Employee Handbook

Dear Colleague,

This is an exciting time for the healthcare industry and for our company. The industry is ripe with change and opportunity and our hospitals remain positioned to serve the communities in which we operate.

Each day in Tenet hospitals across the country, our employees make a difference in the lives of thousands of people. These aren't just any people; they are our patients and our neighbors and as an organization, we have a unique opportunity to provide them with safest and highest quality health care possible.

We fulfill this mission by conducting our activities in a manner that is consistent with Tenet's core values: Quality, Integrity, Service, Innovation and Transparency. The foundation of our success is secured by an unrelenting commitment to ethical behavior and compliance with the laws that regulate our industry. As a new employee, you will soon participate in our ethics program to learn more about these behaviors. In the meantime, you can learn more about the importance Tenet places on ethics and compliance by reading the *Standards of Conduct* booklet.

Again, welcome to Tenet. Let me thank you in advance for the hard work and commitment I know you will bring to our patients, your co-workers and our hospitals.

Sincerely,

Trevor Fetter
President and Chief Executive Officer

About Tenet

Tenet, one of the nation's largest health care services companies, operates hospitals, freestanding outpatient centers and Conifer Health Solutions, a leader in business process solutions for health care providers that serves over 250 facility and health care entities nationwide. Tenet's facilities and related health care facilities are committed to providing high quality care to patients in the communities they serve.

As we seek to improve patients' lives, our dedicated employees are guided each day by five core values: quality, integrity, service, innovation and transparency. Together, we strive to fulfill our purpose and responsibility of providing quality health care to those who need it. We make the following commitments to our patients, employees, shareholders and the communities we serve:

- A commitment to our patients to continually improve our quality of medical care and patient safety.
- A commitment to our employees to provide a workplace that is safe, a culture that promotes good values and high standards of conduct and compensation that is fair.
- A commitment to our communities to provide good value for their healthcare expenditures, to advocate for the needs of patients, to be involved in citizenship and volunteerism and to be mindful of our impact on the earth's resources and the environment.
- A commitment to our shareholders to create value and to operate our business according to strategies and practices that is sustainable.

ABOUT YOUR HANDBOOK

This Handbook and Handbook Supplement has been prepared to provide all of our employees an overview of basic Facility policies, practices and benefits. We believe that understanding the Facility and how it works is an important step in developing and maintaining productive employer/employee relationships. Please take the time to read this Handbook. It won't take you very long. It contains important information that will affect you every day.

The term "facility" as used throughout this manual refers to any divisions, subsidiaries, offices, facility's, buildings or other Tenet-owned or operated locations. This Handbook applies to all employees of Tenet and its facility's, exempt and non-exempt, managerial and non-managerial. Please remember that this Handbook is not a contract of employment, that your employment with the facility at all times is at-will, and that either you or the facility can terminate the employment relationship at any time, with or without cause or notice. If your employment is governed by a Collective Bargaining Agreement ("CBA"), any provisions in the CBA which are inconsistent with this Handbook will govern.

Facility Policies

The policies outlined in this Handbook and, where applicable, Handbook Supplement, reflect the usual way of handling various situations. It is important for you to understand these policies in order to be a well-informed employee. Management, however, reserves the right to deviate from existing policies in its discretion because of individual circumstances or special needs. There will also be situations that require a change from time to time in policies, practices and benefits described in this Handbook. Accordingly, except with respect to the employment-at-will policy and the mutual agreement to arbitrate disputes relating to your employment, the facility reserves the right to modify, add, delete or revise any provisions contained in this Handbook and/or Handbook Supplement at any time as it deems necessary or appropriate in its sole and absolute discretion. We will periodically distribute updates to you as policies and benefits are changed and updated. Also, please refer to the policies in this Handbook in conjunction with the most up-to-date policies applicable to your facility on eTenet or your facility's intranet or through your Human Resources Representative.

Your Supervisor

Each new employee is assigned to a supervisor who will help you adapt to your facility work routines and procedures. Supervisors also offer guidance and may assist you in communications with management, as well as encourage your career growth and development.

Department managers and department directors are also available to help you and your supervisor maintain a productive relationship with each other and with the facility. If at any time you have questions, concerns or suggestions about your work, facility policies or the operation of the facility in general, feel free to sit down and discuss them with your supervisor or a Human Resources Representative. While your supervisor is not authorized to modify or amend a policy nor is a supervisor's interpretation of a policy or procedure final and binding, your supervisor's insight may be helpful to you. Should you have questions or concerns about a policy after speaking with your supervisor, you should seek further guidance from your Human Resources Representative. Our goal is to share with employees the facility's mission of providing high-quality healthcare services while promoting a sincere pride in the workplace. We can only do this by working closely together.

Orientation/Re-Orientation

You are required to undergo an orientation at the time you begin work. Your Human Resources Representative will work with your supervisor to schedule your orientation. Certain facility employees are required to complete an annual re-orientation.

Your Human Resources Representative

Your Human Resources Representative provides employees with information and necessary assistance to understand our facility's human resources policies and to promote a positive work environment. Your Human Resources Representative is available to help you with any problems or concerns during your employment.

The Human Resources Representative is responsible for maintaining complete and up-to-date personnel records for all current employees. You have a responsibility to notify your Human Resources Representative promptly of any changes in your name, home address, telephone number or any information changes that would impact your benefits.

All requests for employment verifications and employee references must be directed promptly to the Work Number (TALX), information is located on eTenet or available from your Human Resources Representative.

Your Employment

What You Can Expect From the Facility

As a leader in the healthcare field, we think it is reasonable for you to expect a number of things such as:

- The facility will strive to provide you competitive pay, based on your job responsibilities and demonstrated job performance.
- The facility will strive to provide a benefit program that is competitive with others in the industry.
- The facility will strive to be a responsive employer and will adhere to the principles of equal employment opportunity in its employment practices.
- The facility will strive to provide opportunities for and encouragement of personal and career growth and development.

What the Facility Expects From You

In order to achieve our goal of delivering quality healthcare, the facility expects in turn a number of things such as:

- You will put forth your best effort to complete all your assigned duties.
- You will be regular and punctual in your attendance.
- You will cooperate with your co-workers in a spirit of teamwork.
- You will comply with all established facility policies.
- You will ask when you don't know, question when you don't understand, and suggest when you see a better way.
- You will take initiative for your career development through available training programs and advise your supervisor or Human Resources Representative if you wish to be considered for another job opportunity in the facility.

Employee Relations

We strive to make the work conditions, wages and benefits we offer to our employees competitive with those offered by other employers in this area and in this industry. If you have questions or concerns about work conditions or compensation, you are strongly encouraged to talk with your supervisor.
Our experience has shown that when employees work with supervisors, the work environment can be exceptional, communications can be clear, and attitudes can

be positive. We believe that the company and all of its divisions, subsidiaries and facilities have demonstrated, and will continue to demonstrate, their commitment to employees by responding effectively to employee questions and issues.

Equal Employment Opportunity

The facility believes a strong commitment to equal employment opportunity is more than a legal and moral obligation – it also is sound business practice to realize the potential of every individual. In order to provide equal employment and advancement opportunities to all individuals, employment decisions at the facility will be based on merit, qualifications and abilities. Except where required or permitted by law, employment practices will not be influenced or affected by an applicant's or employee's race, color, religion, sex, sexual orientation, national origin, age, disability, genetic information, or any characteristic protected by law. This policy governs all aspects of employment, including selection, job assignment, compensation, counseling, discipline, termination, access to employee services, benefits and training. As required by law, the facility will make reasonable accommodations for qualified individuals with disabilities.

If you have questions and concerns about any type of unlawful discrimination in the workplace, you are strongly encouraged to bring these issues to the attention of your immediate supervisor or your Human Resources Representative. You can raise concerns and make reports without fear of reprisal. Anyone found to be engaging in any type of unlawful discrimination will be subject to corrective action, up to and including termination of employment.

Sexual and Other Unlawful Harassment

We are committed to providing a work environment free from discrimination and unlawful harassment. Actions, words, jokes or comments based on an individual's sex, race, ethnicity, age, religion, sexual orientation or any other legally protected characteristic will not be tolerated. As an example, sexual harassment (both overt and subtle) is a form of employee misconduct that is demeaning to another person, undermines the integrity of the employment relationship, and is strictly prohibited. Anyone engaging in sexual or other unlawful harassment will be subject to corrective action, up to and including termination of employment.

Examples of unlawful sexual harassment include, but are not limited to, unwelcome sexual advances, requests for sexual favors where:

- Submission to such conduct is an implied or expressed condition of employment; or

- Submission to or rejection of such conduct is the basis for employment decisions affecting the individuals.

Also, verbal, visual or physical conduct of a sexual nature where the conduct has the effect of interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment can constitute unlawful harassment.

Any employee who wants to report an incident of alleged sexual or other unlawful harassment should promptly report the matter to his or her supervisor. If the supervisor is unavailable or the employee believes it would be inappropriate to contact that person, the employee should immediately contact his/her Human Resources Representative. Employees may raise concerns and make reports without fear of reprisal.

This policy applies to all employees, including supervisors, managers and department heads as well as physicians, whether or not employed by Tenet. This policy also may, under certain circumstances, apply to agents and non-employees who have contact with our employees.

If you have any questions concerning this policy, please feel free to contact your Human Resources Representative at any time.

Immigration Law Compliance

The facility is committed to employing only United States citizens and an alien authorized to work in the United States and does not unlawfully discriminate on the basis of citizenship and national origin.

The company complies with the Immigration Reform and Control Act of 1986, and all employees will be required to complete an I-9 form as required by law.

Employment Application

The facility relies upon the accuracy of information contained in the employment application, as well as the accuracy of other data presented throughout the hiring process and employment. Any misrepresentations, falsifications or material omissions in any of this information or data may result in the facility's exclusion of the individual from further consideration for employment or, if the person has been hired, termination of employment.

Verification of Licenses

All positions requiring licenses or certification and/or educational degrees require verification during the pre-employment process. Employees who are licensed

professionals must present verification of licenses when requested during the hiring process and, if hired, annually or as required thereafter. Continued employment is conditioned on having all necessary licenses or certifications active and in good standing.

Federally-funded Healthcare Program Exclusion / Sanction

To protect the nation's elderly and poor; certain individuals are barred from participating in federally-funded healthcare programs, such as Medicare, Medicaid, TriCare/ CHAMPUS, Railroad Retirement Benefits, and other healthcare programs. Being barred from participation is also known as "exclusion". This means that federal dollars cannot be used to pay for any services or items provided by an excluded individual. The U.S. Department of Health and Human Services Office of Inspector General (OIG) and U.S. General Services Administration (GSA) maintain two databases containing information about excluded individuals.

To ensure that employees are not excluded, the facility will screen each prospective employee against these databases. In addition, all employees are screened against these databases annually. If you are found to be excluded or sanctioned, you will be immediately removed from any position responsible for or involved in providing services related to federal health care programs. You will also be immediately removed from any position where your compensation derives, whether directly or indirectly, from federal dollars. This will be in effect until such time as you are reinstated into participation in federal programs. You will be given an opportunity to provide documentation showing that you are not excluded.

Once you are an employee, you are also under a continuing obligation to immediately inform your supervisor, Facility's Compliance Officer, or CEO if you find out or are informed that you are excluded, debarred, sanctioned, or suspended from participation.

If we discover that you have been charged with a crime which may result in exclusion, we will take appropriate actions to ensure that quality of care provided to a patient does not suffer and/or that any claims submitted are accurate.

Staff Rights

You may request not to participate in an aspect of patient care, including treatment, due to a perceived conflict with your cultural values, ethics, or religious beliefs or as otherwise provided by law. The facility will make every reasonable effort to approve such requests, so long as the approval of such request will not negatively affect the patient's care, including treatment, and so long as there is an appropriate alternative method or methods of care delivery. However, if adequate staffing cannot be found, or if this request cannot be granted without

negatively affecting patient care, including treatment, the employee will be required to participate in such care and treatment. You must submit a Request Not to Participate Form to your supervisor at the time of hire, or as soon as possible after you are notified that you may be required to participate in such aspect of patient care or treatment. You may be floated to a position in another department for which you are qualified, or may be asked to leave work while the facility brings in other staff to provide patient care. See your Human Resources Representative for the form and further information.

Hours of Work and Work Schedules

Hours of work and work schedules for employees vary throughout the facility. Your supervisor will advise you of your individual work schedule according to the facility's specific procedures. Staffing needs and operational demands may necessitate variations in starting and ending times, as well as variations in the total hours that may be scheduled each day and week. The facility will strive to give you adequate advance notice of schedule variations.

Please consult the Handbook Supplement if appropriate, or ask your supervisor or Human Resources Representative for your facility's hours of work and work schedule.

Meal and Rest Periods

Meals and rest periods will be provided according to applicable state law and will be scheduled according to the facility's' procedures, to accommodate patient needs or other business requirements.

Please consult the Handbook Supplement, if available, or ask your supervisor or Human Resources Representative for details regarding meal and rest periods.

Employment Categories

The facility provides definitions of employment classifications so that you understand your employment status and benefits eligibility. These classifications do not guarantee employment for any specified period of time. Accordingly, you or the facility have the right to terminate the employment relationship at will at any time.

Employees are designated as either nonexempt or exempt. Nonexempt employees are entitled to overtime pay under specific provisions of federal and state laws. Exempt employees are excluded from the overtime provisions of these laws and are not eligible for overtime pay. Exempt employees are expected to work whatever time is necessary to meet defined job responsibilities.

In addition to belonging to one of the above categories, you will also belong to one of the following other employment categories:

- Regular Full-Time employees are those who are not in a temporary status and who are regularly scheduled to work a full-time schedule of 32 hours or more per week. Generally, regular full-time employees are eligible for the facility's benefit package, subject to the actual terms, conditions and limitations of each benefit program's plan documents.

- Regular Part-Time employees are those who are not assigned a temporary status and who are scheduled to work less than a full-time schedule. They may not be eligible for some or all of the facility's benefit programs, subject to each program's plans. Generally, individuals are considered "Part Time (1)" if they are scheduled to work 24 hours per week or more, and "Part Time (2)" if they are scheduled to work less than 24 hours per week.

- Per Diem employees, sometimes referred to as "pool," are those who work on an "as-needed" basis. The facility offers this category in limited classifications and to limited numbers of employees.

- Temporary employees are those hired as interim replacements to temporarily supplement the work force or to assist in the completion of a specific project. Employment assignments in this category can be either full-or part-time and are of a limited duration, usually no more than six months. Employment beyond any initially stated time period does not in any way imply a change in employment status. Temporary employees retain that status unless and until notified of a change.

Individuals in the categories listed above are considered eligible for Social Security and Workers' Compensation purposes.

Attendance and Punctuality

To maintain a safe and productive work environment, regular and punctual attendance is an essential function of your job, and the facility expects you to be reliable and punctual in reporting for scheduled work. Absenteeism and tardiness place a burden on the facility and other employees. If you are not able to report to work as scheduled, you should notify your supervisor as soon as possible in advance or as required by your facility policy. Either excessive absenteeism or tardiness will lead to corrective action, up to and including termination of employment. Please remember:

- You are expected to report to work during inclement weather conditions pursuant to your facility specific policy. Please refer to your facility's specific policy.

- If you are absent from work for two (2) consecutive days without giving proper notice to the facility, you will be considered to have voluntarily resigned.

- If you report to work without proper equipment or in improper attire, you may not be allowed to work. If you report for work in a condition deemed not fit for duty, whether for illness or any other reason, you will not be allowed to work.

Performance Evaluations

The facility strongly encourages you and your supervisor to discuss job performance and goals on an informal, day-to-day basis. A formal performance evaluation may be conducted after your first 90 days of employment (initial evaluation period) or transfer or promotion into a new position. Additional formal and informal performance reviews are conducted to provide both you and your supervisor the opportunity to discuss job tasks, encourage and recognize strengths, identify areas for improvement, and discuss positive and specific approaches to meet performance goals. Formal performance evaluations normally are scheduled every 12 months.

Transfers and Promotions

The facility believes in transferring and promoting qualified employees to positions of increased responsibility whenever that action is most appropriate. Transfer and promotion decisions are based on long-term business goals, employee performance, and the employee's potential for success in the new position. Promotions and transfers shall be offered to employees at the sole discretion of the facility.

You may access information regarding current vacant positions through your Human Resources Representative or through on-line postings. Internal candidates shall be given preference for promotional opportunities over external candidates when training, skills and ability for the position are otherwise equal.

If you wish to be considered for an open position either within or outside of your present department, you must discuss the request directly with your supervisor or department director. If you want to apply for a particular transfer, contact your Human Resources Representative for the appropriate forms.

You should be in your present position for a minimum of six months to be eligible to apply for a posted position. If you are currently engaged in a Performance Management plan, you are not eligible to apply for a posted position at this time.

The facility has established guidelines for transfer and promotion policies. Please consult with your supervisor or Human Resources Representative for more specific details.

Employment of Relatives

The employment of relatives in the same area of an organization may cause serious conflicts and problems with employee morale. In addition to claims of partiality in treatment at work, personal conflicts from outside the work environment can be carried into day-to-day working relationships. Due to the potential conflict, members of the Administrative Team and Human Resources Department should not employ relatives at the facility who fall under their scope of responsibility.

Except where prohibited by law, relatives of persons currently employed by the facility may be hired only if they will not be working directly for or supervising a relative or will not occupy a position in the same line of authority within the organization. This policy applies to any relative, higher or lower in the organization, who has the authority to review employment decisions. You cannot be transferred into such a reporting relationship.

For the purposes of this policy, relatives are defined to include spouses, legally recognized domestic partners, parents, children, brothers, sisters, brothers- and sisters-in-law, sons- and daughters-in-law, fathers- and mothers-in-law, stepparents, stepbrothers, stepsisters, stepchildren, step grandchildren or anyone else related by blood or marriage or whose relationship with the employee is similar to that of persons who are related by blood or marriage. This policy also may apply to individuals who are not legally related but who reside with another employee.

If the relative relationship is established after employment, the individuals concerned will decide who is to be transferred. If that decision is not made within 30 calendar days, management will decide. In other cases where a conflict or the potential for conflict arises, even if there is no supervisory relationship involved, the parties may be separated by reassignment or terminated from employment.

Outside Employment

You may hold an outside job as long as you meet the performance standards of your job with the facility. You should consider the impact outside employment may have on your health and physical wellbeing. All employees will be judged by the same performance standards and will be subject to facility scheduling demands, regardless of any existing outside work commitments.

If the facility determines that your outside work interferes with your performance or your ability to meet the requirements of the facility as they are modified from time to time, you may be asked to terminate the outside employment if you wish to remain employed by the facility.

Outside employment that constitutes a conflict of interest is strictly prohibited. You may not receive any income or material gain from individuals outside the facility for material produced or services rendered while performing your job in the facility.

Any employee who holds a managerial position should disclose any other employment, including consulting relationships outside of Tenet, and obtain prior approval from senior management.

Shared Employment

We follow very strict and specific guidelines regarding employees who are concurrently employed by more than one of the company's facilitys. The company will aggregate on one payroll system all hours worked by employees for the purpose of administering overtime pay, the company retirement plan and other benefits. No current employee may also work for another employer at his or her home facility. No current employee may work as temporary agency/registry for any other Tenet facility. Further, no current company employee may also work as an independent contractor for this or any other Tenet facility. This policy applies to all employees except when there is an express written agreement approved by the appropriate Home Office Legal and Regional Human Resources Representatives.

Access to Personnel Records

Your facility Human Resources Representative maintains a personnel file on each employee. The personnel file includes such information as your job application, resume, records of training, documentation of performance appraisals and salary increases, and other employment records.

Personnel files are the property of the facility and are confidential. If you wish to review your own file, you should contact your facility Human Resources Representative. As a current employee, with reasonable advance notice, you may review your own personnel file during normal business hours and in the presence of a Human Resources Representative. State and federal laws will be followed as applicable.

Personnel Data Changes

The facility strives to maintain current and accurate records on all employees. To assist in this endeavor, you are required to promptly submit any changes affecting your personnel records to your Human Resources Representative and to notify your supervisor of such changes.

Types of information you must inform us about include, but are not limited to, changes in name, address, telephone number, changes in beneficiary, changes in licensure status, and any other significant information. Your Human Resources Representative can provide you with the forms needed to communicate this information.

Performance Management

You are expected to meet facility performance expectations and standards of your job. If your performance or conduct does not meet facility expectations and standards, the facility will use a positive performance management and progressive corrective action approach whenever possible to motivate you to participate directly in the resolution of such situations. We believe that such an approach fosters your understanding of and commitment to correct a performance or conduct problem and increases the likelihood of a satisfactory resolution. However, circumstances may arise which make it inadvisable or inappropriate to follow the general performance management and progressive corrective action procedures. When circumstances warrant, facility management may decide, in its sole discretion, that some or all of the steps in the performance management process should not be followed and that immediate corrective action, including termination of employment, is necessary. Employment with the company or any of its facility's is at will, and either you or the facility may terminate the employment relationship at any time, with or without notice.

This policy is intended to complement and not conflict with or replace other policies and procedures pertaining to employee conduct and performance, including the Open Door and Fair Treatment Policy and the Employee Conduct and Work Rules policy.

If you have any questions regarding the performance management process, please speak to your supervisor or your facility Human Resources Representative, or reference the performance management policy.

Resignation and Separation of Employment

Separation of employment, either voluntary or involuntary, is an inevitable part of personnel activity within any organization. It is the policy of the facility to approach each employee termination with fairness, both to the employee and the facility. Since employment with the facility is based on mutual consent, both the employee and the facility have the right to terminate employment at will, with or without cause, at any time.

All accrued, vested benefits that are due and payable at termination will be paid. Some benefits may be continued at your expense if you so choose. You will be notified in writing of the benefits that may be continued and the terms, conditions

and limitations of such continuation. Your final pay will be distributed in accordance with applicable state law.

In the case of voluntary separation of employment, non-management employees are expected to notify their supervisor two (2) weeks in advance of their last expected day of work. Those employees with management responsibilities are expected to give four (4) weeks' notice.

Please be sure to keep us informed of any address changes within the following year after you leave the facility. This will ensure proper and timely handling of forms such as W-2s.

Exit Interview

An exit interview, which may include written questions regarding ethics and compliance, will be conducted for employees who are leaving voluntarily or involuntarily. The exit interview may be face-to-face, online, mail or a telephone interview.

Return of Facility Property

You are responsible for all facility property, materials or written information issued to you or in your possession or control. You must return all facility property in satisfactory condition immediately upon request or upon voluntary or involuntary termination of employment. Where permitted by law, the facility may withhold from your current or final paycheck the cost of any items that are not returned when required. The facility may also take all action deemed appropriate to recover or protect its property.

Reductions in Force and Severance Pay

The facility strives to avoid reductions in work force whenever possible. However, changing economic or business circumstances may require a reduction in the work force of a facility. If a reduction in force becomes necessary, the facility will follow an orderly procedure to reduce its work force and to assure adherence to the facility's strong commitment to providing the highest-quality patient care at all times. In the event of a reduction in force and as economic conditions permit, the facility may elect in its discretion to provide severance pay benefits to employees whose positions are eliminated.

Rehire and Reinstatement

The facility will consider you for either rehire or reinstatement, depending upon your prior work history with the facility. If you were away from a Tenet facility for no more than one year, and you had at least 1 year of continuous service prior to leaving a Tenet facility, you may be eligible for reinstatement. If you were away from a Tenet facility for more than one year, you may be eligible for rehire. Rehired employees will be treated as new employees. Please consult your Human Resources Representative for more specific information.

Your Pay

Paydays and Paychecks

Paydays are established and paychecks are issued according to each facility's specific procedures. Each paycheck will include earnings for all work performed through the end of the previous payroll period. The facility strives to provide competitive and equitable pay for all positions. Please refer to the Handbook Supplement if applicable, or ask your supervisor or Human Resources Representative for any facility-specific procedures on paydays and paychecks.

Timekeeping

Accurately recording time worked is an important responsibility. Your facility relies on you to record the time you begin and end your work, and the beginning and ending time of each meal period accurately and in accordance with the facility's specific procedures. You should also record the beginning and ending time of any split shift or departure from work for personal reasons. Overtime work should always be approved in advance before it is performed.

It is your responsibility to verify your time record to certify the accuracy of all time recorded. Your supervisor will review and then initial the time record before submitting it for payroll processing. If corrections or modifications are made to the time record, both you and your supervisor must verify the accuracy of the changes by initialing the time record. The actual time employees should report to work and leave work is determined by their supervisors according to their facility's specific procedures.

You should not certify a time record that is inaccurate. Changing, falsifying, tampering with time records, or recording time on another employee's time record will result in corrective action, up to and including termination of employment. If you fail to submit accurate and complete time records on a timely basis, you may delay the processing of your paycheck as permitted by applicable state law. Your continued failure to submit accurate and complete time records or failure to follow facility procedures in this regard may result in corrective action up to and including termination of employment.

Please consult the Handbook Supplement if applicable, or ask your supervisor or Human Resources Representative for any additional information about the timekeeping policy.

Overtime

In facility’s where mandatory overtime is permitted by law, you may be scheduled to work overtime hours when operating requirements or other needs cannot be met during regular working hours. When possible, advance notification of these

mandatory assignments will be provided. Overtime assignments will be distributed as equitably as practical to all employees qualified to perform the required work. A failure to work scheduled overtime may result in corrective action, up to and including termination of employment.

Under any circumstances, you should receive your supervisor's prior authorization to work overtime. If you work overtime without proper authorization from your supervisor, you may be subject to corrective action, up to and including termination of your employment, even though you will be paid for all such time worked.
Overtime compensation is paid to all non-exempt employees in accordance with applicable federal, state, and local wage and hour requirements. As required by law, overtime pay is based on actual hours worked and it cannot be waived. Time off for sick leave, vacation leave or any leave of absence will not be considered hours worked for purposes of performing overtime calculations.

Please consult the Handbook Supplement if applicable, or ask your supervisor or Human Resources Representative for your facility's policy on overtime.

Administrative Pay Corrections

The facility takes all reasonable steps to ensure that you receive the correct amount of pay in each paycheck and that you are paid promptly on the scheduled payday. You should, however, review your paycheck closely upon receiving it and check it for accuracy. In the unlikely event that there is an error in the amount of pay, you should promptly bring the discrepancy to the attention of the facility so that corrections can be made as quickly as possible. As permissible under applicable law, once under payments are identified, they will be corrected in the next regular paycheck, and overpayments will also be handled in the same manner. Where there is a substantial amount owed, the employee may request a different repayment schedule.

Pay Deductions

The law requires certain deductions be made from your compensation. Among these are applicable federal, state and local income taxes. The facility offers programs and benefits beyond those required by law. If you are an eligible employee, you may voluntarily authorize deductions from your pay to cover the costs of participation in these programs. Please refer to the Handbook Supplement if applicable, or ask your supervisor or Human Resources Representative for further information regarding other voluntary deductions.

Wage Attachments and Garnishments

You are responsible for managing your financial commitments to avoid the inconvenience of wage attachments and garnishments for both you and the facility. In the event situations arise in which a wage attachment or garnishment is ordered by an official state, local or federal agency, the facility will honor and fulfill all garnishments and other wage attachment orders as required by law.

Your Benefits

Health and Welfare Benefits

Tenet provides employees with more than just basic pay. Our comprehensive benefits program includes basic life and AD&D coverage, a wellness program, the Tenet Personal Health Team with employee assistance program, and business accident travel insurance – all at no cost to employees. Optional benefits include medical, dental, vision, supplemental life and AD&D, disability, 401(k), spending accounts, stock purchase plan, college savings plan, long-term care, and legal. Most benefits begin at/after 30 days of service so new employees must enroll within the first 30 days of service.

Learn more about Tenet's health and welfare benefits at HealthyatTenet.com.

Benefits Continuation (COBRA)

The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) gives you and your qualified beneficiaries the opportunity to continue coverage under Tenet's medical, dental, vision and health care spending account plans when a "qualifying event" would normally result in a loss of benefits. Common qualifying events include resignation, termination of employment (except termination for gross misconduct), death of an employee, a reduction in work hours, an employee's divorce or legal separation, or a dependent child who no longer meets eligibility requirements.

Under COBRA, you or your beneficiary pay the full cost of coverage at Tenet group rates plus an administration fee.

You will be provided with written information describing rights and obligations granted under COBRA when you become eligible for coverage under the Tenet's health insurance plan.

Employee Assistance Program (EAP)

Tenet offers all employees and their families a free, confidential resource to help deal with personal development, mental, emotional, legal, and financial issues, and more, through its Employee Assistance Program (EAP). EAP services include professional assessment, counseling and referral to appropriate outside resources.

For more information about EAP, please visit HealthyatTenet.com

Leaves of Absence

The facility recognizes there may be times when you may need to be away from your job for an extended period of time. Situations that may require you to request a leave of absence from work include a personal medical disability, personal emergency, military duty, jury duty, witness duty, bereavement or family obligations arising from the birth or adoption of a child, serious illness or injury involving a family member on active duty or a family member's call to active military duty. Except where prohibited by law, requests for General Leaves of Absence will be considered on the basis of your length of service, performance, responsibility level, reason for your request, and the facility's ability to obtain a satisfactory replacement during the time you will be absent from work. Unless otherwise required by law, leaves of absence are limited to a maximum of twelve (12) months.

All requests for leaves of absence must be initiated through Human Resources, and they will coordinate the leave with your supervisor. Your Human Resources Representative will direct you to the appropriate forms to complete for leave, and they are available to answer your specific questions concerning length of service and the status and availability of employee benefits, including health and other insurance benefits.

Family and Medical Leave Act

The Facility grants Family and Medical Leave in accordance with the Family and Medical Leave Act (FMLA). This leave may be paid, unpaid or combinations of paid and unpaid leave, depending on the circumstances of the leave. All facilitys will comply with the FMLA and the accompanying regulations. Any protected leave available under state law will be handled in compliance with the state law and will run concurrently with FMLA if permitted. Questions regarding FMLA eligibility should be directed to your HR Representative.

The following information is provided directly from the Department of Labor's Employee Rights and Responsibilities under the Family Medical Leave Act. You may also refer to the Company's FMLA Policy for additional information.

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or

- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facilityfacility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one

visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for facilityization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided

under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.

Medical Leave – Non-Occupational and Occupational

When FMLA does not apply, the facility may provide continuous Medical Leaves of Absence without pay to eligible employees who are temporarily unable to work due to their own serious health condition. A serious health condition is an illness, injury, impairment, or physical or mental condition which involves in-patient care in a facility, hospice, or residential medical care facility, or continuing treatment by a healthcare provider and which does (or could if untreated) result in a period of incapacity of 3 or more consecutively scheduled work days.

If you are absent from work due to illness or disability for 3 or more consecutively scheduled work days, you must request and receive approval for a Medical Leave of Absence. A Medical Leave that is granted will begin on the first day of your illness or disability. If leave is unforeseeable and exceeds 3 or more consecutively scheduled work days, you must request and return the leave request paperwork within 10 calendar days of first day of absence. A Non-FMLA Certification of Healthcare Provider form must be submitted, verifying the need for Medical Leave and its beginning and expected ending dates.

Full-time and part-time 1 employee may be eligible for a Medical Leave of Absence without pay once they have completed their first 90 days of employment, unless otherwise required by law. Exceptions to the service requirement will be considered to accommodate disabilities. You should make requests for Medical Leave to your HR Representative at least 30 days in advance of the leave or as soon as possible.

Except where required by law, no combination of Medical Leave and Family Leave may exceed 12 months in duration. If the initial period of approved Medical Leave proves insufficient, consideration will be given to a request for an extension up to the maximum limit.

The facility will make every effort to reasonably accommodate the disabilities of employees who are released for duty from a Medical Leave, as required by law. If the facility cannot reasonably accommodate you when you are ready and able to return to work, you will be offered the next suitable position that becomes available for which you are qualified and can be accommodated. If such a position is not available within a 30-day period, you will be terminated.

The following information relates to Medical Leaves due to confirmed work-related injuries and/or illnesses.

Occupational

Employees who sustain work-related injuries are eligible for a Medical Leave for the period of disability in accordance with all applicable laws covering occupational disabilities. Such leave runs concurrently with FMLA if the employee is eligible. You will be retained on an extended Medical Leave for work-related disabilities until one of the following events takes place:

- You are released for duty;
- The facility receives satisfactory medical evidence that you will not be able to return to work in any capacity;
- Third Party Administrator indicates that you have engaged in activities which negate your claim/status;
- You directly inform the facility that you will not be able to or do not intend to return to work;
- You indirectly inform the facility that you do not intend to return to work by accepting other employment, moving out of state, or other such conduct.

Benefits for a Medical Leave for work-related disabilities will be coordinated with Workers' Compensation according to Plan provisions, and any other benefits provided to you in an effort to minimize the impact of the leave for both you and the facility. These benefits will be coordinated in such a manner that you may receive no more than regular earnings from all sources.

Please consult with your Human Resources Representative for information on the documentation you must submit when you request and return from a Medical Leave.

General Leave

All full-time and part-time 1 employees may be eligible for a General Leave of Absence without pay once they have completed their first 90 days of employment, although certain requests for General Leaves of Absence may be granted within the first 90 days of employment when required by law.
The General Leave of Absence may be granted for a period of up to 30 days. A General Leave is granted for reasons other than your own serious health condition or disability or your need to fulfill family obligations relating directly to childbirth, adoption or placement of a foster child; to care for a child, spouse or parent with a serious health condition; to care for child, spouse or next of kin with an injury resulting from active duty or a member's call to active military duty for the Military Reserves or National Guard. Employees requiring leave for those reasons should apply for Medical Leave or Family Leave.

Requests for General Leave must be submitted in writing and must be approved in writing by your Human Resources Representative before the leave begins.

General Leaves of Absence may not be used to extend vacations, other leaves or other paid time off.

An effort will be made to return the employee to the same position when the leave ends, if it is available, or to a similar position, for which the employee is qualified; however, reinstatement in such circumstances cannot be guaranteed unless required by state law.

Jury Duty Leave

Tenet recognizes that you have an obligation to serve jury duty. Please give the facility reasonable advance notice of your obligation to serve. The facility will comply with the jury duty policy and all applicable state laws.

Military Leave

Certain employees have rights under the Uniformed Services Employment and Reemployment Rights Act (USERRA), and the facility will provide leave in compliance with USERRA. The employee should provide notice of the service as far in advance as is reasonable under the circumstances. A Military Leave of Absence will be granted in the event an employee receives a call to duty from the appropriate military authority or the National Disaster Medical System or the Commissioned Corps of the Public Health Service. The facility will also grant unpaid time off to meet weekly, monthly, or annual training obligations in the

Reserves. An employee involved in periodic reserve training is not required to use accrued PTO, but may choose to do so to replace pay for hours lost.

The facility reinstates an employee returning from Military Leave to his or her same position or the position the employee would have obtained with reasonable certainty if the employee:

- provides documentation of the satisfactory completion of service;
- timely applies within the time periods prescribed by USERRA.; and
- the employee's separation or dismissal from service was not disqualifying.

It is the employee's responsibility to report to work at the end of an approved Military Leave within the time limits imposed by USERRA. Otherwise, the employee will be considered to have voluntarily terminated employment.

Please consult the facility's military leave policy or your Human Resources Representative for more information on Military Leaves and USERRA.

Witness Duty Leave

Employees who are required by law to appear in court as witnesses may take time off without pay (PTO may be available) for such purpose, provided you give the company reasonable advance notice. Employees who appear as witnesses on behalf of the facility or company will receive their regular pay during such time.

Bereavement Leave

In the event of a death in the immediate family, all eligible employees will be allowed three consecutively scheduled shifts off with pay (to a maximum of 24 hours), immediately following the death, to arrange or attend the funeral. Bereavement Leave must be taken within the seven day period following the death. "Immediate family" is defined as: spouse, domestic partner (as defined by Tenet in Criteria for Domestic Partnership Status), children, parents, siblings, grandparents, grandchildren, and corresponding step and in-law relationships or close relative living with the employee. This definition may also include individuals who are not legally related but who reside with the employee. Additional days beyond three may be used from accrued PTO.

Returning From Leaves of Absence

Unless specifically provided in the particular policy affecting the employee's leave request, the granting of a leave of absence by the facility does not mean that the

employee's position will be held open during the leave, or that there will be a position available for the employee at the end of the leave. These considerations will not prevent an employee from receiving a leave of absence that is required by law.

An employee who accepts other employment during an approved leave, works in a manner inconsistent with the approved leave or at the conclusion of an approved leave will be considered to have voluntarily resigned his/her employment. An employee failing to return to work promptly on the next regularly scheduled workday following the expiration of his/her leave of absence will be considered to have voluntarily resigned his/her employment
So that an employee's return to work can be properly scheduled, an employee on leave of absence is requested to provide the facility with two weeks (2) advance notice of the date he/she intends to return to work.

Unless required by law, the facility reserves the right to fill your position. Reinstatement following a leave of absence is not guaranteed.

If an employee's former position is unavailable when he/she is able to return from a leave, effort will be made to place the employee in a comparable position for which he/she is qualified. If no such position is obtained with a 30 day period, the employee will be terminated. An employee who does not accept a position offered by the company will be considered to have voluntarily resigned employment.

Workers' Compensation

The facility provides Workers' Compensation insurance coverage for all employees who may be injured or become ill as a result of a work-related incident. This coverage provides for medical care and partial wage replacement, depending on the extent of the injury and other legal requirements. There is no cost to you and the coverage begins immediately.

Any work-related injury or illness must be reported to your supervisor immediately. The delivery of benefits in a timely manner is based on prompt notification to the Workers' Compensation carrier.

Liability and Malpractice Insurance

There is an excess professional and general liability insurance policy that protects the facility and all employees on our payroll from liability arising from the performance of their job duties. It applies only to employees' jobs with this facility and does not apply to any other employment or circumstance. Your Human Resources Representative or Facility Administrator will be glad to discuss this

coverage in more detail on request. The entire cost of this insurance is paid by the facility.

Paid Time Off

Please refer to your facility's Human Resources Representative for a complete description of paid time off.

Seminars and Special Training

See your facility Human Resources Representative and Department Manager.

Employee Stock Purchase Plan

Employees who elect to participate in the Employee Stock Purchase Plan may purchase stock at a reduced rate as outlined by the plan. See your facility Human Resources Representative for more details.

Tenet's stock is listed on the New York Stock Exchange as THC.

Tenet 401(k) Retirement Savings Plan

Tenet offers a 401(k) Retirement Savings Plan to help employees save for retirement by investing in a variety of options offered through Fidelity. All employees (full-time, part time and per-diem) may participate in the 401(k) Plan after 90 days of service. Employees choose how much to contribute – from 1% to 75% of eligible pay, up to the IRS-set annual limits. Before- or after-tax contributions may be made through convenient payroll deductions.
Visit HealthyatTenet.com for more information or contact Fidelity at 401k.com to enroll or make changes to your 401(k) at any time during the year.

For Your Reference

No Solicitation / No Distribution Policy

This policy covers the distribution of literature and solicitation that is not work related; unrelated to the Facility's business; or unrelated to any Facility-sponsored activities. Generally, solicitation is the act of seeking, urging, persuading or petitioning somebody to do something, while the distribution of literature is the act of delivering or passing out of written materials.

Persons Not Employed By The Facility

Persons who are not employed by the Facility may never distribute literature or solicit employees for any purpose on Facility premises, including building interiors, parking lots, driveways, or any other Facility property unless such access is otherwise required by state law or statute. However, this prohibition does not apply to approve charitable activities or Facility-sponsored activities directly related to our employee benefits package.

Facility Employees

Facility employees may never distribute literature or solicit any person, including fellow employees, during their working time or during the other employee's working time. "Working time" means the period of time scheduled for the performance of job duties, not including mealtimes, break-times or other periods when an employee is properly not working. The distribution of literature is never permitted in any work area.

Neither the distribution of literature nor the solicitation of any person is permitted in any work area or patient care area.

Any employee who violates our Policy will be subject to disciplinary action up to and including termination.

No-Access Policy

Off-duty employees may access the Facility only as expressly authorized by this policy. An off-duty employee is any employee who has completed or has not yet commenced his/her assigned shift.

Off-duty employees are not allowed to enter or re-enter the interior working areas of the Tenet Facility or any work area outside the Tenet Facility except to visit a patient or to receive medical treatment.
Any employee who violates this Policy will be subject to disciplinary action up to and including termination.

Facility Bulletin Board Policy

The posting of notices or written literature on Facility bulletin boards is restricted to the posting of Facility designated documents and notices and federal, state and local required legal postings. Any other written material to be posted on the Facility's bulletin boards must be approved in advance by Human Resources. Unless specific approval is obtained, the posting of such written material is in violation of this Policy. Additionally, posted material found anywhere other than on Facility designated bulletin boards will be removed immediately unless such posting has been approved in advance and in writing by Human Resources

Confidential Information

The protection of confidential business information and trade secrets is vital to the interest and success of the facility. You may be required to sign a non-disclosure agreement as a condition of employment. Whether or not you sign a non-disclosure agreement, if you disclose trade secrets or confidential business information, you will be subject to corrective action, up to and including termination of employment, even if you do not actually benefit from the disclosed information.

Disclosing confidential information could be an invasion of employee privacy, have negative effects on the facility's position and business operations, and may result in adverse legal and financial consequences for the organization. Healthcare organizations by their very nature are privy to sensitive, confidential information, such as, but not limited to, patient information, clinical protocols, research and development and marketing strategies, scientific and technical data and formulae, customer lists, financial information, compensation and benefits data, inside publications, employee data, policies and procedures, and forms.

In no case should confidential information be conveyed to individuals outside the organization, including family or associates, or even other facility employees who do not need the information in performing their job duties. Any sensitive subject matter should be discussed only on a "need to know" basis. Employees should not seek out sensitive information. Employees without a "need to know" who become aware of confidential information should use discretion to protect the confidentiality of such information. The duty to protect confidential information, proprietary information, and trade secrets extends after your employment ends.

Smoke-Free Workplace

The facility provides a safe, healthful and comfortable work environment for all employees, customers and visitors by prohibiting smoking in the workplace. The facility believes that a smoke-free policy is consistent with our leadership role in

the healthcare industry and contributes to employee health, wellness and productivity.

This policy applies to all facility employees, visitors, patients, and physicians and is in effect 24 hours a day. Smoking is defined as carrying, holding or using a lighted cigarette, cigar or pipe of any kind or emitting or exhaling smoke of any kind.

Smoking is prohibited in all interior and exterior areas of the facility except where specifically authorized by facility policy. Violation of this policy will be regarded as any other violation of facility policy and may result in corrective action, up to and including termination of employment.

Drug-Free Workplace

It is the facility's desire to provide a drug-free, healthful and safe workplace. To promote this goal, you are required to report to work in appropriate mental and physical condition to perform your job in a safe and satisfactory manner.

While on facility premises and while conducting business-related activities off facility premises, you may not use, possess, distribute, sell or be under the influence of drugs or alcohol or engage in the unlawful distribution, manufacture, dispensing, possession or use of illegal drugs. Violations of this policy may lead to corrective action, up to and including immediate termination of employment, and/or required participation in a substance abuse rehabilitation or treatment program. Theft or diversion of drugs by an employee is a serious violation of work rules and will lead to termination of employment. Such violations may also have legal consequences.

The legal use of prescribed drugs is permitted on the job only if it does not impair an employee's ability to perform the essential functions of the job effectively and in a safe manner, and does not endanger other individuals in the workplace.

In keeping with the goals established by this policy, as discussed below, employees and pre-placement employees may be required to provide body substance samples (e.g., blood, urine) to determine the illicit use of drugs. The facility will attempt to protect the confidentiality of all drug test results.

Drug tests may be conducted in any of the following situations:

- Pre-Placement Testing: As a condition to assuming any position that has been offered, a pre-placement employee is required to provide a body substance sample for drug testing. This occurs in connection with the pre-placement medical examination at some facilitys.

- Post-Accident Testing: Any current employee who is involved in a serious incident or accident while on duty, whether on or off the employer's premises, may be asked to provide a body substance sample.

- Fitness-For-Duty or Reasonable Suspicion Testing: This test may be required if significant and observable changes in employee performance, appearance, behavior, speech, etc. provide reasonable suspicion of his/her being under the influence of drugs and/or alcohol. A fitness-for-duty evaluation may include the testing of a body substance sample.

- Random Testing: An employee who tests positive and who successfully completes a rehabilitation program may be subject to unscheduled testing for a twelve (12) month period following reinstatement.

Subject to any limitations imposed by law, a refusal to provide a body substance sample, under the conditions described above, is considered insubordination and may result in corrective action, up to and including termination of employment.

Employees, their possessions, and facility-issued equipment and containers, including but not limited to desks and lockers, under employee control are subject to search and surveillance at all times while on facility premises or while conducting facility business. Employees believed to be under the influence of drugs, narcotics or alcohol will be required to leave the premises.

Please consult the facility's Drug Free Workplace and Drug Testing Policy or your Human Resources Representative for more information on this subject.

Medical Examinations

Pre-placement medical examinations may be required after a conditional offer of employment has been made and before the individual starts work. As required by law, fitness for duty examinations and/or medical monitoring may be required in certain situations. All medical examinations are performed by a qualified health professional of the facility's choice. An offer of employment and/or subsequent assignment of duties is contingent upon satisfactorily completing the medical examination to facility standards. A transfer between Tenet facility's will not normally necessitate a medical examination.

All medical examinations conducted at the request of the facility will be scheduled at reasonable times and performed at the facility's expense. Information on a pre-placement employee or employee's medical condition or history is kept separate from other personnel information and maintained confidentially. While examination results remain the property of the facility, a current employee may review their medical examination records on facility

premises during regular business hours by contacting your Human Resources Representative to schedule a review.

Safety

The facility provides periodic workplace safety training and information to employees and complies with all applicable laws regarding health and safety in the workplace. Our success in administering this policy depends on the alertness and commitment of all. Failure to adhere to safety responsibilities may result in corrective action, up to and including termination of employment.

Use of Equipment and Vehicles

When using facility property, you are expected to exercise care, perform required maintenance, and follow all operating instructions, safety standards and guidelines including but not limited to use of cell phones and any other mobile electronic devices.

You are required to notify your supervisor if any equipment, machines, tools or vehicles appear to be damaged, defective or in need of repair. The improper, careless, negligent, destructive or unsafe use or operation of equipment or result in corrective action, up to and including termination of employment. Facility vehicles shall be used for official business only and shall be operated within the limits of traffic law and safety regulations. Each employee who drives a facility vehicle must possess a valid state driver's license or chauffeur's license, as appropriate.

You will be personally responsible for any fines incurred as a result of driving or parking violation while operating a facility vehicle.

Theft Prevention

Because many of our facilities are always open, we urge you to be alert for the entry of unauthorized persons whenever you are on duty. If you see anyone in the facility that does not appear to be an employee or who is outside their regular working area without permission, please offer assistance and direct them to their destination. If you see anyone acting suspiciously, notify your supervisor or Security Department immediately.

Security Inspections

The facility maintains a work environment that is free of illegal drugs, alcohol, firearms, explosives or other improper materials. In administering this policy, the facility prohibits the possession, transfer, sale or use of such materials on its

premises. The facility requires the cooperation of all employees in administering this policy.

Desks, lockers and other storage devices may be provided for the convenience of employees but remains the sole property of the facility. Accordingly, they, as well as any articles found within them, may be inspected by any agent or representative of the facility at any time, either with or without prior notice.

The facility strictly prohibits theft or unauthorized possession of the property of employees, patients, facility visitors and customers. To facilitate enforcement of this policy, the facility or its representative may inspect not only desks and lockers but also persons entering and/or leaving the premises and any packages or other belongings.

Workplace Monitoring

Workplace monitoring may be conducted by the facility to ensure patient and employee safety, quality control, security and patient satisfaction. If you regularly communicate with patients, vendors or customers, you may have your telephone conversations monitored or recorded. Telephone monitoring is used to identify and correct performance problems through targeted training. Improved job performance enhances our patients' and others' image of the facility as well as their satisfaction with our service.

Computers furnished to employees are the property of the facility. As such, computer usage and files may be monitored or accessed.

The facility may conduct video surveillance of non-private workplace areas. Video monitoring is used to identify security and safety concerns, maintain quality control, detect theft and misconduct, and discourage or prevent acts of harassment and workplace violence.

Use of Information and Technology Systems

Computers, including portable computers, computers files, terminals, internet-connected terminals, the e-mail system, the voice-mail system and software furnished to you are facility property and intended for business use only. These information systems, together with the Internet, assist the facility in conducting business internally and externally. The equipment that makes up these systems together with the data stored in the systems, are and remain at all times, the property of the facility whether they are located in your home, at a remote location or in the office. As such, all messages or information created, sent, received or stored in the systems as well as all information and materials downloaded into facility systems are and remain the property of the facility. You should not use a password, access a file, or retrieve any stored communication

without authorization. To ensure compliance with this policy, computer and e-mail use may be monitored.

The company strives to maintain a workplace free of harassment and sensitive to the diversity of its employees. Therefore, the company prohibits the use of voice-mail, computers, and the e-mail and Internet systems in ways that are disruptive, offensive to others, or harmful to morale. Further, you are expressly prohibited from abusing Tenet's information systems.

Any non-work related use of the systems is prohibited. Examples of inappropriate use of the systems include, but are not limited to, the following:

- Threatening or harassing other employees;

- Using obscene or abusive language;

- Creating, displaying or transmitting offensive or derogatory images, messages, or cartoons regarding sex, race, religion, color, national origin, martial status, age, physical or mental disability, medical condition or sexual orientation or which in any way violate Tenet's policy prohibiting employment discrimination and harassment in employment;

- Creating, displaying or transmitting “junk mail” such as cartoons, gossip, or “joke of the day” messages;

- Creating, displaying or transmitting “chain letters”; and

- Soliciting or proselytizing others for commercial ventures or for religious, charitable or political causes. This includes “for sale” and “for rent” messages or any other personal notices.

You should not expect privacy with regard to the company's information systems. Any communications which is private confidential or personal should not be placed on the company's information systems. The company expressly reserves the right to intercept, read, review, access, and disclose all e-mail messages, to intercept, to listen, review, access, and disclose all voice mail messages and to intercept, read, review, access, and disclose all computer files, including, but not limited to internet usage and web sites that you have accessed. Every time you use or log on to these devices you are consenting to such action. The reasons for monitoring include, without limitation, to investigate wrongdoing, to determine whether security breaches have occurred, to monitor compliance with policies and to obtain work product needed by other employees.

The company purchases and licenses the use of various computer software for business purposes and does not own the copyright to this software or its related documentation. It is the company's policy to acquire software through legitimate

means and respect agreements concerning the use and copying of software. You may not use software on more than one computer or use any personally acquired software on the facility's computer without expressed approval and authorization of the Information Systems Director or Department.

Security of the company's information systems is a priority and the responsibility of all employees. You must sign off the computer you use when away from the computer for extended periods and at the end of each workday. Computer log-in Ids and passwords for network access, e-mail, voice-mail, and other applications should never be revealed to anyone unless requested by authorized Tenet personnel.

You should notify your immediate supervisor, Information Systems Department, or any member of management upon learning of violations of this policy. While not all inclusive, any breach of the policies information and technology systems may result in corrective action up to and including termination of employment.

Violence in the Workplace

Your safety and security are of vital importance. Acts or threats of physical violence, including intimidation, harassment and/or coercion, which involve or affect the company, or which occur on company property, will NOT be tolerated from anyone. The prohibition against threats and acts of violence applies to all persons involved in the operation of Tenet and its facilitys, including, but not limited to company personnel, contract and temporary workers and anyone else on company property. Violations of this policy by any individual will result in corrective action, up to and including termination of employment, and/or legal action as appropriate.

Workplace violence is any intentional conduct which is sufficiently severe, offensive or intimidating to cause an individual to reasonably fear for his or her personal safety or the safety of his or her family, friends and/or property such that employment conditions are altered or a hostile, abusive or intimidating work environment is created. Examples of workplace violence include, but are not limited to, the following:

- Threats or acts of violence occurring on company premises, regardless of the relationship between the company and the parties involved in the incident.

- Threats or acts of violence occurring off company premises involving someone who is acting in the capacity of a representative of the company.

- Threats or acts of violence occurring off company premises involving an employee of the company as a victim if the company determines that the incident may lead to an incident of violence on company premises.

- Threats or acts resulting in the conviction of an employee or agent of company, or of an individual performing services for company on a contract or temporary basis, under any criminal code provisions relating to violence or threats of violence which adversely affect the legitimate business interests of company.

An employee's unlawful or unauthorized possession, display or use of a dangerous or deadly weapon, including but not limited to all firearms, in the workplace is prohibited under the Employee Conduct and Work Rules Policy and may subject the employee to immediate corrective action, up to and including termination of employment.

Specific examples of conduct, which may be, considered threats or acts of violence under this policy include, but are not limited to the following:

- Threatening physical or aggressive contact directed toward another individual.

- Threatening an individual or his/her family, friends, associates or property with physical harm.

- The intentional destruction or threat of destruction of company property or another's property.

- Harassing or threatening phone calls.

- Surveillance.

- Stalking.

- Veiled threats of physical harm or like intimidation.

You should report any acts or threats of physical violence, including intimidation, harassment and/or coercion, which involve or affect the company, or which occur on company property, to your immediate supervisor, to Security staff, to Human Resources staff, or to Administrative staff, as appropriate to the situation. Additional information is available in facility Violence Workplace policy.

Appearance and Hygiene

You are required to present a clean and neat appearance and dress according to the requirements of your position. When you are in the workplace, or representing the facility or company outside of the workplace, please remember the following:

- You are requested to be aware of and conscientious about your personal hygiene, neatness of attire and cleanliness of apparel. Strong odors or excessive use of perfumes or cologne are inappropriate. Your good judgment, with periodic assistance from peers and supervisors should, in most instances, be sufficient to define appropriate dress and hygiene.

- If you fail to follow personal appearance and hygiene guidelines, you will be sent home and directed to return to work in proper form. Under such circumstances, non-exempt employees will not be compensated for the time away from work.

- The facility reserves the right to determine the appropriateness of your attire and appearance and implement more specific policies. Continued failure to comply with this policy or your facility's policy may result in corrective action, up to and including termination of employment.

  Please consultant HR for additional questions.

Telephone Use

The telephone system is critical to the daily operation of the facility. Execute appropriate telephone courtesy at all times. You are requested to keep all personal phone calls to a minimum and, unless there is an emergency, should discourage relatives and friends from calling you during working hours. Please keep your conversations brief. Under no circumstances should an employee make or charge a long distance or toll phone call to the facility unless the call is work-related. Abuse of facility telephones may be grounds for termination of employment.

Use of Facility Name

The use of the name of the facility or use of facility stationery for other than official facility business must be approved by the senior leader at the facility.

Travel on Facility Business

Some positions may require an employee to travel for business purposes. If you are injured while traveling on facility business, you may be eligible for Workers' Compensation benefits to pay for your medical treatment and to replace a portion

of lost earnings, if applicable. If you are involved in an accident on company business while driving your personal vehicle, your personal automobile insurance policy would be responsible for damages to your vehicle, the other party's vehicle and any injuries to the other party. You must advise the facility immediately in the event of an accident. The facility will compensate you for the use of your auto for business travel but does not insure your personal auto.

Voting Time

Polling hours allow sufficient time for voting before or after work. If you need extra time off to vote because of unusual circumstances, check with your supervisor. The facility will also follow state law on this subject.

Open Door Policy and Fair Treatment Process

Revision FTP 06/25/2014

We believe that positive employee relations and morale can be best achieved and maintained in a working environment that promotes ongoing and open communication between supervisors and employees, including open and candid discussions of employee problems, concerns and disputes. Tenet, its consolidated subsidiaries, hospitals, healthcare operations and other entities owned or operated by Tenet's consolidated subsidiaries ("Tenet") utilize an Open Door Policy designed to encourage employees to openly express their problems, concerns and opinions on any issue related to their employment.

Tenet sincerely hopes that its employees will never have a dispute relating to their employment with the Company. However, Tenet recognizes that disputes sometimes arise between the Company and its employees relating to the employment relationship. Tenet believes that it is in the best interests of both its employees and the Company to resolve employment-related disputes in a forum that provides the fastest and fairest method for resolving such disputes. Therefore, in addition to the Open Door Policy, Tenet has established the Fair Treatment Process ("FTP"), a comprehensive mechanism for resolving employment-related disputes between the Company and its employees. The FTP is a multiple-step process that ultimately provides for final and binding arbitration of such disputes if they are not resolved in any of the previous steps in the process. Tenet employees can use the Open Door Policy and the Fair Treatment Process without fear of retaliation or reprisal.

General

Applicability and Coverage

The FTP applies to all employees, regardless of length of service or status, and covers all disputes relating to or arising out of an employee's employment with the Company or the termination of employment. The only disputes or claims not covered by the FTP are those listed in the "Exclusions and Restrictions" section below. Examples of the type of disputes or claims covered by the FTP include, but are not limited to, claims for wrongful termination of employment, breach of contract, employment discrimination, harassment or retaliation under the Americans With Disabilities Act, the Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964 and its amendments or any state or local discrimination laws, tort claims or any other legal claims and causes of action recognized by local, state or federal law or regulations. An employee's decision to accept employment or to continue employment constitutes his or her agreement to be bound by the FTP. Likewise, the Company agrees to be bound by the FTP. This mutual agreement to arbitrate claims means that both the employee and the Company are bound to use the FTP process as the only means of resolving employment- related disputes, and thereby agree to forego any right they each may have had to a jury trial on issues covered by the FTP. However, no remedies that otherwise would be available to either party in a court of law will be forfeited by virtue of their agreement to use and be bound by the FTP.

The Dispute Resolution Process

Open Door Policy: Employees are encouraged to first use the Company's informal Open Door Policy to discuss any problems, concerns or disputes they may have with their supervisor. If this informal method does not resolve the issue, then employees are encouraged to initiate the more formal Fair Treatment Process described below to resolve the issue.

Fair Treatment Process: The FTP consists of the following five steps that an employee generally must follow to obtain a resolution of a problem, concern or dispute:

Step 1: Supervisor

If an informal discussion with the Supervisor did not resolve an employee's problem, concern or dispute, the employee should promptly contact the Human Resources Department to obtain an FTP Dispute Resolution Form. The employee should complete the form and submit it to his or her supervisor to initiate the FTP. The supervisor will investigate the problem and will attempt to resolve it. The supervisor will respond to the employee in writing on the form as soon as possible, usually within seven working days from the date the employee raised the issue. However, in situations where the employee's problem relates to the supervisor, and/or the employee does not feel comfortable talking to the supervisor about the problem, the employee may consult with a representative of the Human Resources Department for guidance and go directly to Step 2 in the process.

Step 2: Department Head

If the employee is not satisfied with the supervisor's response to the problem or dispute, then the employee may take the problem or dispute to the Department Head usually within seven working days of receipt of the response. If the employee wishes to pursue this second step in the FTP, he or she should complete the Section marked "Step 2" on the FTP Dispute Resolution Form and submit that completed form to the Human Resources Department to request that the form be submitted to the Department Head. The Human Resources Department then will submit the FTP Dispute Resolution Form to the Department Head for consideration and response. The Department Head may discuss the problem with both the employee and the employee's supervisor, and will attempt to resolve it. A written response will be provided to the employee as soon as possible, usually within seven working days of the date the Department Head receives the completed FTP Dispute Resolution Form from the Human Resources Department.

Step 3: Administration

If the response of the Department Head in Step 2 does not resolve the employee's problem or dispute, the employee may take the problem or dispute to a member of the Facility's Administration office for reconsideration. If the employee wishes to pursue this third step in the FTP, he or she should complete the section marked "Step 3" on the FTP Dispute Resolution Form and submit the completed form to the Human Resources Department, usually within seven working days from receipt of the response, and request that his or her FTP Dispute Resolution Form be submitted to Facility Administration for consideration and response. The Human Resources Department will submit the FTP Dispute Resolution Form to the appropriate member of Facility Administration for consideration and response. A written response from Administration will be provided to the employee as soon as possible, usually within seven working days of the date the employee requests review under Step 3.

Step 4: FTP Committee

If the response of Facility Administration in Step 3 does not resolve the employee's problem or dispute, the employee may request that the problem or dispute be submitted to the FTP Committee, usually within seven working days of receipt of the Facility Administration response. The FTP Committee will be convened and administered by the Facility Human Resources Department as well as regional human resources, and usually is the final step in the internal dispute resolution process that is utilized only when the problem could not be resolved during Steps 1, 2, or 3. When the matter is submitted to the FTP Committee, the FTP Committee will meet as soon as possible, usually within 30 days of the employee's request. The FTP Committee will promptly, objectively and confidentially decide the issue(s) presented to it for consideration. The FTP Committee is discussed in more detail in the "FTP Committee Process" section, below.

Once the problem or dispute has been submitted to the FTP Committee, the Committee will review the facts and make a decision based on the application of Company policy and procedures. The FTP Committee can recommend (1) denial of the remedy the employee has requested, (2) granting of the remedy the employee has requested, or (3) an alternative remedy or resolution consistent with Company policies and procedures. After a recommendation is rendered by the FTP Committee and is approved by the facility CEO, the Human Resources Department will ensure that action(s) required to implement the recommendation of the FTP Committee are initiated promptly. The FTP Committee also has the authority to overturn or modify a corrective or discharge action consistent with Company policies or procedures, and may award back pay, where appropriate; it also has the authority to decide whether or not a Company policy or procedure has been followed. However, the FTP Committee does not have the authority to discipline employees, modify benefit plans, establish or change Company policies or procedures, or award monetary (compensatory or punitive) damages, nor does the decision of the FTP Committee have the effect of setting precedent. The decision of the FTP Committee is subject to review by the Chief Executive Officer of the facility.

The grievances of facility management employees at the Department head level or above and Corporate management employees are not subject to the FTP Committee process in Step 4. Those grievances are processed according to the steps set forth in the "Exclusions and Restrictions" section, below.

Step 5: Final and Binding Arbitration

If the employee does not accept the decision of the FTP Committee in Step 4, then the employee has the right to submit the problem or dispute to final and binding arbitration. The arbitration process is limited to disputes, claims or controversies that a court of law would be authorized or have jurisdiction over to grant relief and that in any way arise out of, relate to or are associated with an employee's employment with the Company or the termination of employment. The employee understands and agrees that to the extent permitted by law, his or her claim will not be joined with any claim or dispute of another employee in a class, collective, representative or group action. Arbitration under the Fair Treatment Process is limited to individual disputes, claims or controversies that a court of law would be authorized or have jurisdiction over to grant relief. In cases that proceed to arbitration, an impartial and independent arbitrator - chosen by agreement

of both parties - will be retained to make a final decision on the employee's dispute or claim, based on application of Company policies and procedures and applicable law. The arbitrator's decision is final and binding. The arbitration process is discussed in detail in the "Arbitration Process" section, below.

The FTP Committee Process

Committee Composition: The FTP Committee will consist of five facility employees, and will be chaired by a Human Resources Representative appointed by the regional Human Resources Department. The Chairperson will convene the FTP Committee meeting and will serve as the facilitator for the meeting. The Chairperson is not a voting member of the FTP Committee.

Committee Selection: Five facility employees will be randomly selected jointly by the employee and the facility representative with the assistance of the Human Resources Department to serve on the FTP committee. Three of the Committee members must be non-management employees, and two must be management employees. To ensure objectivity, the FTP Committee members should not be in the same department as the affected employee, should not be familiar with the dispute or have a close relationship with any of the parties or personnel involved in the dispute.

Proceedings: The proceedings of the FTP Committee will be informal and conducted in accordance with the following guidelines:

The Chairperson will convene the meeting, introduce the parties, state the issues to be decided and present any pertinent information, including an explanation of the Company policies and procedures involved, if necessary.

Each party, beginning with the facility representative, will be permitted to present his or her case to the FTP Committee in accordance with such guidelines as to duration and manner of presentation as the Chairperson has established and communicated to the parties before the hearing. The grievant may begin the process with the agreement of both parties.

Any party may present evidence in support of its position, including relevant documents and the testimony of witnesses; but a party may not present the testimony of more than three witnesses unless the Committee decides that there is good cause to allow additional witnesses. The Committee chairperson will determine what evidence will be given. The Committee may permit a party to submit a written statement at the FTP Committee meeting setting forth his or her position and the evidence supporting it. The witnesses must have direct knowledge of the events associated with the grievance.

At any time during the FTP Committee meeting, after the initial opening statement by both parties, the Committee members may ask questions or request information from the parties or from the witnesses.

Immediately following the FTP Committee meeting, the Committee members will convene in private to discuss the case and vote by secret ballot or by an open vote on the issues presented. The Committee decision shall be determined by a majority vote (3 of 5). The Committee's responsibility shall be to carefully evaluate the facts presented and reach a recommendation based on those facts.

If the FTP Committee decides that it needs additional information during its deliberation in order to reach a decision, it may hear additional testimony and/or consider additional documents.

Once a recommendation has been reached by the FTP Committee, the FTP Committee meeting may be reconvened and, with the parties present, the Chairperson will announce the recommendation. Alternatively, at the option of the Committee Chairperson, the recommendation of the Committee may be communicated to the affected employee by telephone or mail without reconvening the Committee. The Human Resources Department will ensure that all actions required to implement the recommendation of the FTP Committee are carried out promptly.

Responsibilities of FTP Committee Members: The FTP Committee process is an opportunity to participate in a process intended to ensure that employee issues are resolved in a prompt, fair and equitable manner. Employees who serve as FTP Committee members are required to accept the important responsibilities of Committee membership. The issues presented may have serious and long lasting consequences for all persons involved. All employees selected to serve on a FTP Committee must acknowledge their solemn responsibility to (1) render an objective and unbiased decision that is based only on the facts presented and the application of Company policies and procedures, (2) maintain strict confidentiality and not disclose any of the information learned during the process, and (3) participate fully in the FTP Committee process.

The Arbitration Process

If the affected employee wants to appeal the decision of the FTP Committee reached in Step 4 of the process, he or she must obtain and complete a "Request for Arbitration Form" from the Human Resources Department. That form also will serve to confirm the employee's and the Company's prior mutual agreement to submit the dispute to final and binding arbitration. The arbitration will be heard by an independent and impartial arbitrator chosen by the employee and the Company. By deciding to arbitrate the dispute, the affected employee also agrees that the remedy, if any, ordered by the arbitrator will be the only remedy as to all matters that are or could have been raised by the employee in the arbitration. As noted above, the employee also agrees that he/she will not join any claim or dispute with the dispute of another employee in a class, collective, representative or group action

The arbitrator's responsibility is to determine whether Company policies and procedures and applicable laws have been complied with in the matter submitted for arbitration. In fulfilling this responsibility, the arbitrator may interpret Company policies and procedures, but will not have any power to change them. The arbitrator will be requested to render a decision on the matter within 30 days after the arbitration hearing is concluded and post-hearing briefs, if any, are submitted.

The arbitration will be administered by the American Arbitration Association ("AAA"). The Company and the employee will share the cost of the AAA's filing fee and the arbitrator's fees and costs, but the employee's share of such costs shall not exceed an amount equal to one day's pay (for exempt employees) or eight times the employee's hourly rate (for non-exempt employee) or the local filing fee, whichever is less. The employee and the Company will be responsible for the fees and costs of their own legal counsel, if any, and for their own other expenses and costs, such as costs associated with witnesses or obtaining copies of hearing transcripts.

Exclusions and Restrictions: Certain issues may not be submitted for review (or exclusive review) under the FTP ("Excluded Issues") or may be subject to special restrictions ("Restricted Issues").

Excluded Issues: Workers' Compensation Claims, any claim involving the construction or application of a benefit plan covered by ERISA, and claims for unemployment benefits are excluded from the FTP. In addition are any non-waivable statutory claims, which may include claims within the jurisdiction of the National Labor Relations Board, wage claims within the jurisdiction of a local or state labor commissioner, or administrative agency charges before the Equal Employment Opportunity Commission or similar local or state agencies, are not subject to exclusive review under the FTP. This means that employees may file such non-waivable statutory claims with the appropriate agency that has jurisdiction over them if they wish, regardless of whether they decide to use the FTP to resolve them. However, if such agency completes its processing of an employee's claim and the employee decides to pursue further remedies on such claims in a civil action against the Company, the employee must use the FTP (although Steps 1 through 4 may be skipped). In addition, the FTP does not apply to employees covered by a collective bargaining agreement, unless otherwise agreed to by such employees.

Restricted Issues: Sexual harassment Complaints. Due to the sensitive nature of claims of sexual harassment, employees are not required to use Step 1 of the FTP to raise sexual harassment claims if they do not wish to do so. Instead, they should follow the steps in the Company's policy prohibiting sexual or other unlawful harassment. If the employee is not satisfied with the Company's response to a claim for sexual harassment, then the employee must use the FTP to resolve the claim of dispute.

Grievances of Management Employees: Facility management employees at the Department Head level or above will use the following FTP steps to submit their grievances for review: Step 1: Immediate Supervisor; Step 2: Chief Executive Officer of the facility; Step 3: Regional Vice President; Step 4: Request for Arbitration. Facility Chief Executive Officers and management employees in the regional or corporate offices will use the following FTP steps to submit their grievances for review unless the parties agree otherwise: Step 1: Immediate Supervisor; Step 2: Next level in the chain of command; Step 3: Next level in the chain of command; Step 4: Request for Arbitration.

Other Important Information

Applicable Law and Procedural Rules: The Federal Arbitration Act, 9 U.S.C. § 1, et seq., will govern arbitrations under the FTP. The applicable Employment Dispute Resolution rules of the AAA will govern the procedures to be used in such arbitrations, unless the parties have agreed otherwise.

Discovery and Amendment of Claims: All discovery shall be conducted in accordance with the Employment Dispute Resolution rules of the AAA. The arbitrator shall have the authority to order discovery sufficient to enable a full and fair exploration of the issues in dispute consistent with the expedited nature of arbitration.

Limitations Periods: Any request for arbitration under the FTP must be made within one year after the event giving rise to the dispute. If the claim was submitted to a federal, state or local agency, then a request for arbitration of that claim must be made within 90 days of the receipt of the agency's

decision. However, if a longer limitations period is provided by a statute governing the claim, then the claim will be subject to the longer limitations period provided by the statute.

Authority of Arbitrator: The arbitrator has the authority to award any remedy that would have been available to the employee had the employee litigated the dispute in court under applicable law, which includes attorney's fees and costs for the prevailing party, if those would be an available remedy in court.

Representation by Counsel: During Steps 1 through 4 of the FTP, neither the employee nor the Company may be represented by legal counsel, although both the employee and the Company have the right to consult privately with their own counsel at any time at their own expense. Both the employee and the Company may be represented by counsel at arbitration during Step 5 at their own expense. Generally, the Company will be represented by legal counsel at arbitration. The Company will not provide legal advice to employees, but it strongly encourages employees to consult with independent legal counsel of their own choosing if they have any questions about whether they should be represented by legal counsel at arbitration or any other issue related to the arbitration.

Confidentiality: All statements and information made or revealed during the FTP are confidential, and neither the employee nor the Company may reveal any such statements or information, except on a "need to know" basis or a permitted or required by law.

At-Will Employment: Nothing in the FTP shall be construed to create a contract of employment, express or implied, nor does the FTP in any way alter the at-will nature of the employment relationship between the Company and its employees.

Modification to the FTP: The Company will not modify or change the agreement between the Company and its employees to use final and binding arbitration to resolve employment-related disputes, without notifying and obtaining the consent of employees to such changes. However, the Company may change or modify the FTP procedures from time-to-time without advance notice and without the consent of employees.

If you have any questions about the Fair Treatment Process, please contact your supervisor or the Human Resources Department. You can also review the FTP Policy and accompanying forms on e-tenet.

The AAA's Employment Arbitration Rules can be found: www.adr.org or click here.

Standards of Conduct

Tenet's Ethics and Compliance Department is responsible for the company's values-based ethics program.

Tenet's Ethics and Compliance Program promotes decisions that support our Mission and Values as outlined in Tenet's Standards of Conduct. Because these values are so critical, following the Standards of Conduct is a condition of employment for every Tenet employee. The Standards also apply to our corporate Board of Directors, governing boards and contractors when they are acting on behalf of Tenet.

Two significant activities that support this focus are the Ethics Action Line (EAL) and the annual ethics sessions held for all employees and the board of directors.

To obtain more information, contact your local Facility Compliance Officer (HCO) or HR Representative.

Employee Conduct and Work Rules

To provide the best possible work environment for employees and to assure orderly business operations for our facility, the facility expects you to follow rules of conduct that will protect the interests and safety of all patients, employees, and the facility. Conduct that is offensive to patients or fellow employees, discredits the facility, interferes with business operations, or any other conduct which, in the facility's judgment, is adverse to the facility's interest, will not be tolerated. Except to the extent addressed by any applicable agreement, Employment with the facility is at the mutual consent of the facility and you, and either party may terminate that relationship at will, at any time, with or without cause, and with or without advance notice.
It is not possible to list all forms of behavior considered unacceptable in the workplace. However, the following are examples of improper or inappropriate conduct that may result in immediate corrective action, up to and including termination of employment:

- Failure to comply with federal and state laws and regulations and other requirements and Tenet’s policies and procedures.

- Violation of Tenet's Standards of Conduct;

- Theft or inappropriate removal or possession of company or facility property;

- Falsification of timekeeping records or other facility documents or records;

- Providing false information in connection with any facility or government investigation or audit or workers' compensation claim;
- Failure to report overpayment of wages, benefits or perquisites;
- Reporting to work or working under the influence of alcohol or illegal drugs;
- Possession, distribution, sale, transfer or use of alcohol or illegal drugs in the workplace, while on duty, or while operating employer-owned vehicles or equipment;
- Unauthorized possession, display or use of a dangerous or deadly weapon in the workplace;
- Fighting or threatening violence in the workplace;
- Boisterous or disruptive activity in the workplace;
- Negligence or improper conduct leading to property damage;
- Insubordination or other disrespectful conduct;
- Violation of safety or health rules;
- Sexual or other unlawful harassment;
- Excessive absenteeism, tardiness or absence without notice;
- Unauthorized absence from work station during the work day;
- Unsatisfactory performance or conduct;
- Dishonesty;
- Sleeping, or giving the appearance of sleeping while on duty.

Violations of these conduct and work rules will lead to immediate counseling and corrective action, up to and including termination of employment. Any corrective action requiring the employee to refrain from reporting to work for a period of time may be without pay.

Professional Relationships with Patients

You are expected to maintain a professional relationship with patients at all times in order to provide the highest quality of patient care.

The following are examples of types of improper or inappropriate conduct that can result in immediate corrective action, up to and including termination of employment:

- Engaging in sexual activity with a current patient.

- Knowingly socializing or engaging in sexual activity with prospective, current or former psychiatric or chemical dependency patients, or any member of their family who is or was participating in any family-oriented therapy or treatment.

- Engaging in any activities and/or relationships with patients that violate Tenet's Standards of Conduct

- Abusing a patient through emotional or physical means such as slapping, hitting, kicking or biting, or using abusive or provocative language with, or in the presence of, a patient or a member of the patient's family.

- Using any type of restraint other than those prescribed and approved by the physician.

- Failing to maintain the confidentiality of any patient information.

- Individually accepting gifts from or giving gifts to a patient or any member of the patient's family. Providing unauthorized or un-prescribe drugs, alcohol or related paraphernalia to a patient.

Taking Care of Our Patients

The patient is entitled to exceptional courtesies and kindness and should be treated accordingly. Please follow these basic rules at all times:

- Release of information without a patient's consent is not only improper but also illegal which can subject you and your facility to fines. Make it a rule not to discuss the patient's condition, on or off duty, with the exception of authorized professional exchange of information on a need-to-know basis.

- Patients must be protected at all times from invasion of privacy. Those employees who talk with patients in connection with their job duties should

keep their conversation specific, warm and cheerful. Gossip and unwarranted involvement can be damaging and is always discouraged. Unauthorized visiting by other facility personnel should be avoided completely.

- Services or goods may not be purchased for patients or sold to them.
- Potential safety hazards to any patient must be reported immediately.
- Mail is important to our patients. Give the patient's mail all possible protection.
- The facility is a quiet environment. You must keep this in mind from the time you begin work until you leave. Modulate your voice and be considerate of patient care and comfort.
- Valuables of patients require extra care because the patient's room is usually not secure. If you are responsible for a patient and notice that valuables are not under lock and key, report the matter to your supervisor.

False Claims Laws – Section Updated on 4/29/2014

The foundation of our success is secured by an unrelenting commitment to ethical behavior and compliance with the laws that regulate our industry. Accordingly, in the important areas of federal and state laws pertaining to false claims and false statements, we make every attempt to never present claims for payment or approval to any public or private payors that are false, fictitious, exaggerated or fraudulent. We make every attempt to bill only for goods or services that were actually provided, as well as to properly code every good or service. If personal knowledge is required to fill out a form, we fill it out only if we have that personal knowledge. If we see a claim, bill or code that contains a possible error, we have an obligation to investigate the potential error and, if possible, correct the error prior to the bill or claim's submission. If we cannot resolve the problem or need further clarification on the applicability of often complex billing or coding rules or similar regulations, we report it, as appropriate, to our supervisors or to the Ethics and Compliance Department or the Ethics Action Line (EAL) at 1-800-8-ETHICS. Tenet's substantial commitment of qualified personnel and other resources to developing and implementing a robust and effective compliance program enables us proactively to review and investigate, as appropriate, the compliance questions or concerns you report to us. We urge you to use these compliance program procedures if you have any concerns in this area. Further, our non-retaliation commitment will protect Tenet employees who faithfully discharge their duty to help us ensure that Tenet's operations are consistently conducted in accordance with our Standards of Conduct and all applicable laws.

Federal Civil False Claims Act

The federal civil False Claims Act (FCA) protects federal government programs including Medicare, Medicaid and TRICARE (the military health plan) from fraud and abuse. This law prohibits a provider from knowingly presenting, or causing to be presented, a false or fraudulent claim to the federal government (or to one of its programs) for payment. It also prohibits the knowing use or creation of a false record or statement to get a false or fraudulent claim paid by the federal government. In addition, it prohibits the knowing concealment or knowing and improper avoidance or decrease of an obligation—including an overpayment not reported and returned after sixty days—to pay or transmit money or property to the federal government. Honest mistakes are not violations of the FCA. To violate the FCA, a health care provider must have actual knowledge that the claims are false, or must act with reckless disregard or deliberate ignorance as to their truth or falsity. Federal officials may file lawsuits against a provider that they believe knowingly submitted a false claim, seeking three times the amount of the government's damages and a significant monetary penalty for each false claim. Federal officials may seek further relief under additional administrative provisions prohibiting similar conduct as well as the omission of material information in a claim for payment.

The FCA also contains what are commonly known as “whistleblower” or qui tam provisions. This part of the FCA authorizes private individuals, under certain circumstances, to file a lawsuit in federal court on behalf of the United States government if those individuals have direct and independent knowledge about the knowing submission of false claims. These individuals must be the original source of such information. Such a lawsuit will remain confidential for a limited period while the government reviews the merits of the lawsuit and decides whether it will take over primary responsibility for the case. If the government decides not to join (or “intervene”) in the lawsuit, the whistleblower can continue with the lawsuit at his or her own responsibility and expense. If the lawsuit is successful, the individual is entitled to a portion of the United States’ monetary recovery. The amount of the individual’s share of the recovery will vary based on a number of factors, including whether the federal government joined in the action. The FCA also provides employees with protection against retaliation in the workplace.

Tenet considers its Standards of Conduct and corporate compliance program to be its first line of defense against behavior that would undermine our basic values and threaten non-compliance with our legal obligations. We need each of our employees to support our efforts in this regard. The types of inappropriate operational conduct addressed by the false claims laws described in this Handbook can usually best be addressed at the outset through Tenet’s own internal compliance process. Tenet is committed to its compliance program for detecting and preventing fraud, waste and abuse. As a Tenet employee, you have an obligation to report compliance concerns to us. We believe use of Tenet’s internal compliance process is the best practical option to help ensure compliance because it enables us to move quickly to address potential issues. If you see something of concern, talk to us.

STATE FALSE CLAIMS LAWS

Alabama:

In addition to the federal FCA, some states have enacted their own false claims statutes. There is no similar civil action by relators currently authorized under Alabama law. However, under Alabama law, prosecutors may bring criminal actions against any person who knowingly makes or causes to be made or assists in the preparation of any false statement, representation or omission of a material fact in any claim or application for payment, regardless of the amount, from the Medicaid Agency with the intent to defraud or deceive. Criminal penalties can include both fines and imprisonment.

Pursuant to the Alabama Medicaid regulations, when there has been fraud or abuse against the Medicaid program, in addition to the criminal penalties discussed above, restitution of improper payments may be pursued and administrative sanctions may be imposed. Administrative sanctions include, among other things, warning letters, pre-payment claim review, suspension of Medicaid payments, suspension of Medicaid participation, and termination of Medicaid participation. The Medicaid program defines fraud for these purposes as "an intentional deception or intentional misrepresentation made by a person with the knowledge that the deception could result in some unauthorized personal benefit or unauthorized benefit to some other person. Fraud is dependent upon evidence that must substantiate misrepresentation with intent to illegally obtain services, payment, or other gains." Examples of fraud include the following:

- billing for services or equipment that the patient did not receive;
- charging recipients for services over and above that paid for by Medicaid;
- double billing or other illegal billing practices;
- submitting false medical diplomas or licenses in order to qualify as a Medicaid provider;
- ordering tests, prescriptions or procedures the patient does not need;
- rebating or accepting a fee or a portion of a fee for a Medicaid patient referral;
- failing to repay or make arrangements for the repayment of identified overpayments; and
- physical, mental, emotional or sexual abuse of a patient.

Suspected fraud and abuse may be reported to the Alabama Medicaid Agency Program Integrity Division or to the Medicaid Fraud Control Unit of the Alabama Attorney General's Office.

Unlike the federal FCA, Alabama law does not contain qui tam or relator provisions. There is also no provision for a private citizen to share a percentage of monetary recoveries.

Alabama law does prohibit state employers from retaliating, discriminating, or harassing state governmental employees who report a violation of state law in sworn testimony or in an affidavit. Alabama law does not contain similar protections for non-governmental employees.

Furthermore, in relation,the Alabama Medical Licensure Commission may suspend, revoke, or restrict any license to practice medicine or osteopathy or place on probation or fine any licensee when the licensee files a false or fraudulent claim with the Medicaid Agency.

Arizona:

In addition to the federal FCA, some states have enacted their own false claims statutes. There is no similar civil action by relators currently authorized under Arizona law. However, Arizona law prohibits the presentation of false claims to the state Medicaid program ("Arizona Act"). A.R.S. §36-2918 (2013). The Arizona Act provides for enforcement by the director of the Arizona Health Care Cost Containment System Administration (AHCCCS) but does not provide for individual *qui tam* actions. A.R.S. § 36-2918(C)(2013). A person who presents or causes to be presented any of the following is in violation of the Arizona law prohibiting false and fraudulent Medicaid claims:

- A claim for a medical or other item or service that the person knows or has reason to know was not provided as claimed. "Reason to know" is defined as acting in deliberate ignorance of the truth or falsity of, or with reckless disregard to the truth or falsity of information. Ariz. Admin. Code § 9-22-1101(C)(7) (2013).
- A claim for a medical or other item or service that the person knows or has reason to know is false or fraudulent.
- A claim for payment that the person knows or has reason to know may not be made by the system because:
    - The person was terminated or suspended from participation in the program on the date for which the claim is being made.
    - The item or service claimed is substantially in excess of the needs of the individual or of a quality that fails to meet professionally recognized standards of health care.
    - The patient was not a member on the date for which the claim is being made.
- A claim for a physician's service, or an item or service incidental to a physician's service, by a person who knows or has reason to know that the individual who furnished or supervised the furnishing of the service:
    - Was not licensed as a physician.
    - Obtained the license through a misrepresentation of material fact.
    - Represented to the patient at the time the service was furnished that the physician was certified in a medical specialty by a medical specialty board if the individual was not certified.
- A request for payment that the person knows or has reason to know is in violation of an agreement between the person and the state or the administration. A.R.S. §36-2918(A) (2013).

A person who violates the Arizona Act is subject to a civil penalty not to exceed two thousand dollars for each item or service claimed and is subject to an assessment not to exceed twice the amount claimed for each item or service. A.R.S. §36-2918(B). The civil penalty shall also include the amount for conducting an investigation, audit, or inquiry. Ariz. Admin. Code §R9-22-1102(B) (2013).

An action brought under the Arizona Act must be initiated within six years after the date the claim is presented. A.R.S. § 36-2905.04. AHCCS has the burden of producing and proving, by a preponderance of the evidence that a provider or non-contracting provider presented or caused to be presented each claim in violation of the Arizona Act and any aggravating circumstance listed in §R9-22-1105 of the Arizona Administrative Code. A provider or non-contracting provider has the burden of producing and proving, by a preponderance of the evidence, any mitigating circumstance that would justify reducing the amount of the penalty or assessment as listed in §R9-22-1104 of the Arizona Administrative Code. Ariz. Admin. Code §R9-22-1111 (2013).

The Arizona Act protects whistleblowers from civil liability for reporting suspicions of fraud unless that person has been charged with or is suspected of the fraud or abuse reported. A.R.S. § 36-2918.01(B)(2013). Arizona has a separate whistleblower protection statute to generally protect public employees who disclose information regarding potential violations of the law against retaliation. A.R.S. § 38-531, et.seq. (2013).

California:

California law prohibits conduct similar to that addressed under the federal FCA.

California Government Code Sections 12650-12656 (commonly known as the California False Claims Act or CFCA), prohibit any person from submitting a false or fraudulent claim totaling over $500 to the state or local government. The CFCA also makes it illegal for any person who benefits from a false claim, and later discovers the falsity of the claim, to fail to disclose the false claim to the applicable state or local government. The CFCA does not apply to workers' compensation claims, tax claims, or claims against public entities and employees. California officials may file a lawsuit against a suspected violator of the CFCA, or alternatively, a private individual, such as an employee, may file a qui tam lawsuit on behalf of the government. California officials may choose to participate in the qui tam lawsuit or allow the individual to proceed alone on the state or local government's behalf. If the case is successful, the individual is entitled to a portion of the government's monetary recovery. Employees who assist or participate in an action under the CFCA are protected from workplace retaliation. The CFCA imposes a civil penalty of up to $10,000 for each separate violation of the law and violators must repay the applicable state or local government an amount equal to three times the value of the false claim.

California Welfare & Institutions Code Section 14107 prohibits fraud involving funds of the state's medical assistance programs, including Medi-Cal. This statute establishes grounds for both criminal and civil actions against any person who knowingly defrauds Medi-Cal or other state medical assistance programs by submitting false claims or making false representations. Actions under this statutory provision may only be brought by state officials. Private individuals

cannot file quit tam lawsuits under this provision, although the state may offer monetary rewards of up to $1,000 to individuals who provide information leading to recovery of fraudulently-obtained funds. Penalties for a violation of this statute include imprisonment and/or a fine not exceeding three times the amount or value of the fraud.

California Insurance Code Section 1871.7 (commonly known as the California Insurance Frauds Protection Act) imposes civil penalties for violations of California Penal Code Section 550, which prohibits knowingly presenting a false claim for a health care benefit to a private insurer. Actions under this statute may be brought by the district attorney or California Insurance Commissioner. Alternately, a qui tam lawsuit may be filed on behalf of the state by a private individual or entity, such as an employee or insurer. The state or district officials may choose to participate in the qui tam lawsuit or allow the individual to proceed alone on the state's behalf. If the case is successful, the individual is entitled to a portion of the state's monetary recovery. Employees who assist or participate in an action under this statute are protected from workplace retaliation. Penalties for a violation of this statute include a civil penalty between $5,000 to $10,000, plus an assessment not exceeding three times the amount of each fraudulent claim. In addition, there may be a separate criminal prosecution for the violation of California Penal Code Section 550. Penalties for violation of Penal Code Section 550 include imprisonment of up to five years and a fine of the greater of $50,000 or double the amount of the fraud.

Florida:

The Florida False Claims Act (FFCA) is patterned after the federal FCA. In 2013, Florida amended its own act with the specific intent to conform to recent changes to the federal FCA. Thus, both statutes are in conformity and help facilitate dual prosecution and enforcement by state and federal agencies.

However, the FFCA prohibitions apply to claims paid by instrumentalities of the state which include instrumentalities of all three branches of state government and local entities with budgetary autonomy such as counties, local municipalities, school districts, water management district and Public Service Commission. The Attorney General may file a lawsuit directly, or a private individual may begin a qui tam suit on behalf of the state by notifying and providing all material evidence to the Attorney General and Chief Financial Officer and filing a sealed complaint in the Second Judicial Circuit in and for Leon County. State officials may choose to participate in the qui tam lawsuit or allow the individual to proceed alone on the state's behalf. If the case is successful, the individual is entitled to a portion of the state's monetary recovery. Employees who assist or participate in an action under the FFCA are protected from workplace retaliation.

Florida contains an additional whistleblower statute that provides a reward to a person who reports a violation of the state's Medicaid fraud laws. The Florida Medicaid Provider Fraud Laws provides criminal penalties and fines for false

statements or representations, among other things, made to the Medicaid program. This statute establishes grounds for criminal actions against any person who knowingly defrauds the state Medicaid program. A violation constitutes either a first, second or third degree felony, depending upon the monetary amount of the false claim at issue, and also subjects the violator to a mandatory statutory fine. This statute is prosecuted by state officials and may not be brought by private individuals and provides the individual who furnishes original information about the fraud the lesser of 25% of the amount recovered or $500,000.

Georgia:

Georgia false claims law prohibits conduct similar to that addressed under the federal FCA, but the Georgia prohibitions pertain to the submission of false or fraudulent claims when payment would be made specifically by the state's Medicaid program. The law allows state officials to seek criminal penalties for violations. A provider can also be liable for a civil penalty of three times the amount of any excess payment made by the state's Medicaid programs and significant monetary damages per false claim. However, if the person committing the violation meets certain requirements by reporting the violation and cooperating with any subsequent government investigation, damages will be limited to two times the amount of actual damages suffered by the state Medicaid program.

A civil false claims action may be brought by the state Attorney General or by a private person in the name of the State of Georgia to which the Attorney General may elect to intervene. The Georgia false claims law also includes whistleblower protection against workplace retaliation for civil actions brought by or assisted by an employee under the law.

Illinois:
(also applicable to Saint Louis University Hospital, St. Louis, Missouri)

Illinois law prohibits conduct similar to that addressed under the federal FCA, but the Illinois prohibitions apply to the submission of false statements or fraudulent claims that would be paid specifically by state funds.

Illinois law generally prohibits a person from: (1) knowingly presenting or causing to be presented a false or fraudulent claim; (2) knowingly making, using, or causing to be made or used, any false record or statement material to a false or fraudulent claim; (3) possessing or otherwise controlling property or money used by the state and knowingly delivering less than all the property or money; (4) making or delivering to the state a receipt of property used by the state knowing that any information on the receipt is untrue; (5) knowingly purchasing or receiving as a debt any public property from an officer of the state who may not lawfully pledge such property; (6) knowingly making, using, or causing to be

made or used, a false record or statement material to an obligation to pay the state; (7) knowingly concealing, avoiding, or decreasing any obligation to pay money or transmit property to the state; or (8) conspiring to do any of the above.

For purposes of Illinois law, "knowingly" means that a person has acted with actual knowledge of the truth or falsity of the information, in deliberate ignorance of the truth or falsity of the information, or in reckless disregard of the truth or falsity of the information. Proof of specific intent to defraud is not required.

A person may file a qui tam civil action individually and on behalf of the state. The state may opt to intervene or decline to proceed with the action. In the latter case, the qui tam plaintiff may proceed. If the state proceeds with the action, the state has the primary responsibility for the action and the individual may continue as a party, subject to certain limitations. Other than the state, no one may intervene or bring a related action based on the facts of a pending qui tam action.

Persons violating the Illinois false claims laws may be liable for treble damages in addition to civil penalties of not less than $5,500 and not more than $11,000 per violation. If a civil claim is successful, a qui tam plaintiff may be entitled to a portion of the state's monetary recovery plus reasonable expenses and attorney fees. Employees who assist or participate in an action under Illinois law are protected from workplace retaliation.

The U.S. Department of Health and Human Services Office of Inspector General ("OIG") issued a determination on May 22, 2013 stating that the Illinois law complies with all requirements under Section 1909 of the federal Deficit Reduction Act of 2005.

Massachusetts:

Massachusetts has several statutes prohibiting conduct similar to that addressed under the federal FCA. These include a state False Claims Act (Mass. Gen. Laws ch 12 §§5A-5O) (commonly known as the "Massachusetts Civil False Claims Act" or "MCFA"), a statute prohibiting fraud involving the state's Medicaid program (Mass. Gen. Laws ch 118E, §§39, 40 and 42) ("Medicaid FCA") and a statute criminalizing fraud in connection with health care benefits (Mass. Gen. Laws ch 175H §2).

The MCFA was modeled on the federal FCA and is not limited to false claims associated with public health care programs. It prohibits a person from submission of false or fraudulent claims (or false statements that are material to a false claim) or from benefitting from a false claim if that person does not disclose within thirty (30) days upon discovery. The prohibited acts are defined broadly, and are subject to the same "knowledge" standards set forth in the federal FCA. MFCA underwent significant amendments in July 2012. These amendments expanded the MFCA to address not only false "claims" for payments, but also false or misleading statements "material" to a false claim. In addition, knowingly presenting or causing to be presented a claim that includes items or services resulting from a violation of the federal or state anti-kickback

statutes now constitutes a false claim. A person who violates the Massachusetts FCA is liable for a civil penalty of not less than $5,000 and not more than $10,000 per violation. The MCFCA provides for treble damages, including consequential damages, that the Commonwealth or political subdivision sustains because of the act of that person. Damages may be reduced in certain cases of self-disclosure of a false claim within thirty (30) days with fully cooperation; however, they may only be reduced to double the damage amount. Prior to 2012, reduction was permitted down to the actual amount of damages. Relators may recover between 15%-25% of any funds recovered when the state intervenes, or between 25%-30% when there is no intervention. Funds to relators may be reduced below 10% of the total amount if the State can show that the information provided by the relator was already available in a public forum. In addition, a relator's recovery may be withheld entirely if a court determines that the relator planned and initiated the violation. Prior to the 2012 amendments, if a relator "knowingly participated" in the false claim, the relator's recovery could have been eliminated; however, as currently written, the relator must be shown to have planned and initiated the violation for recovery to be eliminated. The State may elect to pursue a claim through litigation or alternate remedies, including an administrative proceeding. Any finding of fact or conclusion of law in that proceeding would be conclusive on all parties in a civil suit.

The Medicaid FCA prohibits fraud involving the state's Medicaid program. Under the Medicaid FCA, any person who knowingly makes a false representation or knowingly fails to disclose any material fact pertaining to an individual's eligibility for Medicaid benefits commits a misdemeanor, punishable by fines between $200-500 or up to one year of imprisonment. The Medicaid FCA makes it a felony to knowingly and willfully make or cause a false statement or material representation of a material fact having to do with the payment of a public health benefit. Violation of this section of the Medicaid FCA could result in fines of up to $10,000, imprisonment of up to five years, or both fines and imprisonment. Finally, the Medicaid FCA makes it a felony for providers to knowingly and willfully charge for any Medicaid service an amount higher than publicly established rates, a violation of which could include fines of up to $10,000, imprisonment for up to five years, or both. In each case, persons charged with violating the Medicaid FCA may also be subject to prosecution and recoupment proceedings under other statutes.

In addition to the MFCA and the Medicaid FCA, Massachusetts has a statute making it a felony to knowingly and willfully make any false statement or representation of a material fact in any claim related to health care benefits payments or eligibility for health care benefits. Penalties for violation include fines of up to $10,000, imprisonment for up to five years, or both. A person who violates this statute may also be sued civilly for restitution.

Michigan:

Michigan has a “Medicaid False Claim Act” and a “Health Care False Claim Act.” The Medicaid False Claim Act addresses Medicaid fraud while the Health Care False Claim Act addresses fraud against other health care insurers. Both laws contain similar prohibitions against knowingly submitting false claims, making false representations, offering or accepting bribes or kickbacks, or concealing material information. Violation of either Act is a felony punishable by imprisonment of up to 4 years, fines of between $30,000 and $50,000, or both. The Medicaid False Claim Act allows individuals to bring *qui tam* actions in the name of the state seeking treble damages and civil penalties for each false claim. If the Michigan Attorney General joins in the *qui tam* action, the relator may be awarded between 15% and 25% of any recoveries resulting from the action or any settlement of the claim. If the Attorney General declines to participate and the individual pursues the action independently, the award may rise to between 25% and 30%. However, if the court finds the claim was frivolous, it can require such individuals to pay the defendant’s legal costs as well as a civil fine of up to $10,000. The Health Care False Claim Act, on the other hand, does not allow individuals to bring *qui tam* actions but does provide immunity to individuals who provide information or cooperate with an investigation of health care fraud. Any person who violates the Health Care False Claim Act must repay the health insurer the full amount of the benefits or payments made.

Missouri:

Missouri's fraud and abuse laws prohibit conduct similar to that addressed under the federal FCA and Anti-kickback Statute but the Missouri prohibitions apply to the submission of false or fraudulent claims when payment would be made specifically through a Missouri state funded medical assistance program (“MAP”), such as Medicaid. No person shall knowingly destroy or conceal records that are considered necessary. The state Attorney General may seek criminal penalties including imprisonment and a fine in addition to repayment of the funds unlawfully obtained, and investigative and prosecution costs. The state Attorney General may also bring a civil action against any person who receives a healthcare payment under a MAP as a result of a false statement, representation or concealment. Recovery may include civil penalties, plus up to three times the amount of the inappropriately received funds and costs. Only the state Attorney General can bring such actions; private individuals cannot file qui tam lawsuits under these provisions. Any person who discovers a violation by himself or herself or such person's organization and who reports such information voluntarily before such information is public or known to the attorney general shall not be prosecuted for a criminal violation. Missouri fraud and abuse laws include whistleblower protections against workplace retaliation and allow for original source whistleblowers to share in the recovery unless the whistleblower participated in the act constituting the violation.

New Mexico:

New Mexico law generally prohibits conduct similar to that addressed under the federal FCA, but the New Mexico prohibitions apply to the submission of false statements or fraudulent claims that would be paid specifically by state funds. New Mexico law generally prohibits a person from knowingly delivering less property or money owed to the state than indicated on a receipt or otherwise delivering a receipt falsely representing material characteristics of the related property. New Mexico law generally prohibits persons having discovered the falsity of a claim from failing to disclose the false claim to the state within a reasonable time after that discovery. Further, New Mexico law prohibits a person from knowingly submitting false statements or misrepresentations of material fact in order to certify facilities under the Medicaid program. Notably, New Mexico law prohibits an individual from knowingly presenting, or causing to be presented, to an employee, officer or agent of the state or to a contractor, grantee or other recipient of state funds a false or fraudulent claim for payment or approval.

The U.S. Department of Health and Human Services Office of Inspector General ("OIG") issued guidance stating that New Mexico law fails to comply with certain requirements under the federal DRA. Specifically, that guidance indicates that New Mexico law does not provide an "original source" exception provided by federal law, and thus it is not at least as effective in facilitating and rewarding qui tam actions as the federal FCA. Further, recent amendments to the federal FCA removed the requirement that claims be presented to an officer or employee of the government. Although OIG has not opined on this aspect of the New Mexico law, it is also likely that this provision is not in compliance with DRA requirements for state false claims statutes.

For purposes of New Mexico law, "knowingly" means that a person has acted with actual knowledge of the truth or falsity of the information, in deliberate ignorance of the truth or falsity of the information, or in reckless disregard of the truth or falsity of the information. Proof of specific intent to defraud is not required.

A person may file a qui tam civil action individually and on behalf of the state. The state may opt to intervene or decline to proceed with the action. In the latter case, the qui tam plaintiff may proceed. If the state proceeds with the action, the state has the primary responsibility for the action and the individual may continue as a party, subject to certain limitations. Other than the state, no one may intervene or bring a related action based on the facts of a pending qui tam action.

Persons violating the New Mexico false claims laws may be liable for treble damages, civil penalties and costs of actions brought to recover damages, including attorney fees. If a civil claim is successful, a qui tam plaintiff may be entitled to a portion of the state's monetary recovery plus reasonable expenses and attorney fees. Employees who assist or participate in an action under New Mexico law are protected from workplace retaliation.

New Mexico Fraud Against Taxpayers Act civil actions may not be brought against conduct occurring prior to July 1, 1987. Actions under the Medicaid False Claims Act must be brought within four years. Unless the state determines

otherwise, qui tam actions may not be based on allegations or transactions that are the subject of a criminal, civil or administrative proceedings in which the state is already a party.

New Mexico state law allows officials to seek criminal penalties against any person who knowingly makes a misrepresentation of material fact under the Medicaid program or against any person who knowingly submits false or incomplete information for the purpose of receiving Medicaid benefits. Private individuals cannot file qui tam lawsuits under these provisions; criminal actions may only be brought by New Mexico state officials. Criminal actions under the New Mexico Medicaid Fraud Act must be brought within five years from the date the action accrues.

North Carolina:

Pursuant to both the Medical Assistance Provider False Claims Act (N.C. Gen. Stat. §§108A-70.10, *et. seq*.) and the False Claims Act (N.C. Gen. Stat. §§1-605, *et. seq*.), North Carolina law prohibits conduct similar to that addressed under the federal FCA. However, North Carolina prohibitions apply to the submission of false or fraudulent claims that would be paid from either or both the state's medical assistance programs specifically or the State generally.

Under the Medical Assistance Provider False Claims Act, only the state Attorney General may file a lawsuit; a private individual may not file a lawsuit under that Act (otherwise known as a *qui tam* complaint) on behalf of the state. However, under the North Carolina False Claims Act, the Attorney General may file a suit on behalf of the state, and just like the federal FCA so may a private individual with actual knowledge of the alleged false claim(s). When a private individual brings a claim under the North Carolina False Claims Act that claim is brought in the name of the state of North Carolina and the individual is referred to as a *qui tam* plaintiff.

A provider who is found to have violated either Act may be liable for civil monetary penalties up to $11,000 per false claim, plus three times the damages sustained by the State or the Medical Assistance Program. Under either Act, a provider can also be held liable for the costs of a civil action brought to recover any such penalties and damages and can be excluded from participation in both state and federal health care programs.

Individuals who act lawfully in the support of a claim brought against a provider under either Act or who bring an action under the *qui tam* provisions of the North Carolina False Claims Act are protected from workplace retaliation (for example, discharge, suspension, demotion, harassment, etc.) and the individual may pursue an action against the provider for any such retaliation.

The North Carolina Medical Assistance Provider Fraud statute (N.C. Gen. Stat. §108A-63) allows North Carolina officials to seek criminal penalties against providers who defraud the state Medicaid program by submitting false claims or

making false representations. The statute also makes it unlawful for a provider of medical assistance to conceal or fail to disclose any fact or event affecting its entitlement to payment or the amount of payment due.

North Carolina may have laws which are triggered by the submission of a false or fraudulent claim to a third party payor including insurance fraud (see, for example, N. C. Gen. Stat. §58-2-161), mail fraud, and wire fraud.

Pennsylvania:

Pennsylvania law prohibits the knowing submission of false or fraudulent claims for payment of funds by or receipt of benefits from the state's medical assistance programs. More specifically, it prohibits the knowing presentation of a false claim, the knowing presentation of a claim for medically unnecessary services, the knowing submission of false information to obtain an excessive payment, and the knowing submission of false information to obtain authorization or certification to provide such services or merchandise under the state's medical assistance programs. Pennsylvania law also prohibits an individual from knowingly making a false statement, failing to disclose a material fact, or concealing an event regarding such person's eligibility for medical assistance benefits. State officials may seek criminal penalties for violations of these laws. In addition, upon conviction, the trial court must order repayment of the excessive payments or improperly obtained benefits. A provider convicted of submitting false claims must also pay an amount of up to three times the amount of excessive payments and is ineligible to participate in the state's medical assistance program for five years. A person improperly obtaining benefits is subject to termination or restriction of the individual's medical assistance benefits and a $1,000 penalty for each violation. Only state officials can bring such actions; private individuals cannot file *qui tam* lawsuits under these provisions. Pennsylvania false claims laws do not include whistleblower protection against workplace retaliation; however a state whistleblower law generally prohibits an employer from discharging, threatening, or otherwise discriminating or retaliating against an employee who makes a good faith report about an instance of wrongdoing or waste, or an employee who participates in an investigation, hearing, or inquiry. The remedies/penalties for violating the whistleblower law may include: civil action for injunctive relief and/or damages; reinstatement of the employee; payment of back wages; full reinstatement of fringe benefits and seniority rights; actual damages; and payment of the whistleblower's attorney fees and witness fees.

South Carolina:

South Carolina false claims law (S.C. Code Ann. §43-7-60) prohibits conduct similar to that addressed under the federal FCA, but the South Carolina prohibitions apply to the submission of false or fraudulent claims when payment would be made specifically by the state's Medicaid program. The law allows the

South Carolina Attorney General to seek criminal penalties and to bring a civil action seeking triple recovery of the fraudulently received funds, as well as two thousand dollars for each false claim. Only the state Attorney General can bring such actions; private individuals cannot file qui tam lawsuits under these provisions. South Carolina false claims law does not include whistleblower protection against workplace retaliation.

The South Carolina Presenting False Claims for Payment statute (S.C. Code Ann. §38-55-170) provides for criminal penalties and fines if a person knowingly causes, assists, solicits, or conspires to present a false claim for payment to an insurer, a health maintenance organization, or to any person or the State of South Carolina providing benefits for health care in South Carolina. The South Carolina Medicaid False Application Statute (S.C. Code Ann. §43-7-70), Computer Crime Act (S.C. Code Ann. §16-16-10 et seq.), Insurance Fraud and Reporting Immunity Act (S.C. Code Ann. 38-55-510 et. seq.), and the South Carolina Department of Health and Human Services Administrative Sanctions Against Medicaid Providers Regulations (S.C. Code Reg. 126-400 et. seq.) also provide criminal, civil, and administrative penalties and sanctions for providers and other individuals who make false statements, submit false claims, and engage in other abusive or fraudulent acts related to health care billing and reimbursement.

Tennessee:

Tennessee has a state False Claims Act (Tenn. Code Ann. §§ 4-18-101, *et. seq.*), (the "Tennessee FCA") and a Medicaid False Claims Act (Tenn. Code Ann. §§ 71-5-181, *et. seq.*) (the "Medicaid FCA"). Both laws prohibit conduct similar to that addressed under the federal FCA. The Medicaid FCA, however, prohibits the submission of false or fraudulent claims that would be paid specifically from state Medicaid funds, including under the TennCare program. The Tennessee FCA prohibits the submission of false or fraudulent claims that would be paid from state funds except to the extent such conduct is already prohibited under the Medicaid FCA. The Tennessee FCA differs from the Medicaid FCA in that under the Tennessee FCA, a person may be liable if the person (a) is a beneficiary of an inadvertent submission of a false claim to the state, (b) subsequently discovers that the claim is false, and (c) fails to disclose the false claim to the state within a reasonable time after discovery of the false claim. The Tennessee FCA also does not apply to any claim less than $500 in value, nor to any claims, records or statements made pursuant to workers' compensation claims or under any statute applicable to any tax administered by the Tennessee Department of Revenue. Both laws allow state officials to file a lawsuit, or a private individual, such as an employee, to file a qui tam/whistleblower lawsuit on behalf of the state. State officials may choose to participate in the qui tam/whistleblower lawsuit or allow the individual to proceed alone on the state's behalf. If the case is successful, the individual is entitled to a portion of the state's monetary recovery. Employees who assist state officials or

participate in an action under either the Tennessee FCA or the Medicaid FCA , or who are otherwise "acting in furtherance of an action" or "other efforts to stop" conduct prohibited by the acts are protected from workplace retaliation. Relief for employees who are impermissibly retaliated against includes reinstatement with the same seniority status, up to two times the amount of back pay (plus interest) and compensation for any special damages sustained including litigation costs and attorneys' fees. Relief under the Tennessee FCA may also include punitive damages where appropriate. Tennessee has also adopted several other false claims statutes that are intended to prevent fraud and abuse in the TennCare program (Tenn. Code Ann. Sec. 71-5-2501, *et. seq.* (the "TennCare Fraud and Abuse Reform Act"); Tenn. Code Ann. Sec. 71-5-2601, *et. seq.* ("Prevention of Fraud and Abuse in TennCare")). These laws generally prohibit the filing of any false or fraudulent claim or documentation in order to receive compensation from the TennCare program. These laws also allow state officials to seek criminal penalties against any person who knowingly defrauds the state Medicaid/TennCare program by submitting false claims or making false representations. Private individuals cannot file qui tam/whistleblower lawsuits under the provisions of these laws; criminal actions may only be brought by state officials. However, under the TennCare Fraud and Abuse Reform Act, the Tennessee Office of Inspector General is authorized to pay a monetary reward for information that leads to the arrest and conviction of any person or entity that has engaged in TennCare fraud.

Texas:

Texas law prohibits conduct similar to that addressed under the federal FCA, but the Texas prohibitions apply to the submission of false or fraudulent claims or statements that would be paid specifically by the state's medical assistance program or would qualify a provider to receive payment thereunder. Further, Texas law prohibits a person from knowingly submitting false statements or misrepresentations of material fact in order to certify facilities under the Medicaid program or conspiring to engage in conduct that constitutes a violation of the Texas Medicaid Fraud Prevention Act ("TMFPA"). A private individual, such as an employee, may file a qui tam lawsuit on behalf of the state government; although, a person may not file a qui tam lawsuit based on public information unless the person bringing that action is an original source of the information. An "original source" means an individual who, prior to a public disclosure, has voluntarily disclosed to the state the information on which allegations or transaction in a claim are based, or has knowledge that is independent of and materially adds to the publicly disclosed allegation or transactions and who has voluntarily provided the information to the state before filing an action. A person may recover for an unlawful act for a period of up to six years before the date the lawsuit was filed, or for a period beginning when the unlawful act occurred until up to three years from the date the state knows or reasonably should have known facts material to the unlawful act, whichever of these two periods is longer, regardless of whether the unlawful act occurred more than six years

before the date the lawsuit was filed. However, a person may not recover for an unlawful act that occurred more than 10 years before the date the lawsuit was filed.

A person who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment in connection with the person's initiation of, testimony for, or assistance in a qui tam lawsuit must bring suit on an action not later than the third anniversary of the date on which the cause of action accrues. The cause of action accrues on the date the retaliation occurs.

The state officials may choose to participate in the qui tam lawsuit or allow the individual to proceed alone on the state's behalf. If the state proceeds with the action, the state has the primary responsibility for the action and the individual may continue as a party, subject to certain limitations. Other than the state, no one may intervene or bring a related action based on the facts of a pending qui tam action.

If the case is successful, the individual is entitled to up to ten percent (10%) of the state's monetary recovery plus reasonable expenses, reasonable attorney's fees, and costs that the court finds to have been necessarily incurred. Employees, contractors, and agents who assist or participate in an action under Texas' False Claims law are protected from workplace retaliation. To prevail in a civil or administrative proceeding, proof of specific intent to knowingly file or submit a false claim is not required. Additional state law allows state officials to seek criminal penalties against any person who knowingly defrauds the state Medicaid program by submitting false claims or making false representations. Private individuals cannot file qui tam lawsuits under these provisions; criminal actions may only be brought state officials.

Texas Medicaid guidance requires that entities receiving annual Medicaid payments of at least $5,000,000 to establish written policies addressing employee roles in preventing and detecting waste, fraud, and abuse. These written policies must address Texas civil and criminal laws relating to false claims. In addition, policies and procedures must address employee whistleblower protections.

Arkansas:
(applicable to Saint Francis Hospital)

Arkansas law contains two statutes prohibiting conduct similar to that addressed under the federal FCA. The Arkansas Medicaid Fraud False Claims Act, Ark. Stat. Ann. §§ 20-77-901 through 20-77- 911 ("AMFFCA") is a civil statute that prohibits someone from knowing making false statements or concealing knowledge related to any benefit or payment under the state Medicaid program, knowingly converting a benefit to a use not intended, knowingly soliciting or

inducing remuneration in exchange for referrals, knowing charging in excess of established rates, and knowingly participating in the Medicaid program after having been being found guilty (or pled guilty or no contest) of a Medicaid fraud charge or violation of other Medicaid statutes. Like the federal FCA, penalties for violation include a fine of $5,000-$10,000 per claim and treble damages may be imposed.

In addition, the Arkansas Medicaid Fraud Act. Ark. Stat. Ann. §§ 5-55-101 through 5-55-113 ("AMFA") is a criminal statute that makes criminal those actions under the AMFFCA; however, it requires a more stringent showing of intent, as it uses a "purposely" standard rather than a "knowingly" standard. A violation constitutes either a Class A misdemeanor, a Class B felony or a Class C felony, depending upon the monetary amount of the false claim at issue, and also subjects the violator to a mandatory statutory fine.

Unlike the federal FCA, private individuals cannot file qui tam lawsuits under either law, even if the individual has original information concerning fraud. Both statutes do permit individuals who report fraud to receive up to 10% of the total amount recovered.

Delaware:
(applicable to Hahnemann University Hospital and St. Christopher's Hospital for Children)

Delaware false claims law prohibits conduct similar to that addressed under the federal FCA.

The law allows the court to assess three times the amount of excess payment by the state's Medicaid programs. However, if the person committing the violations meets certain requirements by reporting the violation and cooperating with any subsequent government investigation, the court may assess not less than two times the amount of the excess payment.

A civil false claims action may be brought by the state Attorney General or by a private citizen in the name of the State of Delaware. A whistleblower may be able to share in a portion of proceeds of the recovery. Delaware law contains whistleblower protections against workplace retaliation.

Indiana:
(applicable to the following Illinois hospitals: MacNeal Hospital, Berwyn; Weiss Memorial, Chicago; West Suburban Medical Center, Oak Park; Westlake Hospital, Melrose Park)

Indiana law generally prohibits the same activities prohibited by the federal FCA, including the knowing submission to the state of false or fraudulent claims for payment or approval or making or using a false statement to receive payment or

approval. In addition, Indiana law prohibits someone from knowingly or willingly causing someone else to violate the Indiana false claims act. See Indiana Code § 5-11-5.5-1 and Indiana Code § 5-11-5.5-2 ("Indiana FCA")

Unlike the federal FCA, Indiana FCA does not contain a maximum penalty, stating that the penalty for violation shall be at least $5,000 per violation and up to three times the damages the state sustained. Such penalty is subject to reduction to no less than twice the damages sustained in certain cases, such as voluntary disclosure with full cooperation.

Indiana FCA generally is consistent with the federal FCA regarding statute of limitations, whistleblower protections and relator's recovery. Of note, however, is that while the federal FCA provides for a reduction in the relator's proceeds if the relator planned and initiated the violation, Indiana FCA prohibits such a relator from sharing in any recovery.

In addition to the Indiana FCA, Indiana Code § 35-43-5-7.1 ("Indiana Medicaid Act") also prohibits a person from knowingly or intentionally filing a false or fraudulent claim to the Indiana Medicaid program, from otherwise obtaining payment from the Medicaid program by false or misleading statements, from concealing information from the Medicaid number, or from acquiring a provider number under false pretenses. Violation is a Class D felony, and becomes a Class C felony if the value of the offense is at least $100,000.

Mississippi:
(applicable to Saint Francis Hospital)

The State of Mississippi has not adopted any false claims acts or statutes that contain qui tam or whistleblower provisions that are similar to those found in the federal False Claims Act. Mississippi law does broadly prohibit individuals or entities from intentionally obtaining anything of value by means of a false claim in connection with the delivery of or payment for any insurance claim. See Miss. Code Ann. § 7-5-303. The Insurance Integrity Enforcement Bureau is responsible for enforcement of this prohibition, and various individuals and entities, including health care providers or anyone with a belief that a false claim was submitted, may report this information to the Bureau. The Bureau has sole discretion to determine whether or not to pursue prosecution of the potential violation. Furthermore, there are no whistleblower protections for informants who report to the Bureau, and no provisions permitting the government to split monetary recoveries with informants whose information leads to claims that are ultimately successfully.

Mississippi has also adopted a generally applicable Medicaid Fraud Control Act that makes it unlawful for a person to submit false and fraudulent claims to the Mississippi Medicaid program. See Miss. Code Ann. 43-13-201. Violations of the

Act are both civil and criminal offenses and are punishable by imprisonment and significant monetary penalties.

New Jersey:
(applicable to Hahnemann University Hospital and St. Christopher's Hospital for Children)

New Jersey has a False Claims Act that prohibits conduct similar to that addressed under the federal FCA. The False Claims Act prohibits the submission of false or fraudulent claims to any State agency. Either a private person (as a qui tam plaintiff) or the Attorney General may bring an action for a violation of the Act. The Attorney General may elect to intervene in or, in some cases, take over a private individual's qui tam action. If the Attorney General intervenes and prevails in an action brought by a person under the Act, the qui tam plaintiff may be entitled to receive a portion of the proceeds of the action. The Act also affords protection from retaliation for people who file qui tam lawsuits pursuant to the Act. It states that any employee who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment because of lawful action taken in furtherance of a qui tam action is entitled to recover damages. He or she is entitled to "all relief necessary to make the employee whole," including reinstatement with the same seniority status, twice the amount of back pay (plus interest), and compensation for any other damages the employee suffered as a result of the discrimination. The employee also can be awarded litigation costs and reasonable attorneys' fees.

New Jersey also enacted the Medical Assistance and Health Services Act, which specifically addresses fraud in the context of its Medicaid program. Liability may attach for knowingly and willfully submitting a false claim to the Medical Assistance program, for making false statements in order to obtain Medicaid benefits or payments, or for concealing or failing to disclose information that would affect a person's continued right to receive benefits or payments, among other things. Violations of the Act can lead to civil money penalties and criminal penalties. There are no qui tam provisions relating to this Act.

HANDBOOK AND FAIR TREATMENT PROCESS ACKNOWLEDGEMENT

I acknowledge that I have accessed and reviewed an electronic copy of the Handbook. I have also received information about how to access an electronic copy of the Handbook via the Company's intranet. I understand that I may print all or parts of the Handbook for my use and I may also receive a hardcopy of the Handbook from Human Resources. I further understand that the Handbook contains important information about the Company's general personnel policies and about my privileges and obligations as an employee. I further understand and acknowledge that I am governed by the contents of the Employee Handbook (to the extent that they are not inconsistent with my collective bargaining agreement that may otherwise govern my employment) and that I am expected to read, understand, familiarize myself with and comply with the policies contained in it.

I also understand the Company may change, rescind or add to any of the policies, benefits or practices described in the Employee Handbook, except the employment-at-will policy and the Mutual Agreement to Arbitrate referred to below, in its sole and absolute discretion, with or without prior notice. I also understand that the Company will advise employees from time to time of material changes to the policies, benefits or practices described in the Employee Handbook.

Furthermore, I understand, acknowledge and agree that the Employee Handbook is not a contract of employment, that my employment with the Company is not for a specified term and that employment with the Company is at the mutual consent of the employee and the Company. Therefore, I hereby acknowledge that either I or the Company can terminate my employment relationship at will, with or without cause or notice, except to the extent that any applicable collective bargaining agreement provides otherwise.

In addition, I acknowledge that I have received an electronic copy of the Tenet Fair Treatment Process. Except to the extent that any applicable collective bargaining agreement provides otherwise, I hereby voluntarily agree to use the Company's Fair Treatment Process and to submit to final and binding arbitration any and all claims and disputes that are related in any way to my employment or the termination of my employment with Tenet, with the exception of certain specific Excluded or Restricted issues outlined in the Fair Treatment Process, including the filing of a charge with the National Labor Relations Board. I understand that final and binding arbitration will be the sole and exclusive remedy for any such claims or disputes that I may have against Tenet or its parent, subsidiary or affiliated companies or entities, and each of its and/or their employees, officers, directors or agents, and, that to the extent permitted by law, I may not join any such claim or dispute with the dispute of another employee in a class, collective, representative or group action. Arbitration under the Fair Treatment Process is limited to individual disputes, claims or controversies that a

court of law would be authorized or have jurisdiction over to grant relief, and by agreeing to the use of arbitration to resolve my dispute, both the Company and I agree to forego any right we each may have had to a jury trial on issues covered by the Fair Treatment Process. I also agree that such arbitration will be conducted before an experienced arbitrator chosen by me and the Company, and will be conducted under the Federal Arbitration Act and the procedural rules of the American Arbitration Association ("AAA") unless the Company and I agree otherwise.

I further acknowledge that in exchange for my agreement to arbitrate, the Company also agrees to submit all claims and disputes it may have with me to final and binding arbitration, and that the Company further agrees that if I submit a request for binding arbitration, my maximum out-of-pocket expenses for the arbitrator and the administrative cost of the AAA will be an amount equal to one day's pay (if I am an exempt employee), eight times my hourly rate of pay (if I am a non-exempt employee), a mandated cap or the local civil filing fee, whichever amount is the least, and that the Company will pay all of the remaining fees and administrative costs of the arbitrator and the AAA. I further acknowledge that this mutual agreement to arbitrate may not be modified or rescinded except in writing by both me and the Company.

A copy of the Employee Handbook and the FTP policy can be found in the Document Library within the New Employee Portal or on eTenet under department Human Resources.

The AAA's Employment Arbitration Rules can be found at www.adr.org or click here.