SURGERY PARTNERS
COMPLIANCE PLAN

Revised February 15, 2012
STATEMENT OF PURPOSE

Surgery Partners’ Compliance Plan has been designed, and will be implemented and enforced, so that Surgery Partners will be effective in complying with applicable laws relating to its business and in detecting and preventing misconduct. The Standards of Conduct contained herein have been designed and developed specifically to address and respond to the risks associated with Surgery Partners’ business activities, to educate those persons whose jobs have a material impact on processes that impact compliance, to measure and remedy problems as quickly and efficiently as possible, and to contain enforcement and disciplinary measures to ensure that Surgery Partners’ employees, agents and providers take their compliance responsibilities seriously. Surgery Partners’ Compliance Plan has also been designed to complement Surgery Partners’ commitment to offer high quality patient care in its ambulatory surgery centers and physician practices.
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SURGERY PARTNERS

THE ETHICS PROCESS

In order for the Ethics Process to work successfully, each Surgery Partners employee, leased employee or, as applicable, independent contractor, whether full- or part-time (“Employee”), along with our affiliated providers working in our managed practices (“Affiliated Provider,” together with Employee, a “Covered Person”), must recognize that he or she has assumed a number of ethical and professional responsibilities by joining or affiliating with Surgery Partners, including adhering to the following two fundamental tenets of Surgery Partners’ compliance plan (the “Plan”): (i) complying with our Standards of Conduct; and (ii) reporting violations of our Standards of Conduct.

Complying with Surgery Partners’ Standards of Conduct

As a Covered Person, you are responsible for ensuring that your conduct conforms to Surgery Partners’ Standards of Conduct and raising questions about activities that you feel may be inappropriate. If at any time you have a question as to whether a procedure or action is inappropriate under the Standards of Conduct, then you should ask your supervisor or manager. If you do not feel comfortable discussing the situation with your supervisor or manager, or if you have discussed the matter and remain unclear as to what is appropriate conduct, then you should consult:

1. Surgery Partners’ policies and procedures; and/or

2. The Chief Compliance Officer

The position of Chief Compliance Officer has been created so that any Covered Person who has a question about what constitutes proper conduct can consult the Chief Compliance Officer for informed guidance. Our Chief Compliance Officer will take the appropriate steps to investigate a credible complaint and may institute corrective action if appropriate. It is everyone’s responsibility to fully cooperate in any investigation. It is the Chief Compliance Officer’s responsibility to answer questions about the Standards of Conduct and resolve disputed interpretations. You should have no hesitation whatsoever in consulting the Chief Compliance Officer regarding any compliance-related issues or concerns.

The Standards of Conduct must be followed by all Covered Persons. This obligation applies to everyone, regardless of his or her position. Any violation of the Standards of Conduct is a serious matter. Under appropriate circumstances, Employees and Affiliated Providers may be subject to discipline, up to and including termination, for violations of the Standards of Conduct.
Reporting Violations of the Standards of Conduct

A fundamental principle of the Plan is that it is the responsibility of each Covered Person to report suspected improper practices and violations of the Standards of Conduct that he or she learns about or discovers. Surgery Partners has created a reporting mechanism to allow anyone to communicate his or her concerns of such improper conduct or violations of the Standards of Conduct. You can satisfy this reporting obligation in several ways. One way is to make a report of a suspected violation with your supervisor if you are comfortable doing so and think it is appropriate under the circumstances. Another way is to make a report, anonymously if you choose, on Surgery Partners’ hotline number (1-877-363-3069). Your report will be evaluated promptly by the Chief Compliance Officer to determine whether an investigation is warranted or whether further information is necessary to investigate your concern. Usually, only the Chief Compliance Officer, members of the Compliance Committee, legal counsel and consultants (and in some situations the Board of Directors) will have access to these reports. Still another alternative is to send a letter to the Chief Compliance Officer at 333 W. Wacker Drive, Suite 1010, Chicago, Illinois 60606, discussing your concerns. Written reports will be treated with the same degree of confidentiality as oral reports, and they may be anonymous if you prefer. Given the potential difficulty associated with following up on an anonymous letter, however, an anonymous correspondence should be as specific as possible about the situation and circumstances. Surgery Partners will make every reasonable effort to treat reports confidentially and to protect the identity of the reporting Covered Person to the maximum extent possible, while still allowing for fair and vigorous implementation of the Compliance Plan.

No Covered Person will suffer any retaliation or retribution by Surgery Partners for fulfilling their compliance responsibilities and for making a credible report of criminal conduct or other violations of the Standards of Conduct. The Chief Compliance Officer will act quickly to investigate any allegation of suspected retaliation. The Chief Compliance Officer will take reasonable steps to investigate all credible reports, including taking reasonable measures to detect and prevent the occurrence of future similar offenses.

For further information, please refer to Investigative Protocol on Page 20 of this Plan.
STANDARDS OF CONDUCT

Standards Governing All Surgery Partners’ Business Operations

Standard No. 1
Professional, Ethical and Legal Standards

Surgery Center Holdings, Inc., together with its subsidiaries (“Surgery Partners”), is an owner and operator of ambulatory surgery centers (“ASCs”). Surgery Partners also owns and/or manages physician practices, anesthesia service providers, a products purchasing organization, whole-sale laboratories, toxicology and screening laboratories, and a marketing products and services business.

The Standards of Conduct have been adopted by Surgery Partners’ Board of Directors to provide standards by which Covered Persons will conduct themselves to protect and promote company-wide integrity, provide high quality patient care and to promote an ethical and legal approach to the delivery and management of surgical and other services. All Covered Persons are responsible for ensuring that their behavior and activity is consistent with the Standards of Conduct, and each Covered Person is encouraged to raise questions about activities that he or she feels fall outside of the scope of our Standards of Conduct. The Standards of Conduct apply to Employees and Affiliated Providers in each of Surgery Partners’ divisions, subsidiaries and operating and business units.

Standards of Conduct

1. Each business component of Surgery Partners will comply with all pertinent state and federal laws and regulations regarding their respective operations.

2. All Surgery Partners facilities, whether owned or managed by Surgery Partners, will comply with all pertinent state and federal laws and regulations.

3. Prior to execution, all pertinent contracts, consent forms, policies, forms and advertising of any Surgery Partners entity will be forwarded to and reviewed by Surgery Partners’ legal counsel for conformity with all pertinent state and federal laws and regulations. Contracts will be signed and in written form.

4. Surgery Partners will be forthright and candid in dealing with any governmental inquiry. Any requests for non-privileged information will be responded to by designated staff with complete, factual, and accurate information tendered with a cooperative attitude. Such requests should be forwarded to the Chief Compliance Officer as soon as possible. Requests for privileged materials will be considered on an item-by-item basis. Please refer to Appendix A: Plan to Respond to Investigations on Page 28 for further information.
5. Surgery Partners will, to the best of its ability, provide educational information to its Covered Persons, as appropriate, to facilitate compliance with pertinent federal and state laws and regulations.
Standard No. II

Business Conduct and Practices

In order to satisfy the laws and regulations governing Surgery Partners’ operations, it is essential that Surgery Partners and Covered Persons maintain quality standards in their daily business practices.

Standards of Conduct

1. Accuracy and reliability in the preparation of all business records is mandated by law and regulations, and is of critical importance to Surgery Partners’ decision-making process and to the proper discharge of its financial, legal and reporting obligations. All Covered Persons will strive to maintain the integrity and accuracy of Surgery Partners’ documents and records. All Covered Persons will record and report information accurately and honestly. All patient records, whether medical or for billing purposes, must contain accurate information. The accuracy of Surgery Partners’ financial statements and records, and the proper functioning of our internal control system is essential to Surgery Partners. No one may inappropriately alter or falsify information on any record. If any Covered Person has a question about whether any entry to a patient or billing document or financial report is appropriate, he or she should discuss the matter with a supervisor or facility administrator. Any Covered Person may also use Surgery Partners’ hotline number to anonymously report any concerns that he or she may have regarding accounting, internal controls or auditing matters.

2. Many of Surgery Partners’ records and documents are of a highly confidential nature. No confidential records or documents, including documents in electronic format, should be copied, transmitted, sent, or disclosed to anyone not employed by Surgery Partners without the written permission of a supervisor or facility administrator or as otherwise permitted by a Surgery Partners policy. Confidential information includes personnel data, patient lists and clinical information, pricing and cost data, information pertaining to acquisitions, affiliations and mergers, financial data, strategic plans, marketing strategies, techniques, employee lists and data, supplier and vendor information and proprietary computer software.

3. Covered Persons must treat patient medical records and documents with the highest level of confidentiality. Records and access to computer data must be kept secured. This obligation, along with all other confidentiality obligations, continues after a Covered Person leaves their employment with Surgery Partners or any Surgery Partners owned or managed facility.

4. All Covered Persons must respect and protect Surgery Partners property. Surgery Partners property, including computers and electronic mail, should be primarily used for business purposes. Surgery Partners property, including computers, should not be removed from any Surgery Partners facility without the written authorization of the Employee’s supervisor or facility administrator, and only Employees, agents, contractors or representatives should have access to its computer systems.
5. Surgery Partners will work to ensure that there is no unreasonable delay in implementing Surgery Partners computer systems and policies and procedures in newly acquired businesses or facilities.

6. With respect to media inquiries, unless designated as an authorized spokesperson, Employees may not pose for photographers or television cameras, give their name or address or otherwise engage in interviews about Surgery Partners matters, while on Surgery Partners time or business unless approved by Surgery Partners.

7. Employees may not (i) in any way participate in or on any newsgroup, message board, chat room or similar Internet forum that is specifically identified as a site for discussion about Surgery Partners, (ii) disclose information about Surgery Partners’ business, financial performance or prospects, in any other Internet forum or (iii) represent themselves as a Surgery Partners director, officer, employee or agent in any Internet forum.

8. If an Employee has any questions regarding public communications, including the appropriateness of any such communication, he or she should consult the CEO, CFO or General Counsel of Surgery Partners.
Standard No. III  
Conflicts of Interest

Employees may not participate in any activities or business endeavors that could pose a conflict with their responsibilities to Surgery Partners. Whenever personal interests or activities of the Employee may affect the Employee’s ability to act in the best interest of Surgery Partners, then a conflict of interest situation has arisen. Employees should avoid even the appearance of a conflict of interest.

Standards of Conduct

1. Loyalty to Surgery Partners and its business objectives is an underlying principle of employment and an Employee must constantly review his or her conduct to make sure that not even the appearance of a conflict of interest exists.

2. All decisions made by an Employee should be in the best interests of Surgery Partners and the patients of Surgery Partners’ ASCs and owned or managed practices.

3. Employees must be alert and sensitive to any interest that they may have that might be considered to conflict with the best interests of Surgery Partners. When an Employee, directly or indirectly, has a financial or personal interest in a contract or transaction with Surgery Partners, the Employee is considered “interested” in the matter. Employees will disclose to their supervisor or facility administrator any situation that may be, or appears to be, a conflict of interest. An Employee’s participation in any activity that could involve an actual or potential conflict of interest requires the advance approval of the Employee’s supervisor or facility administrator and the Chief Compliance Officer.

4. Employees should avoid placing business, or recommending that business be placed, with a company in which their families or close personal friends have an interest.

5. Employees should not recommend the hiring of immediate family members without first informing the facility administrator or Surgery Partners’ corporate human resources department of the relationship.

6. Except for the occasional modest expressions of gratitude or friendship from individuals or companies, Employees should refuse gifts, loans or anything of substantial value offered by outside individuals or companies if accepting such item or favor might make the Employee believe he or she has an obligation to the giver.

7. Employees may not use Surgery Partners time, assets, facilities, materials, influence or services for their own outside activities, including charitable work, unless approved in writing by their supervisor or facility administrator or Surgery Partners human resources department.
Standards Governing Individual Surgery Partners Components

Standard No. IV
Ambulatory Surgery Centers – General

Surgery Partners will strive to promote that all procedures, practices and protocols at its ASCs will comply with the following additional standards of conduct.

Standards of Conduct

1. To the extent required by applicable law, each one of Surgery Partners’ licensed ASCs will have hospital transfer agreements in place to facilitate continuity of patient care and to ensure the timely transfer of patients and records between the hospital and the ASC.

2. ASC services will not be billed to any federal or state health care programs unless the payor authorizes the procedure to be performed in an ASC. A list of applicable procedures will be developed and maintained.

3. Complimentary transportation services may be provided to patients who request them. Except as otherwise approved by Surgery Partners’ legal counsel, those services will be provided consistent with the following criteria: (a) only ground transportation will be provided; (b) Surgery Partners will not market or advertise the fact that it provides complimentary transportation services; and (c) the service is at no cost to the Medicare/Medicaid programs.

4. “Designated health services” (as defined below*), within the meaning of the Federal Physician Self-Referral Law and any corresponding state law, will not be provided by a licensed ASC unless Surgery Partners’ legal counsel has determined that the provision of such services does not violate any self-referral prohibition. Designated health services include, but are not limited to, clinical laboratory and radiology service.

5. All patient records maintained at any of Surgery Partners’ ASCs will detail the services rendered to the patient, including patient histories, pertinent findings, examination results and operative results.

6. All of the physicians providing medical services at Surgery Partners’ ASCs (“Physician Staff”) will be appropriately licensed and credentialed and have received all appropriate Board Certification and permits in order to practice medicine or perform services at any of Surgery Partners’ licensed ASCs.

7. Laboratory services agreements for each of Surgery Partners’ ASCs will be structured in accordance with applicable federal and state statutes and regulations.
8. Each Surgery Partners ASC will adopt and abide by the Surgery Partners’ ASC Policies and Procedures, with any exceptions to be approved by senior clinical operations management of Surgery Partners.

9. To the extent required by applicable law, all Physician Staff who have an ownership interest in a Surgery Partners ASC will disclose in writing to their patients the existence of such ownership interest.
Surgery Partners will strive to educate and encourage all of Surgery Partners’ owned or managed physician practices and anesthesia service providers, including their respective physicians and doctors (referred to herein as the Affiliated Providers), to comply with the following additional standards of conduct.

**Standards of Conduct**

1. Any provider who provides professional services on behalf of a Surgery Partners owned or managed practice and anesthesia service provider will have an executed contract in writing with the practice governing his or her provision of professional services.

2. Surgery Partners encourages its practices and Affiliated Providers to comply with the ethical standards of their profession.

3. Surgery Partners strongly encourages all of its practices and anesthesia service providers to comply with all pertinent state and federal laws and regulations regarding their respective operations.

4. Surgery Partners requires all Affiliated Providers employed or otherwise retained by any owned or managed practice and anesthesia service provider to be licensed for all services he or she performs by the appropriate federal and state licensing and enforcement agencies, as required.

7. Surgery Partners strongly encourages that before any of its owned or managed ophthalmology or optometry practices’ patients participate in co-managed care, that its Affiliated Providers fully inform any patient of the patient’s right to receive complete eye care from the patient’s ophthalmologist or to be co-managed by an optometrist or ophthalmologist of the patient’s choice for the patient’s pre- and post-operative care. In the event the patient elects to be co-managed, Surgery Partners recommends that the Affiliated Providers have their patients sign a patient consent authorizing their co-managed care.

8. All treatment recommended and implemented at or by any Surgery Partners owned or managed practice and anesthesia service provider will be medically appropriate as judged by professional standards of the medical profession.

9. Surgery Partners will educate its Affiliated Providers to require their patients to execute a standardized authorization whereby their patients consent to treatment and authorize the release of their medical records to Surgery Partners, its Employees and consultants as necessary.
Standard No. VI
High Medical Standards and Excellent Patient Care, Comfort and Convenience

One fundamental goal of Surgery Partners is to advance quality, cost effective care and treatment to the patients treated in or by our ASCs and owned or managed practices and anesthesia service providers (sometimes collectively referred to herein as “facilities”). Surgery Partners facilities offer a variety of services in various specialties. All Surgery Partners facilities that provide patient treatment and services are patient-oriented. Surgery Partners’ goal is for its facilities to deliver quality patient care and to make the patients as comfortable as possible.

Standards of Conduct

1. Surgery Partners will work with its facilities to provide quality services to its patients. In discharging that responsibility, the best interests of each patient must be the paramount consideration taking into account the patient’s election of care.

2. Surgery Partners Employees and Affiliated Providers will respect each patient’s dignity and deal with each patient on an individual basis. Surgery Partners insists that its facilities obtain from each patient an informed consent before any patient consents to a surgical procedure so that the patient understands the recommended treatment, and has been informed of the benefits, risks, alternatives and possible complications of the procedure. The Surgery Partners ASCs will verify with the patient or patient’s physician that this informed consent process has occurred prior to their treatment in any Surgery Partners facility.

3. All Surgery Partners facilities will furnish each patient, no matter what the payment source or level of reimbursement, with the same quality care and cost-effective treatment.

4. All Employees and Affiliated Providers working in a Surgery Partners facility will have appropriate training and, if required, be licensed by the appropriate federal and state licensing agencies, as required, for all services they perform.

5. Each facility will, to the extent possible, comply with state and federal laws and regulations regarding patient rights.

6. On a periodic basis, each facility will review and evaluate its procedures, medical standards, and treatment results to maintain quality care standards.

7. All of Surgery Partners’ medical and surgical equipment and facilities will meet federal and state regulatory standards.

8. All treatment recommended and implemented at any facility will be medically appropriate and/or necessary as judged by professional standards of the medical profession, and the Surgery Partners ASCs shall confirm that documentation of such judgment is contained in the patient’s medical record prior to such treatment being performed.
9. All Affiliated Providers must be credentialed and privileged by the ASC’s governing board before performing surgical procedures in the ASC.
Standard No. VII
Compliance with Health Care Related Laws and Regulations

Surgery Partners is committed to complying with applicable federal and state laws and regulations in the regions in which it operates and does business, and to promoting conformity with pertinent laws and regulations among its suppliers, vendors, subcontractors, independent contractors, and consultants.

Standards of Conduct

1. No Employee, Affiliated Provider, ASC, physician practice, anesthesia service provider or any other component of Surgery Partners will pay anyone (colleagues, doctors or other persons) or any entity or accept or solicit payments or anything of value (i.e non-nominal gifts, inappropriate compensation arrangements, and the like) for the referral of patients. Similarly, patient referrals to other healthcare providers will not be based upon the volume or value of referrals that the provider has made. Violation of this policy may have serious consequences for Surgery Partners and the individuals involved, including civil and criminal penalties, and possible exclusion from participation in federally funded healthcare programs. Such arrangements are against Surgery Partners’ policy and will not be tolerated.

2. Unless approved by Surgery Partners’ legal counsel or the Compliance Committee, no one will offer any financial inducement, gift, free service or discount to prospective patients in order to encourage them to undergo treatment at any Surgery Partners facility. Violation of this policy may have serious consequences for Surgery Partners and the individuals involved, including civil penalties, and possible exclusion from participation in federally funded healthcare programs. Such arrangements are against Surgery Partners’ policy and will not be tolerated.

3. Medical records, including those of a minor, will be retained for a minimum of seven (7) years, unless a longer period is required by state law.

4. Each of Surgery Partners’ ASCs maintains a Quality Assurance Plan to assure quality patient care by means of an ongoing program through which Surgery Partners can evaluate its policies, procedures and practices and monitor all aspects of surgical services and quality of care issues.

5. Only designated individuals who are properly licensed and/or otherwise authorized in accordance with applicable law may order and receive controlled substances on behalf of a facility, all of which shall be done in accordance with Surgery Partners’ standard operating procedures.

6. All Employees and Affiliated Providers will abide by the administrative simplification provisions of HIPAA including its three key areas: (1) privacy; (2) security, and (3) electronic transactions.
7. Surgery Partners’ facilities (including those facilities that transmit information through a billing service or clearinghouse) that transmit any health information electronically are required to comply with the HIPAA rules, as amended.

8. All Covered Persons and Surgery Partners facilities shall adopt Surgery Partners’ privacy policies and procedures to protect its patients’ rights to confidentiality in matters involving their health care, including developing a privacy notice and written acknowledgement, placing appropriate restrictions on uses and disclosures of patient health information, creating individual patient rights to inspect and copy their records, to amend erroneous information, to request certain restrictions on the use and disclosure of their health information, to file written complaints and to receive a notice of Surgery Partners’ privacy policies.

9. Surgery Partners shall include certain privacy language in contracts with its business associates regarding safeguarding patient information.

10. Neither Surgery Partners nor any Covered Person shall offer any incentives or inducements to any physicians in order to induce the referral of surgical procedures performed by such physicians.
Standard No. VIII
Billing Procedures

Surgery Partners affirms its commitment that, to the highest degree reasonably possible, all requests for reimbursement and other documents submitted to government health care payors, as well as private insurers, are accurate, complete and supported by appropriate medical record documentation.

Standards of Conduct

1. No Covered Person will intentionally submit a false or inaccurate claim for payment.

2. In addition to compliance training, all Employees engaged in coding and billing activities will receive periodic specialized training in areas such as documentation requirements, use of modifiers, and guidelines for the various levels of services that may be billed. Surgery Partners’ goal is to implement standardized and uniform billing practices throughout all facilities it manages and owns, which practices will be reviewed on an as needed basis and modified as necessary pursuant to results of these reviews.

3. Surgery Partners will develop and provide each Employee engaged in coding and billing with a copy of a procedure manual specifying mandatory billing procedures. This manual will be updated on an as-needed basis.

4. Surgery Partners periodically will evaluate its computer software programs and the integrity of its computer systems used in billing.

5. Only after proper codes and modifiers have been selected which accurately reflect a patient’s encounter will Surgery Partners personnel enter such encounters into Surgery Partners’ billing system.

6. Any decision to grant a waiver of co-payments or deductibles based on indigency will be made in accordance with Surgery Partners’ written guidelines. All waiver decisions will be fully documented and appropriate documentation placed in each patient’s file.

7. Surgery Partners billing personnel will immediately inform the relevant facility director or the Chief Compliance Officer of any instances of routine waiver of co-payments or inappropriate discounts.

8. No claim will be submitted to the government or other payor by a Covered Person for payment unless it is fully supported by appropriate and professional medical documentation.

9. No Employee will alter any medical documentation or sign any form on behalf of a physician unless a physician has a written authorization on file allowing another person to sign the physician’s initials for the purpose of submitting a claim form.
10. All Covered Persons will, to the best of their ability, keep accurate, complete, and detailed billing and patient records.

11. Surgery Partners will conform to all reassignment rules when billing a government health program.

12. No claims will be submitted to the government on behalf of a physician until appropriate provider numbers have been received.

13. Surgery Partners’ facilities will refund to beneficiaries and payors all identified overpayments in a timely fashion, including any collected copayment amounts resulting from the difference between the amount expected to be paid by Medicare and the actual Medicare payment amount.

14. When billing the government and other payors for services or procedures on behalf of patients, only appropriate CPT, HCPS and ICD-9/10 codes shall be selected to describe the procedure performed regardless of the impact upon payment. No Employee will change a diagnosis or procedure code without authorization from the appropriate physician. Surgery Partners will provide training for Employees in what appropriate criteria are to be relied upon in determining what level of service is to be billed.

15. No superbill or other document (e.g. operative report) will serve as the basis for a billing unless it has been reviewed and approved in its entirety as accurate by the physician who performed that procedure. A physician may indicate his or her approval by initialing or signing the appropriate documentation.

16. Employees will not intentionally upcode or unbundle billing codes, unless billing guidelines require unbundling. Surgery Partners’ Employees will not inappropriately balance bill for any amount over the contracted rate, bill in duplicate (unless first claim is not processed) or bill any patient for services not rendered. Such billing practices will not be tolerated.

17. Surgery Partners will make reasonable and good faith efforts to collect co-payments and deductibles at the appropriate point in the billing cycle.

18. Signature stamps will be used only by the same practitioner whose signature appears on the stamp, provided, however, signature stamps should not be used in connection with claims, progress notes, operative reports, or other medical record documentation of patient visits. All signature stamps should be maintained in a secure location that is locked after hours and only accessible to the appropriate practitioner whose signature is represented by the stamp.

19. Each claim will include all appropriate modifiers that are applicable to each separate procedure code.
20. Surgery Partners will periodically perform chart audits, or retain a third party to perform such chart audits, to monitor that claims being submitted to payors are supported by appropriate documentation in the patient’s medical chart.

21. Surgery Partners will establish procedures designed to prevent inappropriate claims from being submitted for cancelled or aborted procedures.

22. Surgery Partners will make reasonable efforts to notify the appropriate individuals with billing responsibilities, in a timely manner, of fee schedules and other necessary details of all applicable payor contracts.

23. Except in the case of services incident to physician services rendered by allied health professionals, no claims will be submitted under a name or identification number of any physician other than the physician who rendered the service.

24. Any reimbursement denials received from a federally-funded insurance program or other payor will be reviewed and analyzed to determine the nature of the denial and a claim will be resubmitted only after all pertinent information is obtained and there is a reasonable belief that the service performed is reimbursable.

25. Surgery Partners will establish a process to notify Employees of potential billing issues and problems.

26. Surgery Partners will maintain a log or other form of documentation of its compliance efforts, including any calls or other communications with governmental agencies regarding proper billing practices.

27. When a patient requests a bill itemizing his or her services, the patient will receive a response to such requested itemization within thirty (30) days.
Standard No. IX  
The Alliance

Surgery Partners will strive to promote that all procedures, practices and protocols adopted by the The Alliance will comply with the following additional standards of conduct.

Standards of Conduct

1. The Alliance will execute appropriate credit applications with each participating member.

2. Discounts available to Alliance participating members will not involve: (a) the furnishing of one good or service without charge, or (b) price reductions applicable only to orders for patients with particular payer sources.

3. The Alliance will negotiate vendor contracts providing for unit discounts paid at the time of purchase.

4. The Alliance will not accept vendor contracts involving: (a) the furnishing of one good or service without charge or at a reduced charge in exchange for the purchase of another good or service, or (b) price reductions applicable only to particular member payor sources.

5. Surgery Partners will encourage each Alliance member to notify its Medicare carrier and state Medicaid agency, on an annual basis, of discounts received on goods purchased through the Alliance and billed to the government on a line-item basis.

6. The Alliance will make available to a government payor upon request, any documentation relating to discounts provided by the vendor.
Standard No. X
Wholesale Optical Laboratories

Surgery Partners will strive to promote that all procedures, practices and protocols at its optical laboratories comply with the following additional standards of conduct.

Standards of Conduct

1. All products produced at Surgery Partners’ optical laboratories will meet or exceed all pertinent professional and industry standards for such products.

2. Under no circumstances will any product type be substituted for a product specified in an order without the prior approval of the purchaser.

3. Surgery Partners will not offer incentives or inducements (including market share discounts) to prospective purchasers or current customers unless such programs have been first reviewed and approved by the Compliance Committee or Surgery Partners’ legal counsel.
THE CHIEF COMPLIANCE OFFICER AND THE COMPLIANCE OVERSIGHT COMMITTEE

The Chief Compliance Officer will be designated from time to time by Surgery Partners’ Chief Executive Officer. The Chief Compliance Officer will be assisted in his or her duties as Chief Compliance Officer by the Compliance Oversight Committee (the “Committee”), consisting of Surgery Partners employees appointed by Surgery Partners’ Chief Executive Officer. The Chief Compliance Officer will also have the ability from time to time to create sub-committees of the Committee to address various topics (e.g. a HIPAA sub-committee). Each ASC director will serve as the compliance officer for their facility and will report to the Chief Compliance Officer. If any Committee member, facility compliance officer, or the Chief Compliance Officer is involved personally and directly in any allegation that is raised, that person will be recused from any consideration of that allegation.

A. INVESTIGATIVE PROTOCOL

A primary duty of the Chief Compliance Officer will be to facilitate the reporting of possible misconduct by Covered Persons. Surgery Partners has established a hotline system through which any Covered Person may report suspected misconduct. The Chief Compliance Officer will also make available suitable written report forms for those Covered Persons who prefer to forward their allegations in that format.

The Chief Compliance Officer will ensure that every credible report that is received will be reviewed and evaluated. It is the policy of Surgery Partners that no Covered Person will suffer any retaliation or retribution by Surgery Partners for fulfilling their compliance responsibilities and for making a credible report of misconduct or other violations of the Standards of Conduct. A report log will be kept in which the Chief Compliance Officer will record pertinent data in a form that will be developed in consultation with Surgery Partners’ legal counsel. All reports will be retained in a secure location pursuant to Surgery Partners’ record retention policy.

On a periodic basis, the Chief Compliance Officer, in consultation with Surgery Partners’ legal counsel, will submit for review by the Committee copies of each report received and the Chief Compliance Officer’s written evaluation of that report. In the event that the Committee disagrees with a “no-action” recommendation by the Chief Compliance Officer, the Committee will direct the Chief Compliance Officer to institute an appropriate investigation.

If the Chief Compliance Officer concludes, based upon his or her initial review of a report, that a report contains allegations that should be investigated further, the Chief Compliance Officer will transmit a written report to the Committee stating the reasons why further investigation is warranted. Although he or she will consult with the Committee, the Chief Compliance Officer will initiate an investigation where he or she deems an investigation to be warranted. The Chief Compliance Officer shall consult with Surgery Partners’ legal counsel to determine whether an investigation should be conducted under the direction of counsel.
In investigating any report of suspected misconduct, the Chief Compliance Officer may retain any outside consultant (including outside audit assistance) he or she deems reasonably necessary. However, to the extent practicable and appropriate, the Chief Compliance Officer will rely upon the internal audit staff supervised by the Chief Financial Officer or a designee to assist in the conduct of investigations. Periodic reports will be provided to the Committee discussing the progress of any ongoing investigation. The Chief Compliance Officer may also consult with Surgery Partners’ legal counsel, and if Surgery Partners’ legal counsel deems appropriate, the Chief Compliance Officer may also consult with outside legal counsel.

At the conclusion of an investigation, the Chief Compliance Officer, in consultation with legal counsel, will inform the Committee of his or her findings and recommendations in a timely fashion. The report will contain a summary of the report, the steps taken to investigate the report, the investigative findings, and the recommendations, if any, for corrective action, as well as recommendations for preventing similar violations in the future. The Committee will act promptly on the Chief Compliance Officer’s report.

B. BILLING AND PRACTICE REVIEW PROTOCOL

The Chief Compliance Officer, in consultation with the Committee and, if necessary, legal counsel, will periodically conduct risk analyses to identify and rank the various compliance and business risks in Surgery Partners’ daily operations. Based on an evaluation of these areas of risk, Surgery Partners will institute a plan for periodic internal reviews of certain facets of Surgery Partners’ operations.

The Chief Compliance Officer will initially rely upon the internal review staff supervised by the Chief Financial Officer or his or her designee to conduct any reviews in consultation with legal counsel. If necessary, the Chief Compliance Officer may retain outside consultants with specific expertise to supplement the review team, as well as outside legal counsel. The Chief Compliance Officer and the Committee will have the discretion to determine how frequently each of the specified categories will be reviewed, and whether additional areas require review. The Committee will determine the method by which such reviewers and consultants are retained and supervised.

It also will be the responsibility of the Chief Compliance Officer to ensure that any audit reports, correspondence or evaluations received from Medicare, Medicaid or any other federal or state regulatory authority will be furnished promptly to the internal review staff and as appropriate, any outside auditing consultants to ensure that these materials are available to assist in any ongoing review. The Chief Compliance Officer will immediately be made aware of any third party audit requests or requests for on-site visits to any Surgery Partners facility.

All results of the audit reports conducted will be summarized in a written report by the Chief Compliance Officer, together with recommendations for any revisions to the Plan based on the results of the audit reports. The Chief Compliance Officer’s written report will then be given to the Committee for comments. After the Chief Compliance Officer’s review of the Committee’s comments, the Chief Compliance Officer may revise the report and recommend
modifications to the Plan for consideration by the Committee or Board of Directors to improve the effectiveness of the Plan.

C. COMPLIANCE TRAINING

As part of the Plan, the Chief Compliance Officer has commenced a compliance training program for all Covered Persons. The Chief Compliance Officer will develop, update and maintain programs to provide periodic training and refresher training for Covered Persons that will be tailored in accordance to the Covered Person’s job duties. For new employees, compliance training will be a mandatory part of the new employees’ orientation process. New employees will receive compliance training within sixty (60) days of beginning employment. If necessary, the Chief Compliance Officer will seek the guidance of outside counsel in preparing, conducting, and evaluating the effectiveness of compliance training. The training will focus on the Standards of Conduct and the disciplinary system to enforce the Plan. A portion of Covered Person periodic retraining should be devoted to new regulatory developments. Each Covered Person will be required to sign an attendance sheet or other material evidencing attendance at each training session that is conducted (or the equivalent electronic evidence relating to online training courses). The signed attendance sheets will be on file and maintained by the Chief Compliance Officer or the human resources department. Compliance training is mandatory for all Covered Persons, and failure to attend such required training will be grounds for termination of employment. Surgery Partners encourages its Affiliated Providers to attend and/or complete compliance training, which will include training regarding documentation and billing matters.

D. IMPLEMENTATION OF NEW STATUTES AND REGULATIONS

The Chief Compliance Officer is responsible for developing a system to inform Surgery Partners of pertinent new regulatory and legal developments affecting its activities. The Chief Compliance Officer is also obligated to disseminate to the appropriate Surgery Partners Employees information concerning regulatory and legal developments. Normally this will be accomplished through memoranda or circulated copies of the pertinent regulations or statutes. The Chief Compliance Officer should be prepared, however, on occasion to conduct compliance workshops, whether through outside counsel or otherwise, if statutory or regulatory developments dictate that extensive and complicated changes must be disseminated and new procedures developed.

E. DISCIPLINARY ACTIONS

All persons who commit violations of the Standards of Conduct will be subject to disciplinary action. The precise discipline utilized will depend on the nature, severity and frequency of the violation and may include any one or more of the following:

1. Verbal warning
2. Written warning
3. Written reprimand
4. Suspension
5. Termination
6. Restitution

The Chief Compliance Officer will include in his or her annual report an evaluation of the disciplinary devices and their role in supporting and strengthening the Plan, including any suggestions for improving the disciplinary protocol.

F. ANNUAL REPORT

The Chief Compliance Officer will prepare, in consultation with outside counsel, an annual report of his or her activities for submission to the Committee. The report will include a summary of all relevant information, including any suggested improvements to the Plan or its procedures and training programs.

As part of the annual report, the Chief Compliance Officer, in consultation with outside counsel, will verify that:

(1) the Standards of Conduct have been circulated to all current Covered Persons;

(2) any credible reports and inquiries received by the Chief Compliance Officer have been evaluated and investigated as appropriate;

(3) Covered Persons have attended the required training sessions;

(4) disciplinary procedures have been reviewed and evaluated for consistency and effectiveness in strengthening the Plan;

(5) any suggestions for improving the Plan have been evaluated and/or incorporated into the Plan; and

(6) steps have been taken to communicate new federal and state laws and regulations to the appropriate Employees and Affiliated Providers.

Within sixty (60) days of the Committee’s receipt of the annual report, or such other time as may be appropriate under the circumstances, the Committee will submit the annual report to the Board of Directors for their review and will designate an individual to discuss the report and any recommendations at a meeting of the Board of Directors. Such reports to the Board of Directors shall be done at least annually, but reports may also be submitted on a more frequent basis. In addition, the Committee may conduct a meeting at which the Board of Directors will be represented (by one of its members who has been selected to deal with compliance matters) to evaluate the report and to consider any recommendations. The Chief Compliance Officer and legal counsel will attend this meeting. Thereafter, the Chief Compliance Officer will report periodically to the Board of Directors any proposed modifications to the Plan as suggested by the Committee.
G. EXIT INTERVIEWS

To the extent relevant, the Chief Compliance Officer or his or her designee will receive all applicable exit interview questionnaires which each Employee terminating employment with Surgery Partners will be asked to return to Surgery Partners upon their termination. One purpose of the questionnaire will be to solicit information about the Employee’s knowledge of potential violations of Surgery Partners’ Standards of Conduct. As appropriate, the Chief Compliance Officer will apprise the Committee of any pertinent information gathered from these questionnaires.

H. EXERCISING DUE DILIGENCE IN SELECTING EMPLOYEES

One of the primary purposes of Surgery Partners’ Plan is to foreclose the delegation of discretionary authority to any Employee who has a propensity to engage in illegal activity. This goal will be accomplished in several ways.

1. Prospective Employees

Surgery Partners will carefully evaluate all prospective employees. Surgery Partners’ application process will elicit information that can assist in this evaluation. The application form will contain an acknowledgment by the applicant that the information provided is subject to verification, that the verification process may continue subsequent to employment, and that false statements or material omissions are causes for dismissal.

For any position involving significant involvement in billing procedures and distribution of controlled substances, the Chief Compliance Officer will recommend appropriate background checks, including verification that such prospective employee has not been excluded from federal health care programs or been convicted of a health care or fraud related offense.

2. Existing Employees

Surgery Partners also will monitor closely the activities of its current Employees. The explicit obligation imposed upon Employees by the Plan to report suspected inappropriate conduct will be an important device for alerting the Chief Compliance Officer to potentially problematic Employees. Surgery Partners’ commitment to periodic compliance audits of various facets of Surgery Partners’ operations is another important check. If a current Employee is found to be excluded from a federal health care program or convicted of a health care or fraud-related offense this may be grounds for termination of employment.

I. EVALUATION OF THE CHIEF COMPLIANCE OFFICER

On a periodic basis, the Committee will prepare a written evaluation of the Chief Compliance Officer’s performance. The Chief Compliance Officer’s performance will be judged upon criteria to be developed by the Committee, including: (1) effectiveness in familiarizing all Employees and Affiliated Providers with the Standards of Conduct and the goals and
mechanisms of the Compliance Plan; (2) the extent to which all internal reviews are initiated and completed on schedule; (3) reliability in instituting timely investigations of all credible complaints of improper conduct; (4) diligence in performing oversight responsibilities such as exit interviews and evaluations of disciplinary actions; (5) effectiveness in measuring progress in realizing Plan goals; (6) success in coordinating compliance efforts with the Committee; (7) accomplishing prompt submission of all reports and updates to the Committee; (8) success in identifying and implementing appropriate corrective actions; and (9) sensitivity to the need to amend, adjust or supplement the Plan in light of operational experience.

If the Committee determines that the Chief Compliance Officer’s performance is inadequate, the Committee will tender its opinion to the Chief Executive Officer and in consultation with the Board of Directors, or a committee thereof, will determine the Chief Compliance Officer’s performance, and whether the Chief Compliance Officer will be relieved of his or her responsibilities and replaced by a new Chief Compliance Officer who will discharge his or her responsibilities in accordance with the guidelines contained in this Plan.

J. EMERGENCY SITUATIONS

If the Chief Compliance Officer concludes that any compliance-related matter requires immediate action, or if the Chief Compliance Officer determines that certain matters are extremely sensitive or confidential, he or she will have sole discretion to bypass the Committee and his or her regular reporting procedures and discuss the matter directly with the Chief Executive Officer of Surgery Partners and/or legal counsel. Assuming that the Chief Executive Officer agrees that an investigation or some other action is warranted, the Chief Compliance Officer will follow the procedures specified in this Plan for reporting on the investigation's progress to the Committee and legal counsel. The only difference will be that the Chief Executive Officer will also receive these progress reports at the same time as the Committee and legal counsel. At any time during the course of the investigation, upon the request of either the Chief Compliance Officer or the Committee, a meeting will be convened with the Chief Executive Officer and legal counsel to address progress in resolving the matter that gave rise to the emergency action. If the Chief Executive Officer does not agree that an investigation or some other action is warranted, the Chief Compliance Officer has the option to go to the Chairman of the Board. If both the Chairman of the Board and the Chief Executive Officer choose not to pursue an investigation or resolution of the issue, or the Chairman of the Board is the same individual as the Chief Executive Officer, or no such Chairman position exists, then the Chief Compliance Officer may elect to seek the approval of the full Board of Directors. The full Board of Directors will vote on whether to proceed with an investigation or some other action and a majority vote of all of the Board of Directors will allow the Chief Compliance Officer to proceed forward with his or her investigation or resolution of the matter at issue.

SURGERY PARTNERS DISCIPLINARY PROTOCOL

In order to make Surgery Partners’ Plan effective, the Chief Compliance Officer or his or her designee will educate all Covered Persons so that they understand that the Plan requires the imposition of appropriate discipline for violations of the Standards of Conduct. All Covered
Persons are subject to the same disciplinary action for a commission of similar offenses, notwithstanding their level of seniority or status in Surgery Partners. Violations of the Standards of Conduct (including failure to report the misconduct of other Covered Persons) may result in disciplinary action, up to and including immediate termination of employment.

The Chief Compliance Officer or his or her designee will be responsible for reviewing all disciplinary actions taken against any Covered Person to ascertain if the individual’s behavior involved any violation of the Standards of Conduct.

The Chief Compliance Officer will ensure that Human Resources and/or the facility director Compliance Officer receives copies of any documents generated in connection with a Covered Person’s discipline, including reprimands, letters to the Covered Person’s file and notices of termination for disciplinary reasons. Any records generated in connection with a Covered Person investigation or review will be expunged seven (7) years after the investigation and/or review has been concluded and closed. The facility director Compliance Officers will inform the Chief Compliance Officer of any allegations of improper conduct and the bases for the allegations.

Supervisors and facility director Compliance Officers should make conscientious and consistent efforts to identify any misconduct committed by any Covered Person or others that they supervise. To the extent that supervisors and/or facility director Compliance Officers fail to identify misconduct due to their own negligence, they will be subject to discipline. If a supervisor or a facility director Compliance Officer, due to negligence, carelessness or inattention, facilitates or prolongs misconduct, then an appropriate penalty commensurate with the seriousness of the violation will be imposed. It is recognized that different categories of culpability may exist, e.g., simple negligence, gross negligence or willfulness, and this, together with a Covered Person’s initiative to self-report, will be taken into consideration in determining appropriate discipline.

Certain offenses by Covered Persons, however, will be held sufficient to justify immediate termination, including, but not limited to, the following:

1. violation of any state or federal criminal statute;
2. failure to report misconduct by a Covered Person that a reasonable person under the circumstances should have known was a violation of the law;
3. failure to report a violation of the Standards of Conduct by any Covered Person that a reasonable person under the circumstances should have known was a violation of the Standards of Conduct;
4. willfully providing materially false information to Surgery Partners’ Chief Compliance Officer, member of the Committee, legal counsel, a government agency, or other person in connection with any matter related to Surgery Partners’ provision of health care services or products; and
(5) failure to attend a compliance training seminar without a legitimate excuse authorized by the Chief Compliance Officer.

The Chief Compliance Officer, in conjunction with legal counsel, is responsible for establishing and distributing an appropriate schedule of penalties, up to and including possible termination, for violations of this Plan.

A Covered Person whose conduct would otherwise justify termination may have less severe discipline imposed depending upon (a) whether the Covered Person reported his or her misconduct; (b) whether the report constitutes Surgery Partners’ first knowledge of the violation and the Covered Person’s involvement; (c) whether the Covered Person has provided full and complete cooperation during the Chief Compliance Officer's investigation of the violation; and (d) the factual circumstances of the Covered Person’s specific conduct or activity.

The Chief Compliance Officer also will seek to develop and implement changes to operational policies to address the issues that gave rise to the disciplinary problem. This will include specific procedures to re-examine the Plan’s effectiveness in light of the violation and to present to the Committee any suggested modifications to prevent a recurrence of the violation.
APPENDIX A: PLAN TO RESPOND TO INVESTIGATIONS

The purposes of Surgery Partners’ Response Plan are to organize and facilitate its cooperation with any governmental or regulatory agency in the event of receiving a search warrant; service of a subpoena; unannounced inspections; and planned audits, surveys and inspections.

Surgery Partners will maintain at all times a response team directed by a designated coordinator (the “Coordinator”), who will have the responsibility for selecting its membership and supervising the team members in their responsibilities. The response team, in conjunction with the Chief Compliance Officer, will develop a written response plan to be approved by the Committee.

The Coordinator will prepare and distribute written guidelines for Covered Persons regarding their rights and obligations in the event investigative or regulatory activities are initiated at a Surgery Partners facility or when approached by an investigator. Covered Persons will be furnished with a written summary of Surgery Partners’ Response Plan. In addition:

(1) Covered Persons will be reminded that Surgery Partners is committed to its Standards of Conduct, and that they have certain obligations beyond that spelled out in the Standards of Conduct; e.g., Surgery Partners documents are not to be taken home, and Covered Persons have no right to give Surgery Partners documents or records to any third parties without advance express authority from their supervisor or the pertinent facility director.

(2) Covered Persons should be advised that the government, as a routine matter, may attempt to interview them on Surgery Partners’ premises during the course of an audit, the service of a subpoena, or the execution of a search warrant, or at home in the evening. Covered Persons should be advised that while Surgery Partners will likely wish to cooperate in the investigation, it would like to do so in concert with the Covered Person.

(3) Surgery Partners documents and records will be organized and maintained on the basis of a functional design, which situates privileged documents in a separate location where they are clearly labeled.

(4) the Coordinator should be identified to all Covered Persons and the Coordinator's responsibilities explained.

In the event of unscheduled calls or visits by investigators, the Coordinator, in consultation with outside counsel, will be the sole point of contact and communication. The Coordinator will be responsible for:

(1) verifying the identity(ies) of investigators.
(2) demanding inspection of any warrant, or other authority for investigators or regulators being present at any Surgery Partners facility, to ensure that the investigators or regulators have proper authorization.

(3) Faxing or transmitting any warrant or other form of authority from investigators to Surgery Partners legal counsel.

(4) attempting to ascertain from the investigators the nature of inquiry and the alleged violations or statutes that are the basis for the investigation.

(5) ensuring that Surgery Partners’ records are never voluntarily produced -- only under compulsion of subpoena or search warrant.

(6) rendering courteous cooperation with the investigators, escort agents at all times while on the premises, and act as the sole representative handling oral communications with the investigators.

(7) being responsible for alerting legal counsel and coordinating the implementation of the Response Plan, as well as insure that all investigative activities are within the confines of their authority.

If a search warrant is executed, it will be the responsibility of the Coordinator and the response team to monitor actions of the search team, making notes of areas searched and preparing a general description of items seized.

At the conclusion of any investigative visit, audit or inspection, the Coordinator will request an exit conference in order to learn additional details of the investigation, if any violations have been discovered during inspections, and if Surgery Partners will be involved in any further investigative activity. The Coordinator will insure that once the search warrant has been executed, the agents -- as required by law -- have left behind an inventory listing items seized.

The Coordinator will immediately inform the Chief Compliance Officer of all information acquired regarding the investigation so that Surgery Partners may undertake its own internal investigation.
APPENDIX B: DOCUMENT RETENTION POLICY

As part of the Plan, it is essential that a written document retention and destruction policy be developed for all Surgery Partners components. Such a policy specifies the duration, as mandated by federal and state requirements, that specific categories of documents should be retained before destruction. It is vital that a written policy governs the destruction of documents so that no allegations can be made that documents were destroyed to hinder investigations or regulatory reviews. Any destruction policy should include a mechanism to suspend normal destruction schedules of document categories should there be service of legal process that might require their production. The policy would also detail what records should be developed by Surgery Partners to demonstrate its compliance with all pertinent laws and regulations.

All documents and records should be maintained in accordance with the rules contained in Surgery Partners’ document retention policies. No documents or records should be destroyed unless destruction is specified in Surgery Partners’ document destruction guidelines. No documents or records should be retained for a period longer than that specified in the guidelines. Copies of the guidelines for document retention and destruction are available from the facility director.

A document retention policy, however, consists of more than simply specifying the duration of storing business records. An effective policy should also insure that Surgery Partners’ compliance with all pertinent state and federal laws and regulations has been documented and can be demonstrated easily to regulators. In addition, substantial consideration must be given to how the privacy and security of records, especially medical records, will be assured. It is also essential that the policy address the proper retention and protection of computerized records. Surgery Partners will consider how best to organize documents and records for easy access should regulatory inquiries be received. For example, all privileged documents should be stored in a separate area designated for such a purpose.

In conjunction with the implementation of a document retention policy, Surgery Partners will also review its document handling procedures to insure that it is creating only documents that are necessary and essential for its daily operations. Creation of superfluous or unnecessary documents should be discouraged. Similarly, Surgery Partners should implement procedures to minimize the number of copies of documents that are created, retained and circulated. For example, unnecessary circulation of “FYI” copies of documents should be curtailed. As part of this review, Surgery Partners will examine its policies governing which Covered Persons will have access to certain sensitive categories of documents.

Document retention guidelines are only part of the policy. It is equally important that documents not be retained beyond the period specified in state and federal laws and regulations. Once the policy guidelines are in place, any extraneous documents that exceed the retention period should be purged from the files.

Finally, as part of the creation of a document retention and destruction policy, Employees will be trained in the proper handling of Surgery Partners documents. This training will focus
upon Standard of Conduct No. II: “Business Conduct and Practices”. For example, Surgery Partners documents, including electronic documents, are not to be removed from Surgery Partners, given to any third parties, or disclosed to any non-Employee without the express authorization of a Surgery Partners supervisor or facility director. Moreover, Employees will be informed that the theft or unauthorized removal of documents will be viewed as a serious matter and subject to appropriate discipline.
I, _____________________, hereby certify that I: (i) have read and understand the above information; (ii) agree to uphold my responsibility to comply with Surgery Partners’ Standards of Conduct; (iii) agree to report any violations of Surgery Partners’ Standards of Conduct that I learn about or discover; and (iv) understand that Surgery Partners’ Standards of Conduct are not an employment contract between Surgery Partners and me, and do not constitute a promise of continued employment.

____________________________   Date: _______________
Employee Signature

_________________________________
Employee Name (please print)

NOTE: ELECTRONIC CONFIRMATIONS MAY BE MAINTAINED IN LIEU OF WRITTEN SIGNATURES.
SURGERY PARTNERS
AFFILIATED PROVIDER

I, _____________________, hereby certify that I: (i) have read and understand the above information; (ii) agree to uphold my responsibility to comply with Surgery Partners’ Standards of Conduct, and (iii) agree to report any violations of Surgery Partners’ Standards of Conduct that I learn about or discover.

___________________________________  Date: ______________
Doctor Signature

_________________________________________
Doctor Name (Please Print)

NOTE: ELECTRONIC CONFIRMATIONS MAY BE MAINTAINED IN LIEU OF WRITTEN SIGNATURES.