

North Country Health Consortium, Inc.
POLICY GOVERNING
WHISTLEBLOWER PROTECTION

The North Country Health Consortium adopts the following Whistleblower Protection Policy in order to strengthen its existing policies and procedures, maintain and exemplify “best practices”, and comply with applicable law and regulations.

Introduction

The North Country Health Consortium (the Consortium) requires its Directors, officers and its Executive Director to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. As representatives of the Consortium, such Directors, officers and the Executive Director must practice honesty and integrity in fulfilling their responsibilities and comply with all applicable laws and regulations.

The Federal Sarbanes-Oxley Act requires that all corporations, including non-profit organizations such as the Consortium, establish timely procedures for the handling of complaints regarding the financial affairs of the organization and the retention of documents concerning complaints including their resolution. This policy is also applicable to the reporting, investigation and resolution of concerns regarding possible violations of the corporate governance policies and other policies of the Consortium.

Reporting Procedure and Responsibility

Directors, officers, the Executive Director, members of the Consortium and staff members of the Consortium, who have concerns about questionable accounting, internal accounting controls or auditing matters, have an affirmative duty to report those concerns to the Corporate Compliance Officer.

Additionally, a Consortium staff member who has concerns about possible violations of corporate governance policies or other policy of the Consortium has an affirmative duty to report those concerns to the Corporate Compliance Officer.

Reports are expected to be made on a good faith basis. Malicious, knowingly false or bad faith reports may be a basis for disciplinary action, including immediate termination from service or employment.

Illegal Directive(s) or Instruction(s) In Violation of Policy

Consortium staff members who refuse to carry out a directive which s/he has a reasonable good faith basis to believe would constitute an improper accounting, internal accounting control or auditing matters, corporate fraud, or a violation of state or federal law or applicable Consortium policies is also covered by this Policy.

Confidentiality; Anonymous Reporting Process

Violations or suspected violations may be submitted on a confidential basis by the complainant; reports under this Policy may be made on an anonymous basis. Such reports will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation. To make a confidential and/or anonymous, if so desired, report:

- Send a written report, clearly marked CONFIDENTIAL to the Corporate Compliance Officer: North Country Health Consortium, 7 Main Street, Suite 7, Whitefield, NH 03598.
- Phone the Corporate Compliance Officer at (603) 837-2519

No Retaliation

No person who in good faith makes a report hereunder shall be subject to harassment, retaliation or adverse employment consequence for having made such a report. Such persons are also protected against retaliation for providing information to or otherwise assisting in an investigation by the Consortium, a federal or state regulatory authority, or a law enforcement agency, which may result from a reporting of questionable accounting, internal accounting controls, questionable audit practices or a violation of policies contained in the Consortium's governing articles of agreement, its bylaws or its policies. A Director or the Executive Director who retaliates against someone who has made a good faith report under this Policy, or who has provided information or assistance in connection with an investigation, is subject to disciplinary action up to and including immediate termination of service or employment.

Documentation of Reports

Upon receipt of a report under this Policy, the Corporate Compliance Officer will document in writing the details of the report made, the date upon which the report was received and how it was received, and any actions taken in connection with its receipt, regardless of whether the report was submitted in writing. These records shall be forwarded to and maintained by the Consortium for a period of no less than seven (7) years.

In addition, with the exception of anonymous reports, the person(s) making a report will receive written notification that their report under this Policy has been received.

Investigation

Investigations under this Policy will be conducted as discretely as possible.

Upon receipt of a report under this Policy, the Corporate Compliance Officer shall be notified and shall commence an investigation within a reasonable time period. Depending on the nature of the allegations, the investigation shall be undertaken by the Corporate Compliance Officer or his or her designee, unless the report concerns the conduct of the Corporate Compliance Officer, wherein the investigation shall be conducted by the President of the Board or his or her designee. If the report involves questionable accounting, internal accounting controls or questionable auditing conduct, the Corporate Compliance Officer may engage the services of outside legal or accounting

professionals to conduct and/or assist in any investigation or to otherwise advise the Consortium.

Upon the conclusion of any investigation under this policy, the investigating body shall make a determination as to the propriety of the questioned actions and/or whether there was a violation of the Consortium's governing articles of agreement, bylaws or Consortium policy and make a recommendation as to any appropriate action(s) to be taken, depending on the results of their investigation. This may include, but not be limited to, disciplinary action, up to and including termination from service or employment. In a situation involving a member of the Board of Directors, any action taken will be in accordance with the Consortium's governing articles of agreement and applicable law.

The investigating body shall communicate the results of its investigation to the President of the Board of Directors, and/or the Executive Director in the first instance. The President of the Board or the Executive Director shall not receive this information if the report involves his/her conduct.

Documentation regarding an investigation under this Policy shall be forwarded to and maintained by the Consortium for a period of no less than seven (7) years.

Adopted by Board of Directors: August 27, 2010
Date