

**Title: Whistleblower Policy****Area:** Compliance; Human Resources**Page:** 1 of 2**Effective Date:** November 3, 2021**Scope:** All Hospital Employees, Board members, volunteers and those associated with the provider

**Purpose:** The purpose of this Whistleblower Policy is to create an ethical and open work environment, to ensure that GFH has a governance and accountability structure that supports its mission, and to encourage and enable GFH directors, officers, employees and volunteers to raise serious concerns about the occurrence of illegal or unethical actions within GFH.<sup>1</sup>

**Policy:** It is the policy of Glens Falls Hospital that all GFH directors, officers, employees and volunteers report any action or suspected action taken within the GFH that is illegal, unethical or violates a GFH policy ("Violations"). Anyone reporting a Violation must act in good faith, without malice to GFH or any individual in GFH and have reasonable grounds for believing that the information shared in the report indicates that a Violation has occurred. A person who makes a report does not have to prove that a Violation has occurred. However, any report which the reporter has made maliciously or any report which the reporter has good reason to believe is false will be viewed as a serious disciplinary offense.

**Procedure:**

**1. No Retaliation.** No one who in good faith reports a Violation or who, in good faith, cooperates in the investigation of a Violation shall suffer harassment, retaliation or adverse employment consequences. Any individual within GFH who retaliates against another individual who has reported a Violation in good faith or who, in good faith, has cooperated in the investigation of a Violation is subject to discipline, including termination of employment or volunteer status.

**2. Reporting Process.**

2.1 All directors, officers, employees, volunteers and others should address their concerns relating to a Violation to any person within GFH who can properly address those concerns. In most cases, the direct supervisor of an employee or volunteer is the person best suited to address a concern. However, if you are not comfortable speaking with your supervisor or if you are not satisfied with your supervisor's response, you are encouraged to speak to the Compliance Officer, the Vice President, Human Resources, the Chief Operating Officer or to anyone in management you feel comfortable approaching.

2.2 GFH encourages anyone reporting a Violation to identify himself or herself when making a report to facilitate the investigation of the Violation. However, reports addressed to an individual within

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<sup>1</sup> Notwithstanding anything contained in this Whistleblower Policy to the contrary, this Whistleblower Policy is not an employment contract and does not modify the employment relationship between GFH and any of its employees. Nothing contained in this Whistleblower Policy provides any director, officers, employee or volunteer of the Organization with any additional rights or causes of action not otherwise available under applicable law.

GFH may be submitted on a confidential basis and reports may be submitted to the Compliance Officer anonymously by use of the Confidential Message Line (1-800-975-9427).

### **3. Compliance Officer.**

- 3.1** The Compliance Office and the Compliance Officer shall serve as the repository of all reported Violations and shall assure (i) that the investigation of reported Violations has occurred on a timely basis, and (ii) that appropriate corrective actions, if applicable, have been implemented.
- 3.2** All leaders are required to notify the Compliance Officer of every reported Violation. The Compliance Officer will notify the leader or sender and acknowledge receipt of the reported Violation within five (5) business days, but only to the extent the sender's identity is disclosed or a return address is provided.
- 3.3** The Compliance Officer is responsible for promptly organizing the investigation of all reported Violations. When applicable, the Compliance Officer shall refer the reported Violation to the appropriate individual (i.e. reported Violations of discrimination or sexual harassment shall be referred to the Vice President, Human Resources; fitness for duty issues involving nursing or physicians shall be referred to the Vice President, Patient Services or the Vice President, Medical Affairs, respectively; hazardous waste issues shall be referred to the Senior Director, Support Services).
- 3.4** If the reported Violation is referred, the individual receiving the reported Violation shall submit a report to the Compliance Officer within five (5) days receipt of the referral. The Compliance Officer shall serve as a resource upon request of the individual receiving the reported Violation.
- 3.5** The Compliance Officer shall provide a summary report of reported Violations and outcomes to the Albany Med Health System Compliance team on at least an annual basis.

**FOR INTERNAL USE ONLY**

**Policy Tracking Form:**

**Name of Policy:** Whistleblower Policy

**Replaces Policy:**

**Contact Person Name:** Colleen Susko

**Title:** Chief Risk & Compliance Officer

**Effective Date:** November 3, 2021

**References:** New York Labor Law §740; GFH False Claims Act (COM-058-06-12-18) and references therein; GFH Code of Conduct

**Origination Date:** October 11, 2010

**Revision Dates:** 07/17, 11/21

**Reviewed Dates:** 08/19, 08/21

**Signature(s):** Dianne Shugrue

**Title:** President/CEO