff. Upon review, hiring staff set-up and conduct interviews.
9. All copies of candidate packets, including applications and resumes are to be shredded by the hiring manager or returned to HR department within 5 days of completion of interviews.
10. Designated hiring staff notifies HR of their candidate choice.
11. Upon completion of reference checks and all other pre-employment activities, the HR department will notify department hiring staff of results. HR Department will offer employment to candidates by telephone and/or hiring letter. HR department will draft and send out all employee contracts. COO will draft and send out specialty and contracted provider contracts.
12. Department hiring staff will be notified by HR Department of candidate's acceptance or rejection of employment offer. Hiring department will identify date of hire and coordinate sign-up of employee with HR on or before the actual start date of employee.
13. Employee will be scheduled for ODCHC orientation at the earliest possible session.
14. HR Department will complete Payroll Information Form and forward to payroll. HR department will enter employee in HR database to trigger other department new employee activities.

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Board of Directors
POLICY: Recruitment and Retention	ADOPTED DATE: 5/27/03
REFERENCE NUMBER: PER.028	REVIEW DATES: 1/1/10
REPLACES POLICY DATED: n/a	REVISION DATES: 7/23/04
PAGE: 2 of 2	RETIRED DATE: n/a

Retention:

1. The Human Resources and Operations Departments routinely review salary and wage structure.
2. The Human Resources Department conducts and participates in various salary and benefits surveys at local, state, and national levels.
3. ODCHC maintains a competitive benefits package, which is reviewed and surveyed annually to ensure benefits are comparable to local, state, and national benefit structures. Benefits include profit-sharing, 403 B retirement plan, health/vision/dental insurance, disability insurance, malpractice insurance, an Employee Assistance Program, continuing education funds, and holiday and paid time off.
4. An Employee Benefits Committee meets regularly with Human Resources to address and give advice on changes to benefits.
5. ODCHC participates in the NHSC, State Loan Repayment, and California Physician Corps loan repayment programs for providers. In addition, ODCHC, when fiscally feasible, may match funds with or without other programs.
6. ODCHC conducts a staff recognition program annually.
7. Staff participates in incentive programs and bonuses for productivity and other work performed above and beyond regular expectations, when feasible.
8. Employee satisfaction surveys are done on an annual basis for all clinic personnel.
9. Non-exempt employees receive annual performance reviews. Exempt employees receive bi-annual performance reviews.
10. Employees receive timely coaching and feedback on performance, clinic policies, and procedures and interaction with other staff.
11. Employees are encouraged to pursue and if approved, are reimbursed for training and additional education to enhance and retain their licensing, professional standing, or to improve their job skills.
12. In addition to cost of living increases, staff can increase their wage by cross training in other positions, performing high productivity, bilingual abilities, continued education with certification documentation, and various other measurable criteria as approved by management.
13. New staff is given department/clinic orientation covering personnel policies and procedures, clinical practices, and safety procedures. New staff is issued an employee handbook which is reviewed with them by the Human Resources Department and appropriate policy agreements are signed off by the new employee.
14. Personnel policies are reviewed annually and revised and incorporated as necessary.
15. Exit interviews are conducted when staff terminate their employment at ODCHC to help assess the effectiveness of existing policies and procedures.
16. ODCHC tracks attrition to provide information to adjust policies and procedures, which aids retention improvement.

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Board of Directors
POLICY: Nepotism	ADOPTED DATE: 10/21/2003
REFERENCE NUMBER: PER.029	REVIEW DATES: 1/1/10
REPLACES POLICY DATED: n/a	REVISION DATES: n/a
PAGE: 1 of 1	RETIRED DATE: n/a

Policy:

ODCHC is committed to recruitment and retention practices that promote fair and equitable treatment, and which avoid conflicts of interest in both appearance and practice.

It is the policy of ODCHC that no employee will function as direct supervisor of a family member. For purposes of this policy, "family member" will include any relative through blood or marriage, including relations via unmarried domestic partners.

In the event that any relationship in conflict with the above policy develops, every effort will be made to correct this through re-assignment of supervisory responsibilities. Where such a corrective is not possible, all responsibility for evaluation, promotion, and discipline will be handled by a designated committee or employee, to be assigned by the CHRO.

OPEN DOOR COMMUNITY HEALTH CENTERS

SECTION: Personnel	APPROVED BY: Board of Directors
POLICY: Cell Phone Usage	ADOPTED DATE: January 1, 2010
REFERENCE NUMBER: PER.030	REVIEW DATES: 1/1/10
REPLACES POLICY DATED: n/a	REVISION DATES: n/a
PAGE: 1 of 1	RETIRED DATE: n/a

PROHIBITED USE OF CELL PHONE WHILE DRIVING

In the interest of the safety of our employees and other drivers, ODCHC employees are prohibited from using cell phones for agency business and/or on agency time while operating a moving vehicle.

If your job requires that you keep your cell phone turned on while you are driving, you must use a hands-free device. Under no circumstances should employees place phone calls while operating a motor vehicle while driving on ODCHC business and/or ODCHC time. Writing, sending, or reading text-based communication, including text messaging, instant messaging, and email on a wireless device or cell phone while driving, is also prohibited under this policy.

Violating this policy is a violation of the law and ODCHC policy.