Dear fellow employees,

Health care is a complex, highly regulated industry, which continually faces changes in technology, delivery systems, standards of care and treatment protocols, rules and regulations, funding and reimbursement and, finally and most importantly, the service needs of our patients and their families. The reputation of LHC Group and the ethical business practices lived out by every LHC Group employee play a critical role in our success.

LHC Group strives to provide a full complement of healthcare services in a quality and cost-effective manner. To assist in this endeavor, we have designed a “best of class” compliance and ethics program, including this Code of Conduct and Ethics. This code provides guidance to ensure our work is done in an ethical and legal manner, and it affects every member of the LHC Group family.

At LHC Group, we are deeply committed to excellence in ethics and compliance. LHC has a compliance motto – “It’s All About Integrity.” This means that it is always important to be honest and truthful in everything we do and, in every instance, regardless of the circumstances or pressures, do the right thing without compromise. It is critically important that we remain vigilant in ensuring that we only admit patients who are eligible for the services we provide, and that we are providing medically necessary services. It is also critical that that we always record what we do and what we see in all medical record documentation to ensure that it accurately reflects the patient’s condition.

I cannot stress enough the importance of always doing the right thing without exception. Compliance with the law, LHC Group’s Code of Conduct and Ethics, and policies and procedures, is the responsibility of every employee. Every decision you make and every action you take can affect employee morale, patient care, the perception of our company and the sustainability of our organization. If you ever have a question about what is the right thing to do in a particular situation, please raise your hand and speak up. If you are ever uncomfortable with the response you receive, it is your responsibility to raise the issue through other avenues available to you. You must never do anything you do not feel complies with these policies and legal requirements, no matter what the reason. I ask that you conduct yourself every day in a way that helps us maintain an outstanding reputation for the highest standards of ethics and integrity in the communities we serve.

To report suspected violations of this code or seek advice regarding a specific situation, you should immediately consult your supervisor, another member of management at your facility, the human resources department, the compliance IntegrityLine (1.888.703.0301 or online at LHCgroupintegrity.com) or the Chief Compliance Officer. There will be no retaliation for asking questions or raising concerns about this code or for reporting possible improper conduct.

Our shared responsibility and commitment in this effort will ensure that our vision will continue into the future.

Keith G. Myers
Chairman and CEO
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Call LHC Group’s IntegrityLine at 1.888.703.0301, or go to LHCgroupintegrity.com. All calls and web submissions are free, confidential and may be made anonymously.

This Code of Conduct and Ethics is available on LHC Group’s website at LHCgroup.com. This Code of Conduct and Ethics is not intended to create, nor does it create, any contractual rights to employment. For further information on the compliance and ethics program and its policies, please see the Compliance Policies and Procedures located through the Policies and Procedures link via the LHC Group Homepage.
Purpose
LHC Group’s mission is to ensure we meet our ethical standards and comply with applicable laws and regulations. We have developed a Code of Conduct and Ethics for all our employees, agents and contract personnel* to follow as a critical part of our overall compliance and ethics program. This code is intended to be comprehensive and easily understood. It should be an important reference source, especially in situations where there may be questions about how to determine “the right thing to do.” These obligations apply to our relationships with patients, one another and all of the people with whom we do business. This code assists us in carrying out our daily activities with the utmost ethical and legal standards to support the purpose, mission, vision, six pillars of excellence, standards of behavior and goals of the company.

Purpose Statement
It’s all about helping people.

Vision Statement
We will improve the quality of life in the United States by transforming the delivery of healthcare services.

Mission Statement
We provide exceptional care and unparalleled service to patients and families who have placed their trust in us.

Six Pillars of Excellence
People: Ours is a business of people helping people.
Service: We are here to serve patients, families and communities.
Quality: In all we do, our focus is quality above all else.
Efficiency: We operate with discipline and efficiency to remain strong.
Growth: It is our obligation to care for as many as we can.
Ethics: We conduct ourselves with the highest standards of ethics, integrity and professionalism.

Standards of Behavior
• We commit to exceptional service.
• We represent our organization professionally.
• We always put safety first.
• We treat everyone with respect.

• We communicate to achieve success.
• Together, we are a team.
• We ensure privacy and trust.

Please keep these important considerations in mind when reading this code:
• This code should be applied both in letter and spirit.
• This code should be considered together with any applicable laws and regulations, as well as any applicable company policies and procedures.
• Anyone aware of any possible violation of this code, or of any company policy or legal requirement, must report the possible violation. We will not tolerate retaliation against anyone for such reporting.
• The standards set forth in this code are mandatory. Anyone who does not comply with this code may be disciplined up to and including termination. Violations of the standards outlined in this code may also result in criminal penalties (including jail time), civil liabilities or both.

To provide additional guidance, we have developed a comprehensive set of compliance policies and procedures that may be accessed through the Policies and Procedures link via the LHC Group Homepage.

We encourage you to conduct yourself every day in a way that helps us maintain an outstanding reputation for the highest standards of ethics and integrity in the communities we serve.

*Agents and contract workers of LHG Group are subject to the same requirements as employees. Any reference to employees in this code will also include agents and contract personnel.
Compliance and Ethics Program

Structure
The compliance and ethics program has been developed to help ensure we conduct our business in compliance with all applicable federal and state laws and to reduce the risk of misconduct. It is also an aid to the development of effective internal controls that promote adherence to applicable requirements of federal, state and private health plans. The adoption and implementation of this program is designed to prevent fraud, abuse and waste in our healthcare efforts and further our fundamental mission to provide quality care to patients.

With respect to our compliance and ethics program, we set standards through this code, our compliance policies and procedures and, through other guidance mechanisms, such as compliance alerts and advisory memoranda. It is the responsibility of each individual to be aware of all policies and procedures that pertain to his or her work and to follow those policies and procedures.

Training and Communication
Upon hire, each employee is required to participate in compliance training and to confirm that he or she has completed this training, has read and understands this code and that he or she understands that compliance with this code is required during employment. Contract workers must complete this same training.

Annual training on compliance will also be required of all our employees and contract workers. Compliance personnel will track employees’ compliance with their training requirements and report such information as necessary. Many resources regarding our program are available to all employees on iTrain. We encourage all employees to frequently visit this site.

Resources for Guidance and Reporting Concerns
Our compliance and ethics program is intended to demonstrate in the clearest possible terms the commitment of the company, throughout all levels, to the highest standards of integrity, ethics and compliance. There is a Chief Compliance Officer, compliance department staff and a corporate compliance committee that oversee the compliance and ethics program.

Reporting your concerns is an important part of the effectiveness of LHC Group’s Compliance Program. We have established a reporting procedure for circumstances in which you believe or suspect, a violation of this code, laws, regulations or company policies and procedures. You are required to report, through one of the ways listed below, any activity by an employee, physician, contractor or vendor that you suspect:

- Is harmful to a patient, client, family member or staff member;
- Is illegal or unethical;
- Violates any state or federal healthcare program requirements or laws; and/or
- Violate the LHC Group’s Code of Conduct and Ethics, employee handbook or any policy or procedure.

“Integrity is more than a program; it is a responsibility – one that we cannot afford to take for granted. Genuine integrity begins at a personal level, with each of us holding ourselves accountable. We owe it to our patients, their families and each other to ensure that our conduct is held to the highest possible standard.”

JoAnne Little,
Chief Compliance Officer
You can report your concern in one of three ways:

- Directly to your manager or another manager;
- To the IntegrityLine via 1-888-703-0301 or online at LHCgroupintegrity.com
- Contact the Chief Compliance Officer at 337-769-0778

We have established a reporting procedure for circumstances in which you believe, or suspect, a violation of this code, laws, regulations or company policies and procedures. Each employee has an individual responsibility for reporting any activity by any employee, physician, subcontractor, or vendor that appears to violate:

- applicable laws,
- rules,
- regulations,
- accreditation standards,
- standards of medical practice,
- federal healthcare conditions of participation,
- this code or any company policies or procedures.

If a matter is reported locally and if the reporting individual doubts that the issue has been given appropriate attention, the individual should report the matter to higher levels of management, the Chief Compliance Officer or the IntegrityLine until satisfied that the full importance of the matter has been recognized. An employee who is aware of any activity that appears to be a violation and does not report the issue may be subject to disciplinary action.

**Non-retaliation/Non-retribution**

If you report a possible violation in good faith, using any of the procedures described in this code, you will not be subject to retaliation. Reporting concerns in good faith means that you have a sincere belief that a violation may have occurred. We only ask that you be candid and honest when making such reports. No employee shall be disciplined for reporting what he or she reasonably believes to be a violation of our practices, policies or procedures. However, an employee will be subject to disciplinary action if we conclude that the employee knew an allegation was false, acted in reckless disregard for the truth or accuracy in reporting the suspected violation or participated in the violation. Any LHC Group employee who knowingly retaliates because of such a report or who interferes with an investigation based on such a report will be subject to disciplinary action up to and including termination of employment. Forms of retaliation include being involuntarily terminated, demoted, suspended, reprimanded, harassed or in any way discriminated against for reporting a suspected violation. Reported concerns may not always turn out to be violations. This is why we investigate every report to determine if an actual violation has been committed. If you believe that you have been subjected to any action that violates this policy, you may file a complaint with your supervisor, the Chief Compliance Officer or the human resources department. If it is determined that you experienced any improper employment action in violation of this policy, corrective action will be taken.

**QUESTION:**
Where can I find the latest copy of the company’s policies and procedures?

**ANSWER:**
The company’s policies and procedures can be located through the Policies and Procedures link via the LHC Group Homepage.
Internal Investigations and Discipline
We are committed to investigating all reported concerns promptly and confidentially to the extent possible. We expect all employees to cooperate with investigation efforts. Reports of possible violations of this code will be collected, reviewed and processed by the Chief Compliance Officer. Any employee, officer or director believed to have participated in a possible violation shall not be permitted to participate in any investigation or recommendation for disciplinary action or sanctions.

If a violation of this code is substantiated, disciplinary action will be taken. The precise discipline utilized will depend on the nature, severity and frequency of the violation and may result in any or all of the following disciplinary actions:

- oral warning;
- written warning;
- written reprimand;
- suspension;
- termination; and/or
- restitution.

Licensed employees or contract workers who violate this code may also be reported to their licensing board for investigation and are at risk of losing their licenses.

Violations of this code that may also constitute illegal conduct may require making a report to civil or criminal authorities for further action.

We have a zero tolerance policy for any purposeful acts of fraud and/or abuse. Any employee violating any aspect of the compliance and ethics program will be disciplined in accordance with our human resource policies and procedures.

Corrective Actions
Where an internal investigation substantiates a reported violation, it is our policy to initiate corrective action, including, as appropriate, making prompt restitution of any overpayment amounts, notifying the appropriate governmental agency, instituting whatever disciplinary action is necessary and/or implementing systemic changes to prevent a similar violation from recurring in the future.

Patient Care
Our Commitment to the Patients We Serve
We are committed to the delivery of safe, effective, efficient, compassionate and satisfying patient care. We treat all patients with warmth, respect, and dignity and provide care that is both medically necessary and appropriate. We must ensure that we only admit patients who are eligible for the services we provide, and that we provide medically necessary services. It is also critical that we always record what we do and what we see in all medical record documentation to ensure it accurately reflects the patient’s condition.

In promoting a high quality of care, our facilities are focused on the attentiveness and dedication of service to patients, on the utilization of evolving technology to ensure quality and patient safety and on creating an overall culture that makes patient safety paramount.
**Patient Rights**

It is our intent to treat all our patients equally and with compassion, dignity and respect. We make no distinction in the availability of services; in the admission, transfer or discharge of patients; or in the care we provide based on age, gender, disability, race, ethnicity, color, religion, sexual orientation, veteran status or national origin. We recognize and respect the diverse backgrounds and cultures of our patients and make every effort to equip our caregivers with the knowledge and resources to respect each patient’s heritage.

We respect the patient’s right to and need for effective communication. Additionally, each patient is provided with a Notice of Privacy Practices.

**Patient Information/Privacy**

We collect patient information, including medical condition, history, medication and family illnesses, to provide quality care. We realize the sensitive nature of this information and are committed to maintaining its privacy, security and confidentiality. Consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its subsequent amendments, we do not access, use or disclose patient-specific information, including patient financial information, with others unless it is necessary to serve the patient or required by law.

Our employees and contract personnel must never access, use or disclose confidential information that violates the privacy rights of our patients. In accordance with our privacy and security policies and procedures, which reflect HIPAA requirements, no LHC Group employee, contractor, affiliated physician or other healthcare partner has a right to any patient information other than that necessary to perform his or her job.

*As per our Notice of Privacy Practices, patients can expect their privacy will be protected.*

Patient-specific information will only be used or disclosed to persons allowed by law (including disaster and emergency situations) and in accordance with any written patient authorizations.
Confidential Information

We are committed to being conscientious and accountable when handling confidential company information. In addition, because of its confidential nature, business, health and financial information must be:

- Protected by an effective internal control environment, including policies and procedures to secure the company’s assets; and
- Made available outside the company only with appropriate authorization and after consideration of the interests of the company as a whole.

Protecting LHC Group’s information assets is everyone’s responsibility. Examples of confidential information include:

- Health information of the patients we serve;
- Company financial information including, without limitation, financial statements, payroll records, accounts payable summaries, vendor listings and price/cost information;
- Written and verbal agreements between LHC Group and employees, agents, strategic partners, vendors and/or other third parties;
- Trade secrets;
- Due diligence information about potential acquisitions;
- Customer lists and agreements, market share data and strategic plans; and
- Company policies, procedures and processes.

Confidential information includes all non-public information that might be of use to competitors or harmful to us or our patients if disclosed. All information in any form, including electronic information that is created or used in support of our business activities, is the property of LHC Group. This company information is a valuable asset, and employees, officers and directors are expected to protect it from unauthorized disclosure. This includes our customer, supplier, business partner and employee data. Federal and state laws may restrict the use of such information and impose penalties for impermissible use or disclosure.

Information that pertains to our competitive position or business strategies, payment and reimbursement information and information relating to negotiations with employees or third parties should be protected and shared only with employees having a need to know such information to perform their job responsibilities. Employees, officers and directors must maintain the confidentiality of information entrusted to them by the company or its customers, vendors or consultants, except when disclosure is properly authorized by the company or legally mandated.

Employees, officers and directors shall take all reasonable efforts to safeguard such confidential information that is in their possession against inadvertent disclosure and shall comply with any non-disclosure obligations imposed on LHC Group in its agreements with third parties.

QUESTION:
Who has access to my personnel records and wage information?

ANSWER:
Personnel records and wage information are confidential. Access to personnel files is limited to management and Human Resources.
Coding and Billing

We have implemented policies, procedures and systems to facilitate accurate billing to government payers, commercial insurance payers and patients that conform to pertinent federal and state laws and regulations.

We prohibit any employee or agent of LHC Group from knowingly presenting, or causing to be presented, claims for payment or approval that are false, fictitious or fraudulent. In support of accurate billing, medical records must provide reliable documentation of the services we render. It is important that all individuals who contribute to medical records provide accurate information and do not destroy any information considered part of the official medical record. Accurate and timely documentation also depends on the diligence and attention of physicians who treat patients in our facilities. We expect those physicians to provide us with complete and accurate information in a timely manner.

*Only bill for services that are medically necessary and properly ordered and performed.*

Any subcontractors engaged to perform billing or coding services are expected to have the necessary skills, quality control processes, systems and appropriate procedures to ensure all billings for government and commercial insurance programs are accurate and complete. We expect such entities to have their own ethics and compliance programs and code of conduct and to agree to abide by ours.

**QUESTION:**
I am a home health nurse who performs OASIS assessments on admission of new patients. On occasion, when therapy services are ordered, the functional assessment documented on the therapist’s evaluation is inconsistent with the original assessment performed by the nurse. How should this be handled?

**ANSWER:**
It is imperative that the OASIS assessments be completed as accurately as possible to reflect a patient’s functional status, which may require an interdisciplinary team approach at times. The OASIS assessment scores dictate reimbursement rates with the Medicare program, and accuracy is imperative to ensure compliance with the False Claims Act and other pertinent billing laws and regulations. The validity of OASIS assessment scores is also a crucial component in measuring accurate patient outcomes upon discharge. You should report any concerns relative to OASIS scores to your supervisor or a higher-level manager for resolution prior to billing.
Laws and Regulations

Health care is a unique industry with rigorous standards and special regulations. In the United States, health care laws seek to:

• reduce fraud, waste and abuse in federal healthcare programs;
• eliminate the improper influence of financial incentive on medical judgment;
• protect patients and improve the quality of health care;
• reduce the cost of health care; and
• ensure proper use of taxpayer money.

Anyone aware of violations or suspected violations of laws, regulations, standards and the conditions of participation or company policies and procedures must report them immediately to a supervisor or member of management, the Chief Compliance Officer or the IntegrityLine.

Fraud and Abuse

We expect our employees to refrain from conduct that may violate federal and state laws governing patient referrals, healthcare financial relationships and participation in federal and state healthcare benefit programs. Fraudulent activity may involve material false statements or representations of facts to obtain payment or other benefit. Abuse may be practices that result in unnecessary increased costs or utilization of medical services/products/payment or other benefit.

There are several options available to you if you need to report a potential violation:

• You can speak with your supervisor. We encourage you first to contact your immediate supervisor, who is in turn responsible for informing the Chief Compliance Officer of any concerns raised.
• You can speak directly with the Chief Compliance Officer. If you prefer not to discuss a concern with your supervisor, you may instead contact the Chief Compliance Officer directly at 337.233.1307.
• You can call our anonymous compliance hotline. You may also call our IntegrityLine at 1.888.703.0301 or report online at LHCgroupintegrity.com. You can use the IntegrityLine to report possible violations or to check on the status of a previously filed report. You can also report to the IntegrityLine if you feel that a report previously made to your supervisor, other management personnel or the Chief Compliance Officer has not been addressed.

The IntegrityLine is administered by an outside vendor and is available 24 hours a day, seven days a week. All calls will be answered by a live person. You have the option to remain anonymous. If you remain anonymous, you will be given a numeric code so that you may call back and ask for follow up and, in the event more information is required, this will be an opportunity for you to provide those details. Once the call or e-mail is completed, a report will be generated and sent to the Chief Compliance Officer to investigate.

If you report a possible violation, regardless of the method that you use to make the report, it is important that you provide as much detail as possible, including names, dates, times, locations and the specific conduct in question. Only with sufficient, specific information can we adequately investigate the reported action.

Your submission of information will be treated in a confidential manner to the extent reasonably possible. Please note, however, that if an investigation by us of the activities you have reported takes place, it may be impossible for us to maintain the confidentiality of the fact of the report or the information reported.
Under the Federal False Claims Act, any individual or entity that knowingly submits a false or fraudulent claim for payment of United States government funds can be held liable for significant penalties and fines. The FCA applies to claims by healthcare organizations to Medicaid, Medicare and other government-sponsored healthcare payers. Potential fines for violating the FCA include a penalty of:

- Up to three times the amount of the payment made on each false claim;
- Additional civil penalties ranging from $10,781 to $21,563 for each false claim; and
- Payment of the cost of the civil action by the entity or individual that submitted the false claims.

If found liable under the FCA, the entity or individual may also be excluded or suspended from participating in all federal healthcare programs. An individual may also be charged with a felony, which carries a $25,000 fine, up to 5 years in prison, or both.

The FCA contains “whistleblower provisions” that allow people with evidence of fraud against the government to sue, on behalf of the United States government, to recover the stolen funds. In some cases, the United States government may join the whistleblower suit. If a whistleblower suit is ultimately successful, the person who initially brought the suit may be granted a percentage of the recovered funds.

The FCA also contains a provision that protects the whistleblower from retaliation by his or her employer. This provision applies to any employee who is discharged, demoted, suspended, threatened, harassed or discriminated against as a result of the employee’s lawful acts in a whistleblower suit. We will afford our employees all protections required by the FCA.

In addition to the Federal FCA, a number of states also have False Claims Acts with similar penalties that work to discourage fraud perpetrated against state governments. The Deficit Reduction Act of 2005 offered states the opportunity to keep 10 percent of any amount recovered through false claims if they enacted their own False Claims Act requirements that were comparable to the federal statute.

**Anti-Kickback Laws**

The Federal Anti-kickback Law prohibits any person or entity from offering, paying, soliciting or receiving anything of value, directly or indirectly, for the referral of patients covered by Medicare, Medicaid and

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**Health care is a complex, highly regulated industry, which continually faces changes in technology, delivery systems, standards of care and treatment protocols, rules and regulations, funding and reimbursement and, finally and most importantly, the service needs of our patients and their families.**

**False Claims Act • Anti-kickback Statute • Stark Law**

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**QUESTION:**

As a newly hired nurse in one of our home health agencies, I noted that some of the patients I visited did not appear to be homebound. Should I report this?

**ANSWER:**

Yes. You should report your observations to your supervisor so that he or she can take actions to ensure these services are not billed until your concerns are resolved.
other federal and state healthcare benefit programs or the leasing, purchasing, ordering or arranging for
or recommending the lease, purchase or order of any item, goods, facility or service covered by these
programs. In other words, an individual or company may not offer or pay a physician or other provider, facility,
payer or vendor either in cash, gifts or free services, to refer patients to them and the physician/provider,
facility, payer or vendor may not request or receive such payment. There are many similar state laws.

An anti-kickback violation is punishable by criminal penalties, which can include the following:
• exclusion from participating in federal healthcare programs;
• criminal penalties of up to $25,000 in fines and/or up to five years in jail; and
• $50,000 civil monetary penalty for each violation.

Stark Law
In general, physicians are prohibited from referring Medicare patients for certain designated health
services to an entity with which the physician or member of the physician’s immediate family has a
financial relationship, unless an exception applies. There are exceptions to the Stark Law that allow
physicians to participate in reasonable business practices such as acting as medical director or leasing
office space to another provider, but certain strict guidelines must be followed to meet these exceptions If
you have any questions about a Stark Law exception or other Stark Law concern, please contact the Chief
Compliance Officer or the general counsel.

A Stark Law violation is punishable by civil monetary penalties, which can include the following:
• referrals and claims that violate the Stark statute are each punishable by a $15,000 civil monetary
penalty;
• any claim paid as the result of an improper referral is an overpayment; and
• circumvention schemes are punishable by a $100,000 civil monetary penalty.

Providing Gifts to Beneficiaries
The Civil Monetary Penalties Law prohibits any person or company from offering or giving items or
services for free to a Medicare or Medicaid beneficiary. Items that are nominal in value are not prohibited
by this statute, however. “Nominal in value” has been interpreted to mean “no more than $15 per item,
or $75 in the aggregate on an annual basis.” Please contact the Chief Compliance Officer if you have
questions about providing gifts or services to a patient or potential patient.

While not all inclusive, the following will serve as a guide to the types of activities that might cause
conflicts of interest:
• Conducting business, not on our behalf, with any LHC Group vendor, supplier, contractor
or agency or any of their directors, officers or employees.
• Representation of us by a director, officer or employee in any transaction in which he or
she, or a family member, has a substantial personal interest.
• Disclosure or use of confidential, special or inside information of ours or about us,
particularly for personal profit or advantage of the director, officer or employee or a family
member of such person.
• Competition with us by a director, officer or employee, directly or indirectly, in the
purchase, sale or ownership of property or services or business investment opportunities.
Workplace Conduct and Employment Practices

Conflict of Interest
All directors, officers and employees owe a duty of undivided and unqualified loyalty to LHC Group and may not use their positions improperly to profit personally or to assist others in profiting at our expense. All directors, officers and employees are expected to regulate their activities so as to avoid conflicts of interest.

Avoid all appearances of unethical practices.

A “conflict of interest” occurs when an individual’s private interest interferes or appears to interfere in any way with our interests as a company. A conflict of interest situation can arise when an employee, officer or director takes actions or has interests that may make it difficult to perform his or her company work objectively and effectively. Conflicts of interest also arise when an employee, officer or director, or a member of his or her family, receives improper personal benefits as a result of his or her position with us.

Owning a business that refers patients to or receives referrals from an LHC Group provider may also be a conflict of interest. Directors, officers and employees shall communicate to the Chief Compliance Officer any material transaction or relationship that reasonably could be expected to give rise to a conflict of interest.

Clinical decisions will be made without regard to compensation or financial risk to our executives, managers, clinical staff or licensed, independent practitioners.

If an employee wishes to engage in a transaction or activity that is, or potentially may be in conflict, the employee must first make a full written disclosure to the Chief Compliance Officer by completing a conflict of interest disclosure form and submitting it to the compliance department for review. The form is located in the policies and procedures manual which can be accessed on the homepage under Corporate Compliance Program>LHC Group Conflict of Interest Disclosure Form. The company will evaluate the written disclosure, make a determination and take actions to ensure that conflict of interest provisions are not violated. Refer to pages 24-25 for the LHC Group Conflict of Interest Disclosure Form.

If a determination is made that a conflict of interest exists, the employee must withdraw from the activity. Failure to disclose and withdraw from conflicts of interest can result in disciplinary action up to and including termination.

Controlled Substances
The health and safety of our patients are our primary concerns. We follow health and safety policies and regulations that apply to our work, which include following procedures for handling and disposing of hazardous materials. Hazardous materials safety policies and regulations can be found through the Policies and Procedures link via the LHC Group Homepage.

Some of our employees routinely have access to prescription drugs, controlled substances and other medical supplies. Many of these substances are governed and monitored by specific regulatory organizations and must be administered by physician order only. Prescription and controlled medications and supplies must be handled properly and only by authorized individuals to minimize risks to us and to patients. If you become aware of inadequate security of drugs or controlled substances or the diversion of drugs from the Company, you must report the incident immediately.
Diversity/Equal Employment opportunity

We actively promote diversity in our workforce at all levels of the company. We are committed to providing an inclusive work environment where everyone is treated with fairness, dignity and respect. We make ourselves accountable to one another for the manner in which we treat one another and for the manner in which people around us are treated. We believe the fair and equitable treatment of employees, patients, customers, suppliers and other persons is critical to fulfilling our visions and goals. It is our policy to conduct our business and to recruit, hire, train, promote, assign, compensate, transfer, layoff, recall and terminate employees without regard to age, race, color, religion, sex (including gender identity, and sexual orientation), family medical history or genetic information, national origin, disability status, protected veteran status, pregnancy, childbirth, or related medical conditions, or any other characteristic protected by law. We are committed to recruit and retain a diverse staff, reflective of the patients and communities we serve.

Employees must report allegations of harassment or discrimination immediately upon their occurrence to their supervisor, a member of management, the human resources department or the Chief Compliance Officer. Reported allegations of harassment or discrimination will be investigated in accordance with applicable laws and human resources policies. Employees are expected to seek advice from the human resources department when confronted with business decisions involving a risk of violation (or even the potential appearance of violation) of these laws.

Harassment and Workplace Violence

Each LHC Group employee has the right to work in an environment free of harassment and disruptive behavior. We prohibit harassment of one employee by another employee or supervisor on the basis of age, race, color, religion, sex (including gender identity, and sexual orientation), family medical history or genetic information, national origin, disability status, protected veteran status, pregnancy, childbirth, or related medical conditions, or any other characteristic protected by law. This policy applies to all persons involved in our operations and prohibits harassment by any employee or contractor of the company, including shareholders, managers and coworkers.

We do not tolerate conduct that disrupts our work environment, including behavior that is disrespectful, hostile, violent, intimidating, threatening or harassing. Harassment can be particularly harmful to the work environment; thus, we have a special responsibility to report any instances that we may see or know about. While it is not easy to comprehensively describe every example of harassment, it certainly would include slurs, epithets, threats, derogatory comments and unwelcome jokes, sexual advances, requests for sexual favors and other verbal or physical conduct such as uninvited touching or sexual-related comments, all of which are unacceptable in our workplace.

Sexual harassment is strictly prohibited. This prohibition includes unwelcome sexual advances or requests for sexual favors in conjunction with employment decisions. Moreover, verbal or physical conduct of a sexual nature that interferes with an individual’s work performance or creates an intimidating, hostile or offensive work environment has no place at LHC Group.
Harassment also includes incidents of workplace violence. Workplace violence includes robbery and other commercial crimes, stalking, violence directed at the employer or employee, terrorism and hate crimes committed by current or former employees.

Employees who observe or experience any form of harassment or violence should report the incident to their supervisor, a member of management, the human resources department or the Chief Compliance Officer or call the LHC Group Integrity Line.

**Health and Safety**

All of our facilities are to comply with all government regulations and rules, company policies and procedures and required facility practices that promote the protection of workplace health and safety. Our policies have been developed to protect our employees from potential workplace hazards. Employees must become familiar with and understand how these policies apply to their specific job responsibilities and seek advice from their supervisor or member of management whenever they have a question or concern. It is important that each employee immediately advise his or her supervisor or member of management of any serious workplace injury or any situation presenting a danger of injury so timely corrective action may be taken to resolve the issue.

**Ineligible Persons**

We do not contract with, employ or bill for services rendered by an individual or entity that is excluded or ineligible to participate in federal healthcare programs; suspended or debarred from federal government contracts; or has not been reinstated in a federal healthcare program after a period of exclusion, suspension, debarment or ineligibility. We routinely search certain federal databases of such excluded and ineligible persons. Our policies address the procedures for timely and thorough review of such lists and appropriate enforcement actions. Additionally, employees, vendors and privileged practitioners at our facilities are required to report to us if they become excluded, debarred or ineligible to participate in federal healthcare programs.

**Insider Information and Securities Trading**

Trade secrets are vital to a company’s success, whether that be information regarding the company or another company with whom we do business. This information must be protected. This information belongs to LHC Group, and employees are obligated to protect and keep it in confidence unless authorized by an officer of the company to share it in specific ways.

If you have any questions about insider information or securities trading, contact the Chief Compliance Officer or legal department.

The purchase or sale of LHC Group securities while aware of material non-public information about us, or the disclosure of material non-public information to others who then trade in our securities, is prohibited by LHC Group and by the federal securities laws. Our board of directors has adopted an insider trading policy that applies to all directors, officers and other employees. All employees, officers and directors should review the insider trading policy carefully and follow the policies and procedures described therein. The failure of a director, officer or other employee to comply with our insider trading policy may subject him or her to company-imposed sanctions, up to and including termination for cause, whether or not the failure to comply results in a violation of law. You should seek the advice of the Chief Compliance Officer or legal department on any questions regarding this subject and our insider trading policy.

**License and Certification Renewals**

Employees, individuals retained as independent contractors and practitioners in positions that require
professional licenses, certifications or other credentials are responsible for maintaining the current status of their credentials and shall comply at all times with federal and state requirements applicable to their respective disciplines. To assure compliance, we may require evidence of a current license or credential status.

Each facility must have appropriate processes and procedures to assure documentation of compliance with each position description requirement. Credentials communicate to our patients and physicians that we are qualified to do our jobs.

_We are committed to maintaining all required credentials, licenses and certifications. We do not allow caregivers with lapsed or revoked credentials to provide care to patients._

**Use of LHC Group Property**

Theft, carelessness and waste have a direct impact on financial well-being. Our property should be used for LHC Group’s legitimate business purposes only and not for the personal interest of an individual employee, officer or director. Employees, officers and directors are prohibited from the unauthorized use or taking of our equipment, supplies, materials or services. It is the responsibility of each of our employees to preserve our company’s assets including time, materials, supplies, equipment and information. As a general rule, the personal use of any LHC Group asset without prior supervisory approval is prohibited. Any community or charitable use of company resources must be approved in advance by one’s supervisor. Any use of company resources for personal financial gain unrelated to the company’s business is prohibited.

**Use of LHC Group Software**

Our employees use software programs for word processing, spreadsheets, data management and many other applications. Software products purchased by us are covered by some form of licensing agreement that describes the terms, conditions and allowed uses. Our property should be used for LHC Group’s legitimate business purposes only and not for the personal interest of an individual employee, officer or director. It is our policy to respect copyright laws and observe the terms and conditions of any license agreements. Copyright laws impose civil and criminal penalties for illegal reproductions and use of licensed software.

**Substance Abuse and Mental Acuity**

To protect the interests of our employees and patients, we are committed to an alcohol and drug-free work environment. Reporting to work under the influence of any illegal drug or alcohol; having an illegal drug in an employee’s system; misusing prescription drugs; or using, possessing or selling illegal drugs while on LHC Group work time or property may result in immediate termination.

It is also recognized that individuals may be taking prescription or over-the-counter drugs that could impair judgment or other skills required in job performance. It is the employee’s responsibility to determine from his or her own physician whether a prescription or over-the-counter drug may impair safe job performance and to notify his or her supervisor immediately of any job restrictions that should be observed as a result.

**Marketing and Advertising**

Consistent with laws and regulations that may govern such activities, we may use marketing and advertising activities to educate the public, provide information to the community, increase awareness of our services and to recruit employees. We strive to present only truthful, fully informative and non-deceptive information in these materials and announcements. While it is permissible to compare and contrast our services and prices, it is against our policies and procedures to intentionally disparage other
persons or businesses based on information that is untrue, or not known to be true, or to intentionally interfere with another business’s contractual and business relationships through wrongful means. This does not prevent fair, non-deceptive competition for business.

**Antitrust and Unfair Competition**

We have strict guidelines on communications with competitors. Generally, employees are not to discuss with competitors non-public competitively sensitive topics. Because the antitrust laws are complex and their application can depend upon the conditions in local markets, it is not practical to adopt written policies to govern all situations. However, employees should consult with the Chief Compliance Officer or general counsel for guidance concerning competitive activities, laws and policies relating to their areas of responsibility in advance of any planned action involving communication with competitors, regulatory agencies or outside attorneys.

We are committed to being fair, honest and accountable. We compete on the basis of our superior offerings, healthcare services and employees. An employee should never compete by using unlawful measures intended to harm another company, force it from a market or prevent it from entering a market. Employees should comply with all antitrust laws and never make agreements with competitors that create monopolies or stifle competition. Employees should not illegally obtain or use proprietary information from competitors, or use deceptive means to gain such information.

**Government Relations and Political Activity**

**Antitrust law is extremely complex and covers a broad range of conduct that may be illegal. In general, antitrust law prohibits making agreements or sharing information with competitors regarding:**

- purchasing costs or terms
- competitive bids or quotes
- credit information
- territorial markets or market shares
- product plans
- costs
- selling/leasing prices or pricing policies
- terms or conditions of sale
- customers or account data
- marketing strategies
- market survey information
- profits or profit margins
Employees, officers and directors shall comply with all laws, rules and regulations governing campaign finance and lobbying activities and shall not engage in any conduct that is intended to avoid the application of such laws to activities undertaken on our behalf. In addition, executive officers shall monitor compliance with lobbyist registration and disclosure requirements by all individuals who act on behalf of us.

As a general policy, LHC Group funds or resources are not contributed directly to individual political campaigns, political parties or other companies that intend to use the funds primarily for political campaign objectives. Company resources include financial and non-financial donations such as using work time and telephones to solicit for a political cause or candidate or the loaning of LHC Group property for use in the political campaign.

We respect your right to participate in political activities on your own behalf or on behalf of any cause or candidate you support, but employees should refrain from engaging in political activities at work. You must not use the LHC Group name, property or other resources in any way to support your personal political activities, and you should exercise discretion in discussing your personal political views with business contacts. Employees are not reimbursed by the company for personal political contributions, and employee compensation will not be increased or adjusted to reflect political contributions made. Nothing of value, including company funds, property and work time shall be contributed, expended or reimbursed to any candidate for any campaign purpose.

**Dealings with Government Agencies**

Do not directly or indirectly promise, offer or make payment in money or anything of value to anyone, including a government official, agent or employee of a government, political party, labor organization or business entity or a candidate of a political party, or their families, with the intent to induce favorable business treatment. It is also inappropriate in certain circumstances to discuss employment possibilities with government employees while doing business with the government. In short, special care must be taken when dealing with government customers. Contact the Chief Compliance Officer or legal department if you have questions concerning compliance with these obligations.

**Gifts and Business Courtesies**

**Our Commitment**

We recognize our obligation to facilitate ethical interactions with physicians and other healthcare professionals to ensure that medical decisions are based on the best interests of the patient. We are firmly committed to doing the right thing with respect to how employees deal with business courtesies and gifts to physicians or other healthcare professionals. Interactions with physicians and other healthcare professionals should be focused on informing them about our services, exchanging valuable clinical information and supporting medical education that may lead to improved patient care. Nothing should be offered or provided in a manner or on conditions that would interfere with the independence of a physician or other healthcare professional’s medical judgment or practices.

All gifts, meals, entertainment and other business courtesies provided or received must be reasonable and modest enough that they do not influence our decisions or the decisions of any other healthcare professionals. We require that none of our employees, contractors or other representatives ever offer, solicit, give or accept anything of value in exchange, as a reward for or with the intent to induce referrals or other business or as a reward for past or potential patient referrals or other business.

*We communicate to vendors, physicians, patients, customers and others that our*
values restrict what we can give and receive because we want our services and business relationships to stand on their own.

We do recognize that certain items might be so small in value that they do not present a risk of influencing our decisions or the decisions of others. Each LHC Group employee needs to be sure that even permitted items do not damage our reputation for integrity under the circumstances. If you are unsure, please contact the Chief Compliance Officer or the IntegrityLine before offering, soliciting, giving or receiving such items.

You may accept or offer modest meals and entertainment from and to other business professionals if they are voluntarily offered, are for a legitimate business purpose, are reasonable and do not compromise (or could appear to compromise) your or their business judgment or your or their ability to make objective and fair business decisions.

It is critical to avoid the appearance of impropriety when giving gifts to individuals who do business or are seeking to do business with LHC Group. We will never use gifts or other incentives to improperly influence relationships or business outcomes. Moreover, gifts, meals and other forms of entertainment, with respect to any particular individual, must always be infrequent. We will, under no circumstances, allow any gifts, meals and other forms of entertainment that might be considered lavish or questionable in taste.

To avoid embarrassment, an effort should be made to ensure that any gift we extend also meets the business conduct standards of the recipient’s organization.

Business Courtesies to Referral Sources

In addition to the above general guidelines, please refer to the LHC Group Business Courtesies and Referral Sources Policy before engaging in any activities or interactions with physicians or other healthcare professionals, when such activities or interactions involve providing or paying for any items of value for the physician or other healthcare professional such as gifts, meals, entertainment and other business courtesies.

Accepting Gifts from Patients

LHC Group’s Ethical Behavior and Conflict of Interest policy is that staff will not accept gifts, tips or other gratuities from the patient or patient’s family. While often times offered for generous reasons, accepting gifts from patients could be viewed as attempts at securing special treatment. If you are unsure, please contact the compliance department before accepting or receiving any such items.

Document Retention and Destruction

The preparation and maintenance of accurate and reliable business records are required by law and are of critical importance to our decision-making processes and to the proper discharge of our financial, legal and reporting obligations. All financial and other business records, including expense accounts, purchase orders, requisitions, bills, payroll, reports to government agencies and other reports, books and records of ours must be prepared with care and honesty. No undisclosed or unrecorded corporate funds shall be established for any purposes, nor should our funds be placed in any personal or non-corporate account. No one, whatever his or her position, is authorized to depart from our policy or to condone a departure by anyone else.

Our system of internal controls and procedures, we believe, provides reasonable assurance that transactions are executed in accordance with management’s authorization, are properly recorded and that financial records and reports are accurate and reliable. This system includes written policies and procedures. All directors, officers and employees are expected to adhere to these procedures.
Our corporate records are important assets. Corporate records include essentially everything you produce as an employee, regardless of its format. A corporate record may be in the form of paper, computer tapes, microfilm, e-mail or voice mail.

We are required by law to maintain certain types of corporate records, usually for a specified period of time. Failure to retain such documents for such minimum periods could subject us to penalties and fines, cause the loss of rights, obstruct justice, place us in contempt of court or place us at a serious disadvantage in litigation. However, storage of voluminous records over time is costly. Therefore, we have established controls to assure retention for required periods and timely destruction of retrievable records such as paper copies and records on computers, electronic systems, microfiche and microfilm.

We expect all employees to become familiar with and fully comply with the records retention/destruction schedule for the departments for which they work. If you believe documents should be retained beyond the applicable retention period, please consult the Chief Compliance Officer or legal department.

Communication Devices/Electronic Media and Security Requirements

All communications systems, including, but not limited to, computers, e-mail, intranet/Internet access, telephones and voice mail, tablets and other hand-held devices, are the property of LHC Group and are to be used primarily for business purposes in accordance with our electronic communications policies and standards, including our social media usage guidelines.

Employees and contract workers using social media sites shall not violate any local, state or federal law or regulation applicable to the LHC Group including, but not limited to, SEC and HIPAA regulations. Communication on social networking sites should never reference confidential or proprietary information about LHC Group’s vendors, employees, contractors, physicians, and joint ventures. In addition, communication on social network sites should not reference patient care or contact information that identifies a patient’s identity or health condition in any way. This policy does not prohibit individuals from disclosing or discussing personal, confidential information with others, so long as you did not come into possession of such information through access that you have as part of your formal company duties. Limited reasonable personal use of LHC Group communications systems is permitted; however, users should not assume these communications are private. The company reserves the right to monitor and/or access communications usage and content consistent with company policies and procedures.

Employees may not use internal communication channels or access to the Internet at work to view, post, store, transmit, download or distribute:

- any threatening materials;
- knowingly, recklessly or maliciously false materials;
- materials that violate company policy and procedures;
- obscene materials;
- or anything constituting or encouraging a criminal offense, giving rise to civil liability, or otherwise violating any laws.

Also, these channels of communication may not be used to send chain letters, personal broadcast messages or copyrighted documents that are not authorized for reproduction.

Employees who abuse our communications systems or use them excessively for non-business purposes may lose these privileges and be subject to disciplinary action up to and including termination. Individuals may only use officially assigned user IDs and passwords and are not permitted to share or disclose any
user ID or password that is used to access LHC Group systems or information. Portable devices and removable media, such as laptop computers, PDAs, USB drives, CDs and external hard drives, must be physically secured at all times. Employees shall never use tools or techniques to break or exploit LHC Group information security measures or those used by other companies or individuals.

We are committed to being respectful and caring by maintaining privacy and keeping important personal information confidential. At the same time, we expect the same from our employees when they are utilizing information technology tools such as e-mail and Internet access. Like the telephone, LHC Group’s Internet and e-mail systems are provided to help you do your job and should be used primarily for business purposes. We do understand that, under certain circumstances, limited, occasional and infrequent use of the LHC Group e-mail and Internet tools for personal purposes is warranted. This would be similar to making personal phone calls. If you spend excessive time using e-mail or the Internet for non-business matters, you may have your access restricted and you could face other disciplinary action up to and including termination.

The use of e-mail, Internet/intranet, instant messaging, telephone and voice-mail systems or other company assets to send or receive business or personal messages, including any attached electronic files/content, are property of LHC Group and, as such, remain subject to review by the company at any time. In addition, in the event the company would become involved in litigation or an investigation, employee e-mails may be turned over to third parties. You should never send e-mail or other electronic communications that you would not write in a printed document. Your work, whether it consists of e-mail, hard copy, paperwork, computer files, products, customer calls or interaction, belongs to LHC Group. All of this work is subject to review, whether it is stored electronically, on paper or in any other format. In addition, business equipment, including computers, desks and file cabinets, belong to LHC Group and is also subject to search or investigation at any time.

Financial Reporting and Records

We have established and maintain a high standard of accuracy and completeness in documenting, maintaining and reporting financial information. This information serves as a basis for managing our business and is important in meeting our obligations to patients, employees, shareholders, suppliers and others. It is also necessary for compliance with tax and financial reporting requirements. All financial information must reflect actual transactions and conform to generally accepted accounting principles. All funds or assets must be properly recorded in the books and records of the company.

No employee should enter into any transaction with the understanding that it is anything other than what is described in the agreement and supporting documentation. The company’s records must be complete and accurate, fully reflecting the company’s activities and transactions, including claim payments, expenses, purchases, accounts receivable and sales. The information derived from these records is provided to the company’s shareholders, as well as governmental agencies; therefore, processes must follow generally accepted accounting principles and all relevant laws and regulations.

It is difficult to delineate every practice that is or is not permissible, but certain general guidelines can be set forth. For example, a payment is prohibited if:

- it is illegal;
- it is inconsistent with the company’s defined values, policies or procedures;
- no record of its disbursement or receipt is entered into the accounting records of the company; and
- it is entered into the accounting records of the company in a manner that is false or misleading.
Leadership Responsibilities

While all LHC Group employees are obligated to follow this code, we expect our leaders to set the example and to be in every respect a model. We expect everyone in the company with supervisory/executive responsibility to exercise that responsibility in a manner that is kind, sensitive, thoughtful, respectful and with the highest level of integrity. We expect each supervisor/executive to create an environment where all team members are encouraged to raise concerns and propose ideas. We also expect that supervisors/executives will ensure those on their team have sufficient information to comply with laws, regulations and policies and procedures, as well as the resources to resolve ethical dilemmas. Supervisors/executives must help to create a culture within our company that promotes the highest standards of integrity, ethics and compliance. This culture must encourage everyone within our company to share concerns when they arise. We must never sacrifice our integrity or our ethical and compliant behavior in the pursuit of business objectives.

Supplemental Standards for Senior Financial Officers

Our board of directors has established certain supplemental ethical standards for our chief executive officer and Chief Financial Officer (collectively, the “senior financial officers”). The senior financial officers must comply with these standards in addition to all of the other standards contained in this code.

We have adopted the following compliance statements as the underlying principles for our compliance and ethics program:

The company will determine whether there is substantial risk that certain types of improper conduct may occur from the nature of LHC Group’s activities and the past history of the company and industry.

The company will establish and maintain compliance standards and procedures to be followed by its employees and contract workers that are reasonably capable of reducing the likelihood of criminal conduct. Specific managers within LHC Group shall be assigned overall responsibility to oversee compliance with the program.

The company will not delegate substantial discretionary authority to any individual it knows, or through the exercise of due diligence should have known, had a propensity to engage in improper conduct or activities.

The company will take reasonable steps to communicate effectively its standards and procedures to all subsidiaries, employees, agents and affiliates. At a minimum, communication of LHC Group’s standards and procedures shall include (a) Code of Conduct and Ethics to be distributed to all employees, and (b) Education and awareness programs for employees that are designed to promote ethical conduct and prevent conduct that may be regarded as improper and/or illegal.

The company will take reasonable steps to achieve compliance with its standards, including the establishment of monitoring and auditing systems reasonably designed to detect unlawful conduct by employees, agents and affiliates and establishing, monitoring and publicizing a reporting system whereby employees, agents and affiliates can report abuse by others within the company without fear of retribution. LHC Group retains independent financial auditors to detect potentially fraudulent financial practices and to oversee the adequacy of procedures and controls that are intended to prevent fraudulent financial practices. LHC Group also conducts periodic audits of its facilities and the activities of its agents as part of a continuing program to assure that the activities comply with all applicable laws and regulations, as well as with LHC Group’s policies.

The company will consistently enforce its standards through appropriate disciplinary mechanisms, including, as appropriate, discipline of a violator’s manager or supervisor to the extent that the circumstances of the violation reflect inadequate leadership or a lack of diligence or where reasonable diligence would have led to the discovery of such violation and permitted an earlier correction of the violation.

If a violation is detected, LHC Group will take all reasonable steps to respond appropriately and to prevent similar offenses. The Chief Compliance Officer and/or legal department will promptly investigate, or cause to be investigated, the alleged violation. If the investigation results in a conclusion that the violation occurred but is no longer continuing, all reasonable efforts must be made to prevent any reoccurrence.

These compliance statements are intended to establish a procedural framework; they are not intended to set forth in full the substantive compliance and ethics program and practices of LHC Group and its subsidiaries. These statements have been consciously adopted by LHC Group as additional measures to enhance its compliance efforts and will be updated as needed.
Please complete this form ONLY if you feel as though you have a conflict.

It is the policy of LHC Group (the “Company”) that all employees shall refrain from engaging in either potential or actual conflicts of interest with the Company. A “conflict of interest” occurs when an employee’s private interest interferes or may appear to interfere in any way with the interests of the Company.

Do you currently hold, either directly or indirectly, a position or a material financial interest in any outside entity from which the Company obtains goods or services or that provides services that compete with those of the Company? (Ownership interests in any entity that is five percent (5%) or greater must be disclosed to the Company.) Yes ______ No ______

If you answered “Yes” to the question, please provide details to include name and explain.

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Have you or are you currently providing direct, managerial or consultative services to any outside entity that does business with, or is a competitor with, the Company? Yes ______ No ______

If you answered “Yes” to the question, please provide details to include Name of Service and explain.

________________________________________________________________________________________________________________________

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Do you currently or do you plan to participate in any activity, whether for personal profit or incident to industry, civic or charitable organization involvement, which is likely to involve the use of your time during normal business hours? Yes _____ No _____

If you answered “Yes” to this question, please provide details.

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Further, in accordance with the Code of Conduct and Conflict of Interest policy (the “Policy”).

My signature below is evidence that I have read and am acting in accordance with the Company’s Code of Conduct (the “Code”) and I understand that I have a continuing obligation to report potential and/or actual conflicts of interest to the Chief Compliance Officer of the Company.

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Are there any issues you wish to report concerning a situation that may compromise, or appear to compromise, your ability or another employee’s ability to act in the best interest of the Company or which relates to the Company’s Code of Conduct or Conflict or Interest Policy?  
Yes _____ No _____

If you answered “Yes” to this question, please provide details.
________________________________________________________________________________________________________________________
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I understand that I have a continuing obligation to report potential and/or actual conflicts of interest to the Chief Compliance Officer of the Company. My signature below is evidence that I have read and am acting in accordance with the Company’s Code of Conduct (the “Code”) and Conflict of Interest policy (the “Policy”).

Further, in accordance with the Code and the Policy, I am disclosing any personal or business relationships that I currently have in markets in which the Company operates that may conflict with those of the Company. These relationships, if any, are reported below:
________________________________________________________________________________________________________________________
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________________________________________________________________________________________________________________________

Signature ___________________________ Date ________________

Printed Name ___________________________

Please submit this completed form to the Company’s Chief Compliance Officer.

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If you have any questions about this Code of Conduct and Ethics, please reach out to your manager or contact one of the following:

**JoAnne Little**  
Chief Compliance Officer  
337.769.0078  
joanne.little@LHCgroup.com

**Marcus Macip**  
Chief Administrative Officer, Human Resources  
337.769.0716  
marcus.macip@LHCgroup.com

**Josh Proffitt**  
Chief Financial Officer  
337.706.3575  
josh.proffitt@LHCgroup.com

IntegrityLine 1.888.703.0301  
LHCgroupintegrity.com
PURPOSE:

To establish and document compliance with:
- HIPAA Privacy and Security Rule requirements in regards to required workforce member sanctions, retaliation prohibitions, and whistleblower protection standards; and,
- Applicable Sarbanes-Oxley Information Technology control standards.

POLICY:

LHC Group and its entities will:
- Provide required training to ensure all members of our workforce are knowledgeable about our privacy and security policies and procedures;
- Consistently apply appropriate sanctions uniformly across all workforce members who commit violations;
- Apply sanctions which include verbal warning, written warning, suspension, or termination of employment or business relationship;
- Shall assure no member of our workforce is permitted to intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual for:
  - The exercise by that individual’s right under federal and state privacy regulations;
  - Filing complaints (including providing minimally necessary protected LHC Group information);
  - Testifying, assisting, participating in an investigation, compliance review, proceeding, or hearing; or
  - Otherwise reasonably opposing in good faith any act or practice made unlawful by HIPAA privacy and security regulations.

DEFINITIONS:

Workforce Member: For the purposes of this policy, “workforce member” means employees, contract workers, volunteers, trainees, and other persons whose conduct, in the performance of work for the facility, is under the direct control of the facility, whether or not they are paid by the facility.

Negligent Violations - accidental/inadvertent and/or due to lack of proper education or an unacceptable number of previous violations

Intentional Violations – purposeful or deliberate violation of privacy or information security policies or an unacceptable number of previous violations.
PROCEDURE:

This section describes methods for determining the response to a privacy and/or information security violation. The procedure includes examples of violations, information to be considered and a range of appropriate sanctions. Sanctions will vary based on the nature and severity of the violation and the type of violation. The Human Resource Department should be consulted as needed, and will always be involved in possible workforce member terminations.

When a workforce member is reported for committing a privacy or security violation, an immediate investigation will be conducted by the Director of Privacy, in conjunction with the appropriate members of management or other designees, to determine the nature and severity of the violation.

During the entire investigation for each case, all managers involved shall assure strict adherence to our policies regarding retaliation prohibitions and whistleblower protections.

Appropriate sanctions will be determined based on the nature of the violation, its severity and whether it was negligent (accidental/inadvertent) or intentional. For systems security violations, the Director of Privacy and/or the Information Security Manager may temporarily or permanently change or revoke system privileges based on the violation severity and intention, with or without warning.

When determining the nature of the violation, questions to consider are:

- What is the severity of the privacy/security incident?
  - What type of information was inappropriately accessed, used, or disclosed (e.g., was the protected health information (PHI) considered sensitive)?
  - How many patients were affected?
  - To what degree was a patient harmed?
  - To what degree was the confidentiality, integrity, and/or availability of systems or data impacted?
  - To what degree did the action place the computer systems or network at risk?
- Was the inappropriate action negligent (accidental/inadvertent) or intentional?
- Did the inappropriate action cause harm or is it likely to cause harm to a patient or others?
- To what degree were details of the situation verified through audit trails, interviews, or other facts?

In addition to the nature of the violation itself, answers to the following questions may affect the severity of disciplinary action:

- How long has the workforce member been employed?
- What is the workforce members’ past work record?
Any actions that indicate a workforce member’s lack of focus on and commitment to basic privacy and security principles could result in termination, regardless of all other aspects of the workforce member’s past performance and/or work history. In addition, referrals to law enforcement may be made for incidents of stealing information from company systems to commit identity theft, and to investigate incidents involving accessing inappropriate material on the Company network, depending on the nature of the material accessed.

The sanctions taken against workforce members may vary with the specific circumstances related to the violation. For negligent (accidental or inadvertent) violations, sanctions may include re-training and counseling, a written warning, an action plan, suspension or termination from the workforce, depending on the circumstances. For intentional violations, sanctions may include a written warning, an action plan, suspension or termination from the workforce, depending on the circumstances.

Any sanctions applied will be documented and retained in the workforce member’s file for a period of ten (10) years.

Examples of privacy and security violations:

- Inappropriate access, use, disclosure, or disposal of sensitive information
- Sending sensitive information via mail, email or fax to a non-authorized individual or the wrong provider
- Improper protection of sensitive information
- Failure to properly sign-off a workstation
- Failure to properly safeguard username and passwords and/or sharing passwords
- Opening an attachment in an unexpected email from an unknown third party resulting in the computer becoming infected with a virus
- Accessing one’s own PHI in any system
- Leaving detailed sensitive information on an answering machine
- Not properly verifying individuals by phone, in person or in writing
- Failure to properly handle a request for confidential communications
- Misusing the Company network to view inappropriate material
- Intentionally bypassing Company network security controls for unauthorized reasons
- Posting sensitive information on the internet
- Photographing a patient within the facility for personal use
- Sale of sensitive information to any source
- Stealing sensitive information to commit identity theft
- Texting patient health information.
- Disabling information security tools, bypassing security measures, and misusing tools that can compromise information security systems (e.g., deliberately compromising electronic information security measures)