

Florida Health Choices, Inc.

45.01 Code of Ethics

Responsible

Personnel

Board and Ex-Officio Members, Chief Executive Officer (CEO) and Staff

Policy Statement

All Board Members and Ex-Officio Board Members (collectively referred to as “Members”) and employees shall disclose any relationships, financial or otherwise, with any contractor, vendor or entity that conducts business with Florida Health Choices, Inc. Additionally, Members and employees shall not accept any gifts, including but not limited to, any meal, service or item of value even de minimus from those named above that currently conduct or seek to conduct business with the Corporation in the future. State-required financial disclosure satisfies this requirement when submitted in lieu of the Full and Public Disclosure of Financial Interests form.

Definitions

1. A “Conflict” or “Conflict of Interest” means a situation in which regard for a private interest tends to lead to disregard of a public duty or interest.
2. A “Gift” means that which is accepted by a donee or by another on the donee’s behalf, or that which is paid or given to another for or on behalf of a donee, directly, indirectly, or in trust for the donee’s benefit or by any other means, for which equal or greater consideration is not given within ninety (90) days, including
 - a. Real property
 - b. The use of real property
 - c. Tangible or intangible personal property
 - d. The use of tangible or intangible personal property
 - e. A preferential rate or terms on a debt, loan, goods, or services which rate is below the customary rate and is not either a government rate available to all other Members, the Chief Executive office or staff, or a rate which is available to similarly situated members of the public by virtue of occupation, affiliation, age, religion, sex or national origin.
 - f. Forgiveness of indebtedness
 - g. Transportation, other than that provided to a public official or employee by an agency in relation to officially approved governmental business, lodging, or parking
 - h. Food or beverage.
 - i. Membership dues
 - j. Plants, flowers, or floral arrangements
 - k. Service provided by persons pursuant to a professional license or certification
 - l. Other personal services for which a fee is normally charged by the person providing the service
 - m. Any other similar service or thing having an attributable value not already provided for in this section.

Effective Date: January 22, 2013

Florida Health Choices, Inc.

Procedures

For Members and Staff:

1. Upon adoption of this policy and annually thereafter, current Members and employees shall be required to sign a *Attestation Regarding Standards of Conduct and Disclosure of Financial Interests* indicating any relationships, financial or otherwise, with any contractor, vendor or entity that currently conducts, has sought or has indicated an intent to conduct business with the Corporation in the future.
2. New Members and staff shall execute the *Attestation Regarding Standards of Conduct and Disclosure of Financial Interests* upon their appointment or hiring.
3. It is each individual's responsibility to ensure that any required updates to their *Attestation Regarding Standards of Conduct and Disclosure of Financial Interests* are provided on a timely basis. Refusal to sign an updated *Statement or Disclosure* is reportable to the Member's appointing official or, in the case of employees, to the CEO.
4. Members and employees are prohibited from accepting any individual gifts, including but not limited to, any meal, service or item of value even de minimus from any contractor, vendor or entity that is currently providing services to the Corporation or that the Member or Staff could reasonably know or expect may seek to provide goods or services in the future. Gifts exchanged between relatives, family members, Members or employees to whom this prohibition would otherwise apply are not included in this exclusion.

For Members:

Members who have identified any conflicts of interests shall recuse themselves from any vote at any board meeting, committee or subcommittee meeting where the Member's vote or action on behalf of another would constitute a conflict of interest. The Member's recusal shall be noted in the minutes of the meeting in which the recusal occurred.

For Staff:

1. Any employee who has identified any conflicts of interests may be re-assigned, temporarily or permanently, from any job function, responsibility, project or process where the employee's impartiality cannot be assured or where the employee's relationship or influence would create the appearance of a conflict of interest. Any such re-assignment shall be at the discretion of the CEO.
2. Any employee found to violate any of these standards shall be subject to discipline, up to and including dismissal, at the discretion of the CEO.

Florida Health Choices, Inc.

STATEMENT OF STANDARDS OF CONDUCT

No Board Member, Ex-Officio Board Member (“Member”) or Employee acting in his or her official capacity shall either directly or indirectly purchase, rent, or lease any realty, goods, or services for the Corporation from any business entity in which the Member, Employee or the Member’s or Employee’s spouse or child has a material interest or is an officer, partner, director, or proprietor. Nor shall a Member or Staff, acting in a private capacity, rent, lease, or sell, any realty, goods, or services to the Corporation.

No Member or Employee shall corruptly use or attempt to use his or her official position or any property or resource which may be within his or her trust, or perform his or her official duties, to secure a special privilege, benefit or exemption for himself, herself or others.

All Members and Employees shall fully disclose any potential conflicts of interest upon their appointment or hiring and annually thereafter utilizing a form approved by the Board of Directors. The disclosure shall be written and include the names of all organizations, entities or individuals, the nature and length of that relationship that may be considered a conflict of interest.

The Member or Employee shall recuse himself or herself from any action for which the Member’s or Employee’s vote or influence may provide a benefit to the named organization, entity or individual. The Member or Employee shall announce his or her recusal prior to any action or vote and such recusal shall be included in the official Minutes of that meeting or in the Employee’s personnel file.

It is each individual’s responsibility to adequately disclose any relationship that could result in a conflict of interest in a timely manner and to maintain an accurate record of any such relationships.

The Member’s annual disclosure statement shall be included in their member file. The Employee’s annual disclosure statement shall be included in the Employee’s personnel file.

Florida Health Choices, Inc.

ATTESTATION REGARDING STANDARDS OF CONDUCT AND DISCLOSURE FORM

I, _____, acknowledge receipt of the Corporation's Code of Ethics and affirm that I have read and understood the provisions contained therein.

I agree to disclose any and all personal and business relationships that may create a conflict of interest or may provide the appearance of a conflict of interest.

If further relationships arise that may also relate, directly or indirectly, to the Corporation, I agree to amend this Disclosure Form as soon as possible but on at least an annual basis.

By my signature below, I certify that I will abide by the Corporation's Standards of Conduct policy and will notify the Corporation immediately of any changes as required under the policy

The following are relationships that may create a conflict of interest that I am hereby disclosing:

Type of Relationship	Name of Organization or Individual	Status of Organization	Term of Relationship

Member/Staff Name:

Date Signed

Effective Date: January 22, 2013

Florida Health Choices, Inc.

FLORIDA HEALTH CHOICES, INC. FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

LAST NAME --- FIRST NAME --- MIDDLE NAME			
MAILING ADDRESS:			
CITY:	STATE:	ZIP:	COUNTY:
NAME OF OFFICE OR POSITION HELD:			

PART A – ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$5,000. This category includes any of the following, if not held for investment purposes: jewelry, collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

ASSETS INDIVIDUALLY VALUED AT OVER \$5,000.00.

DESCRIPTION OF ASSET

IF ANY OF PARTS A THROUGH D ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

PART B – LIABILITIES

LIABILITIES IN EXCESS OF \$5,000:

NAME AND ADDRESS OF CREDITOR

Florida Health Choices, Inc.

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR

PART C – INCOME

You file a sworn statement identifying each separate source and amount of income, which exceeds \$5,000.00, including secondary sources of income, by completing the remainder of Part C, below.

PRIMARY SOURCES OF INCOME:
NAME OF SOURCE OF INCOME
EXCEEDING \$5,000

ADDRESS OF SOURCE OF INCOME

SECONDARY SOURCES OF INCOME (Major customers, clients, etc., of businesses owned by reporting person).

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
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PART D – INTERESTS IN SPECIFIED BUSINESSES

BUSINESS ENTITY #1

NAME AND ADDRESS OF BUSINESS ENTITY
PRINCIPAL BUSINESS ACTIVITY
POSITION HELD WITH ENTITY
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS

YES NO

OATH: I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete

Signature of Reporting Official or Candidate

Effective Date: January 22, 2013