

The Providence Service Corporation
Corporate Policies and Procedures

CORPORATE ETHICS PROGRAM

Procedures and Standards of Conduct

October 4, 2004

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I. INTRODUCTION

A. Purpose of the Corporate Ethics Program

The Providence Service Corporation, ("PSC") provides government sponsored social services directly or through social service organizations we manage ("Managed Entities"). The recipients of our services are individuals and families who are eligible for government assistance pursuant to Federal mandate. The governmental entities that pay for these services include welfare, child welfare and justice departments, public schools and State Medicaid programs. Our counselors, social workers and mental health professionals provide our services primarily in clients' homes and communities instead of institutions. This Corporate Ethics Program (CEP) applies to and is mandatory for all officers, directors, employees, consultants, and agents of PSC, its subsidiaries, as well as the employees and independent contractors (collectively "employees"). As set forth in Section I.C., this CEP may be adopted by a Managed Entity. It is designed to supplement PSC's Code of Conduct and Ethics and Whistle-Blowers Policy which can be accessed on PSC's website at www.provcorp.com.

Due to the nature of its business, PSC, acting through its employees, is obliged to comply with numerous Federal, State and local laws and regulations. PSC is dedicated to fully complying with all applicable civil and criminal laws and regulations and to otherwise conducting its business affairs in the most professional and ethical manner. To these ends, PSC requires legal and ethical conduct from all employees.

The purposes of the CEP are to:

- Set forth acceptable standards of legal and ethical conduct ("Standards of Conduct") to be observed by all employees;

- Create a Corporate Ethics Program which can effectively encourage and monitor acceptable conduct by employees and remedy action undertaken by individuals engaging in, or who have engaged in unacceptable actions and practices;
- Formulate effective controls to assure compliance with Federal and State statutes, rules and regulations, and Federal, State and private payer health care program requirements and internal guidelines;
- Concretely demonstrate to employees and the community at large a strong commitment to honest and responsible provider and corporate conduct;
- Identify and prevent illegal or unethical conduct;
- Improve internal communication;
- More quickly and accurately respond to employees' operational compliance concerns and dedicate resources to address those concerns;
- Improve the quality, efficiency, and consistency of client care;
- Create a centralized source for distributing information on statutes, regulations, and other program directives regarding fraud, waste and abuse, and related issues;
- Formulate a methodology that encourages employees to address potential problems;
- Develop procedures that allow the prompt, thorough investigation of alleged misconduct by corporate officers, managers, employees, independent contractors, consultants, volunteers, physicians, nurses and other health care professionals;
- Initiate immediate, appropriate, and decisive corrective action;
- Develop Procedures for the receipt, retention and treatment regarding accounting, internal controls or auditing matters including procedures for the confidential, anonymous submission of concerns about questionable accounting or auditing matters; and
- Minimize, through early detection and reporting, loss to the Government from false claims, and thereby reduce exposure to

civil damages and penalties, criminal sanctions and administrative remedies, such as program exclusion.

B. Overview of the Corporate Ethics Program

The CEP is designed to establish a culture that promotes prevention, detection, and resolution of instances of conduct that do not conform to Federal and State law, and/or payer program requirements, as well as business policies and otherwise promote an organizational culture that encourages a commitment to compliance with the law. The CEP is also designed to guide the board of directors, chief executive officer (CEO), managers, physicians, clinicians, billing personnel, and other employees in the efficient management and operation of business, and for ethical conduct and best practice to become part of the fabric of routine operations.

The CEP establishes the position of Ethics Officer (EO) as the primary figure responsible for ensuring that employees comply with applicable laws, rules, regulations and policies. The EO will not only investigate reports of noncompliance but shall, through designees, also conduct periodic audits to assess the effectiveness of the CEP. The CEP also establishes a Corporate Ethics Committee to advise the EO and to assist in the implementation of the CEP.

The CEP outlines specific controls to fulfill its goals and establishes standards to be followed and conduct to be avoided by employees in carrying out their functions. The CEP is not intended, nor could it, cover every situation that could be encountered. When the best course of action is unclear, guidance should be sought from superiors or the EO.

C. Adoption of CEP by Managed Entities.

This CEP may be adopted by the Board of Directors of any entity managed by PSC (“Managed Entity”) in which case the CEP shall apply to all officers, directors, employees, consultants and agents of the Managed Entity whose Board of Directors elected to adopt the CEP (“Managed Entity Employees”) and all references to “employees” herein shall be applicable to Managed Entity Employees as well.

II. ETHICS PROCEDURES

A. Ethics Officer

In order to ensure the maintenance of appropriate standards of behavior and the effective investigation of any lapses from these standards, the CEP designates an Ethics Officer (EO). With advice from the CEO, the Board of Directors appoints the EO, who has overall responsibility to oversee compliance by employees with the Standards of Conduct set forth in the CEP. The EO reports directly to the CEO and General Counsel and has direct access to the Board as appropriate. The EO shall maintain all records generated pursuant to the CEP in a secure and confidential manner in the Ethics (CE) files. Except for training records, these files shall reside with the EO and shall not be part of personnel files.

The EO is responsible for investigating all complaints of suspected noncompliance or misconduct relevant to the requirements of the CEP and is authorized to utilize any employees, outside Ethics specialists, and outside counsel to assist in such investigations, as appropriate.

The EO's primary responsibilities include:

- overseeing and monitoring the implementation of the CEP;
- reporting on a regular basis to the board of directors, CEO and General Counsel on the progress of implementation, and assisting these components in establishing methods to improve efficiency and

quality of services, and to reduce vulnerability to fraud, abuse and waste;

- periodically revising the CEP in light of changes in the organization's needs, and in the law and policies and procedures of Government and payer plans;
- reviewing employees' certifications that they have received, read and understand the standards of conduct;
- assisting in the development and coordination of a multifaceted educational and training program that focuses on the elements of the CEP, and seeking to ensure that all relevant employees and management are knowledgeable of, and comply with, pertinent Federal and State standards;
- coordinating personnel issues with the Human Resources function to ensure that: (i) the National Practitioner Data Bank has been checked with respect to all medical staff and independent contractors (as appropriate) and (ii) the List of Excluded Individuals/Entities has been checked with respect to all employees, medical staff and independent contractors (as appropriate);
- independently investigating and acting on matters related to ethics, including the flexibility to design and coordinate internal investigations (e.g., responding to reports of problems or suspected violations) with all departments, subcontracted providers and health care professionals under PSC's control, and any other agents if appropriate;
- Coordinating any resulting corrective action (e.g., making necessary improvements to policies and practices, taking appropriate disciplinary action, etc.) with appropriate executive leaders;
- continuing the momentum of the CEP and the accomplishment of its objectives long after the initial years of implementation; and
- reporting to the Audit Committee of the Board of Directors any complaints regarding accounting, internal controls or auditing matters.

The EO has the authority to review all documents and other information that are relevant to ethics and compliance activities, including, but not limited to, client records, billing records, and records concerning the marketing efforts and arrangements with other parties, including

employees, physicians, professionals on staff, relevant independent contractors, suppliers, agents, and supplemental staffing entities.

B. Corporate Ethics Committee

A Corporate Ethics Committee has been created to advise the EO and to assist in the implementation of the CEP. The Board of Directors appoints the members of the Ethics Committee with advice from the CEO, General Counsel and the EO. The primary purposes of the Corporate Ethics Committee are to:

- analyze PSC's environment, the legal requirements with which it must comply, and specific risk areas;
- assess existing policies and procedures that address these areas for possible incorporation into the CEP;
- work with appropriate PSC departments to develop standards of conduct and policies and procedures to promote compliance with the CEP;
- recommend and monitor, in conjunction with the relevant departments, the development of internal systems and controls to carry out standards, policies and procedures as part of its daily operations;
- determine the appropriate strategy/approach to promote compliance with the CEP and detect any potential violations;
- develop a system to solicit, evaluate and respond to complaints and problems.

The Corporate Ethics Committee may also address other functions as Ethics becomes part of the fabric of routine operations.

C. Conduct of Investigations

1. Protection of Employees

Suspected noncompliance or misconduct shall be reported by any employee to their supervisor or the EO. Suspected non-compliance and misconduct will be investigated by the EO and/or such persons as the EO shall designate. Each employee is

encouraged to report any violation or apparent or suspected violation of any law, any regulation, or the CEP (or the Presentation summarizing the CEP) to the EO. Prompt reporting of all violations is strongly encouraged. No employee will suffer indignity or retaliation as a result of a report, which he or she makes in good faith.

Employees may report misconduct anonymously. Where misconduct is not reported anonymously, the EO will strive to preserve the confidentiality of the identity of the employee making the report. However, there may be a point at which the employee's identity may become known or may have to be revealed. The EO will monitor and ensure that an employee who in good faith reports misconduct and whose identity is known or revealed does not suffer any indignities or retaliation as a result of making such report.

2. Investigation Procedures

A thorough investigation will be conducted before any final disciplinary action is taken. Prior to the institution of any investigation, the initiating complaint should, if at all possible, be reduced to writing so that it constitutes part of the record of the investigation.

The EO or his/her designees will prepare a written report summarizing the findings of each investigation, regardless of whether disciplinary action is ultimately taken. The report shall include a record of any response made by the investigated parties with regard to the allegations of misconduct.

Investigation reports will be maintained in the CE file by the EO in a secure and confidential manner. The Chief Executive Officer and General Counsel shall receive copies of all investigation reports.

The Chief Executive Officer and General Counsel shall also have access to CE files except in those circumstances in which the conduct of the Chief Executive Officer or General Counsel is the subject of investigation. CE files will be disclosed only to authorized upper management, counsel, and others as deemed appropriate by the Chief Executive Officer, General Counsel or the Board of Directors. All complaints regarding alleged accounting, internal controls or auditing matters shall be brought to the attention of the Audit Committee of the Board of Directors.

If the EO finds, after appropriate investigation and consultation with appropriate supervisory personnel, that the person acted inappropriately and materially violated the Standards of Conduct described in the CEP, the EO will seek the recommendation of such supervisory personnel regarding possible disciplinary action and after considering such recommendation shall recommend to the Chief Executive Officer, General Counsel or the designated member of Board of Directors , as appropriate, disciplinary action. The Chief Executive Officer, General Counsel or the Board of Directors, as appropriate, will make the final decision on the nature and extent of the disciplinary action consistent with Section II.E. of the CEP.

In the event the report of misconduct concerns the Chief Executive Officer, the EO shall make such reports and recommendations directly to a designated member of the Board of Directors. Absent extraordinary circumstances, the Chief Executive Officer will be informed of the substance of the allegations of such inappropriate conduct.

Employees shall report to the Chief Executive Officer, General Counsel or to a designated member of the Board of Directors any allegations or information concerning possible wrongdoing or misconduct by the EO. In the event that the Chief Executive Officer, General Counsel or Board of Directors receives a credible report involving the conduct of the EO with respect to the Standards of Conduct described in the CEP, the Chief Executive Officer or General Counsel shall take such steps as may be appropriate to appoint persons who are not employees, to conduct an independent investigation of those allegations. The Chief Executive Officer and General Counsel shall also advise the Board of Directors as appropriate. Those persons so selected shall conduct an appropriate investigation, using whatever resources are necessary and shall file a written report with the Chief Executive Officer or General Counsel, identifying the facts and conclusions reached. The Chief Executive Officer will make the final decision on the appropriate disciplinary action consistent with Section II.E. of the CEP, if any, and may consult with the Board of Directors designee, outside consultants, and outside counsel in reaching such decision.

D. Conduct of Audits and Monitoring

Ethics audits may be performed in conjunction with or as part of other audits of utilization review, utilization management functions and quality assurance to assess the effectiveness of the CEP, particularly with regard to compliance with specific rules and policies that have been the focus of particular attention on the part of governing Federal, State or local governments or agencies having jurisdiction over PSC's business, and law enforcement, as evidenced by Special Fraud Alerts, audits and evaluations of the Office of Inspector General of the Department of Health and Human Services (OIG), the Securities and Exchange Commission

and other law enforcement initiatives. An audit may include, but is not limited to: (1) interviewing employees to monitor compliance and to investigate any reports of misconduct in various departments; (2) reviewing CE files; (3) examining disbursement records, expense reports, or other records; (4) reviewing agreements and any promotion and advertising programs; (5) and reviewing documentation supporting charges made for services. A key concern in conducting an audit will be to determine whether reports of misconduct are being properly made, investigated, and resolved with proper documentation. Audit reports will be maintained in the CE files. Where necessary in order to ensure the independence of the auditor or where special expertise is required, audits may be performed by outside consultants. In the event that a periodic audit includes reports of alleged misconduct by the Chief Executive Officer, that particular audit report will be submitted to a designated member of the Board of Directors. Employees are required to cooperate fully with any internal or external investigation or audit and are expected to maintain the confidentiality of the proceeding and any related documentation unless specifically authorized by the EO to disclose such information.

E. Enforcement of Standards of Conduct

PSC will take all reasonable steps to ensure that the Standards of Conduct are consistently enforced through, as appropriate, the discipline of individuals who materially violate those Standards. Material violations include without limitation, for persons in supervisory positions, the negligent failure to prevent or detect an obvious, material violation. The failure of any employee with knowledge of any obvious, material violation to report the violation is itself a material violation.

Failure to comply with the Standards of Conduct described in the CEP may result in suspension or loss of delegated authority, termination,

and/or reimbursement to PSC for any losses or damages resulting from the misconduct.

In deciding whether any disciplinary action is necessary and what disciplinary action should be taken, the EO, appropriate supervisory personnel who have been consulted, the Chief Executive Officer, General Counsel and the Board of Directors, as appropriate, will consider the following:

1. The gravity of the violation;
2. Whether the violation was negligent, knowing or willful;
3. What, if any, action against the violating person is sufficient to deter future similar conduct.

The form of discipline that is appropriate, however, will be decided on a case-by-case basis. As with all matters involving disciplinary action, principles of fairness will apply. Any person charged with misconduct will be afforded an opportunity to explain his or her conduct and any mitigating information before any corrective action is taken.

It is the policy of PSC that no employee shall be disciplined solely on the basis that he or she reported what was reasonably believed to be an act of wrongdoing or a violation of the CEP. However, an employee will be subject to disciplinary action if PSC reasonably concludes that the report of wrongdoing was knowingly fabricated by the employee or was knowingly distorted, exaggerated, or minimized to either injure someone else or to protect himself/herself or others.

In determining what, if any, disciplinary action may be taken against an employee, PSC will take into account an employee's own admissions of wrongdoing; provided, however, that the reporting employee's conduct was not previously known to PSC or its discovery was not imminent, and that the admission was complete and truthful. An employee whose report

of misconduct contains admissions of personal wrongdoing will not, however, be guaranteed protection from disciplinary action. The weight to be given the self-confession will depend on all of the facts known to PSC at the time it makes its disciplinary decisions and the severity of culpability.

1. New Employee Policy

PSC's employment application specifically requires all candidates for employment to disclose any conviction of a criminal offense. For all new employees, PSC may conduct a reasonable and prudent background investigation, according to applicable law, which investigation will include, without limitation, a reference check and check of lists maintained by Federal and/or State agencies of individuals debarred, excluded or otherwise ineligible for participation in Federal and/or State human service or health care programs and state and federal criminal records inclusive of but not limited to child abuse, neglect and sex offender registries. PSC will document such background investigations in the new employees' files.

2. New Vendors and Contractors Policy

PSC will not knowingly contract with or retain on its behalf any person or entity which has been (a) convicted of a criminal offense related to the delivery of health care under a Federal health care program (unless such person or entity has implemented a compliance program as part of an agreement with the Federal government); or (b) listed by the OIG as debarred, excluded or otherwise ineligible for participation in Federal health care programs.

F. Program Evaluation If Misconduct Occurs

After a material breach of the Standards of Conduct has been established, all reasonable steps will be taken to respond appropriately to the misconduct and to prevent further acts of misconduct, including any necessary modifications to the CEP. Such steps may include an immediate referral to criminal and/or civil law enforcement authorities, a corrective action plan, or the submission of any overpayments, if applicable.

Further, if credible evidence of misconduct is discovered and, after reasonable inquiry, there is reason to believe that the misconduct may violate criminal, civil or administrative law, the existence of misconduct will be reported to the appropriate governmental authority within a reasonable period, but not more than 60 days after determining that there is credible evidence of a violation. If the internal investigation reveals that criminal or civil violations have occurred, the appropriate State or Federal officials will be promptly notified.

The EO also will notify the Chief Executive Officer, General Counsel or, if appropriate, a designated member or subcommittee of the Board of Directors, of the nature of the misconduct. The Chief Executive Officer, General Counsel or the Board of Directors may then authorize any appropriate preventative action and revisions to the CEP.

Periodically, or following an instance of misconduct, the EO will review and analyze the CEP to determine whether any revisions should be made. Such review and analysis should also consider any effects on the program due to changes in existing law, industry practices, or governmental interpretation of compliance standards.

III. PREVENTATIVE MEASURES

A. Communication of Standards of Conduct and Ethics Policies and Procedures to Personnel.

In order to communicate effectively applicable standards of conduct and Ethics policies and procedures to personnel, the following steps will be taken:

1. Corporate Ethics Presentation

In order to inform employees of the material terms of the CEP in the most meaningful fashion, a Corporate Ethics Presentation (“Presentation”) and evaluation which summarizes the material provisions of the CEP shall be prepared. The Corporate Ethics Presentation and evaluation will be reviewed by each new employee as part of orientation and by each employee at least annually. If there is any conflict between the terms of the CEP and the Corporate Ethics Presentation, the terms of the CEP shall prevail.

2. Review of Corporate Ethics Presentation by Current Employees

Upon adoption of the CEP by the Board of Directors and development of the Corporate Ethics Presentation, each employee will review the Presentation.

3. Annual Compliance Statement.

Each employee after reviewing the Presentation will execute a form entitled “Annual Compliance Statement.” The Statement is Attachment A to the CEP. Each employee’s supervisor will also sign and date the form. Copies of Annual Compliance Statements will be maintained in the signing employee’s personnel files.

4. Annual Reaffirmation

Each year, each employee will be asked to reaffirm in writing that they are familiar with the substance of the CEP as set forth in the Presentation and have conducted themselves in accordance with it during the past year by again executing the “Annual Compliance Statement.” Copies of the reaffirmations will be maintained in the signing employee’s personnel file. The HR function shall be responsible to assure complete compliance with the annual reaffirmation requirement for each employee.

5. Accessibility of Corporate Ethics Program

In addition to the review of the Presentation, the CEP shall be available for review by employees at each site and electronically through PSC’s intranet, if available.

6. Periodic Corporate Ethics Program Training

There will be periodic training for all employees respecting the Standards of Conduct and the CEP as found in the CEP. Such training will be documented. Training data will be maintained, as appropriate. Participation in such training will be a factor in the annual evaluation of each employee.

7. Updating Corporate Ethics Program

The HR function and/or Operations functions will consult with the EO with regard to any changes to the CEP that should be reported to PSC employees. The EO may also, within the confidentiality confines of this Program, directly inform employees regarding any matters arising under the program that may be useful in further encouraging appropriate behavior.

8. Consultation with EO

Employees are encouraged to seek advice from the EO whenever they have questions concerning the CEP. In cases of conflict between applicable industry practices and standards called for by Federal, State, and local government, employees should seek guidance from the EO. If the EO cannot answer a particular question, the EO will, as appropriate, seek the advice of legal counsel.

9. Hotline and Other Forms of Communication

While employees are encouraged to use the normal problem resolution procedures, in order to provide employees with every avenue possible in which to raise their concerns, a Corporate Ethics Hotline has been created for employees. The call will be treated as confidentially as possible, and the EO, assisted by the appropriate personnel will investigate all calls. The Hotline telephone number shall be publicized in the Presentation.

The hotline telephone number will be made readily available to all employees and independent contractors, and posted in common work areas. Employees will be permitted to report matters on an anonymous basis. Matters reported through the hotline or other communication sources that suggest substantial violations of compliance policies, Federal health care program requirements, SEC or Accounting regulations, or statutes will be documented and investigated promptly to determine their veracity. A log will be maintained by the EO that records such calls, including the nature of any investigation and its results. Such information should be included in reports to the governing body and the CEO. Further, while PSC will always strive to maintain the confidentiality of an employee's identity, it should also explicitly communicate that there may be a point where the individual's identity may become known

or may have to be revealed in certain instances. It is recognized that protecting anonymity may be infeasible in certain instances. All employees, when seeking answers to questions or reporting potential instances of fraud and abuse, should know to whom to turn to for attention and should be able to do so without fear of retribution. Any person who takes any action whatsoever in retaliation against an employee who in good faith has raised any question or concern about compliance with the CEP will be subject to serious sanctions, which may include dismissal for cause.

IV. STANDARDS OF CONDUCT

The CEP sets forth below Standards of Conduct for all employees relative to various legal and regulatory requirements and other corporate policies relevant to the conduct of PSC's business. In certain instances, these Standards of Conduct may exceed legal requirements but still must be adhered to by all employees. It is expected that all employees shall be familiar with the standards relevant to their job functions and shall make all efforts to comply with them to the fullest extent possible. In addition, each employee is expected to adhere to their respective professional code of ethics.

Deviation from these Standards of Conduct may result in disciplinary action. Each employee has an affirmative duty to immediately report a violation or suspected violation of any Standard of Conduct to their supervisor and/or the EO and the failure to do so may result in the employee being subject to discipline, including, but not limited to, termination.

It is expected that management and other employees cooperate with any internal or external investigations. Employees may be called upon to produce documents or testify and should endeavor to cooperate in accordance with the law. Each employee or representative is urged to report any participation in an internal or

external investigation to the EO, to his or her supervisor, or both, so that such employee may cooperate to the fullest extent possible.

A. Records

1. General Record Keeping

Because the healthcare industry is pervasively regulated on both the Federal and State levels, and by many different agencies simultaneously, and to assure the continued quality of services, it is imperative that all record keeping conform to standards acceptable to governmental regulatory agencies. This is especially true for all records kept in connection with the treatment of clients. All records related to client care should be kept in accord with standards including but not limited to HIPAA Privacy and Security Regulations, licensing and/or accreditation authorities and State Medicaid authorities.

Employees who prepare any records and reports are obligated, ethically and legally, to assure that such documents are accurate and complete, safeguarded against loss or destruction, retained for specified periods as may be established by PSC or otherwise required by law, and maintained in confidence. Each employee involved in government filings and submissions must exercise diligence to assure the accuracy of the data and information contained in such submissions.

Employees must not willfully or knowingly submit false or misleading data or other information in any government filing or submission. Submission of such information not only subjects the individual and PSC to the possibility of severe civil and criminal sanctions, and debarment from participation in the health care

industry and government contracts, but is extremely damaging to PSC's reputation among clients, providers, and regulators.

With regard to all books and records, there must be full and candid communication by all personnel responsible for keeping the books and records with senior management, internal auditing personnel and independent auditors, and if appropriate, the EO or legal counsel for PSC.

2. Client Records Documentation

The policy on documentation in the client record is based on current, applicable State and published guidelines and regulations, educational sessions and private and public conversations with officials in the various agencies regarding what constitute adequate documentation. At different times, other regulatory or standards setting agencies (e.g. State mental health or social service authority, Council on Accreditation for Children and Family Services (COA)) can and do impose more specific requirements. This material, therefore, while it represents a core set of issues, is not intended as a complete summary of all standards, rules, and regulations that govern clinical documentation.

The client record is a LEGAL DOCUMENT, NO ALTERATION OF THE CLIENT RECORD IS PERMISSIBLE. Examples of alteration include, but are not limited to, removing portions of the record or adding material after the fact in such a way as to suggest that it had been entered on an earlier date (e.g. inserting a late progress note in such a way as to suggest that it was completed on time). Late entries can be made as long as there is no attempt to camouflage the actual date on which the entry was made. All entries

documented in the client record must reflect true and accurate information.

The following rules apply to all employees. These rules are in addition to any other policies and procedures:

- Sign and date all notations that are handwritten and not computerized. Include employee's credentials or title.
- Write legibly (so that someone who is not familiar with author's handwriting can read it without undue difficulty).
- Employee should never sign his/her name to another staff member's entry or sign another staff member's name to an entry made by the employee. If you are supervisor required to sign off on supervisee's documentation, sign under the documenting staff person's signature and include your credentials and title.
- Keep charts in a secure, locked area.
- Ensure that signatures are obtained in a timely manner. Ensure that all entries are completed in a timely manner. All handwritten entries should be signed at the time of entry.
- Do not make any alterations in the client record documentation. In case of error, write "error" above the mistake, put ONE line through the error in such a manner that the entry being corrected is still visible, and write initials and date over it. Do not mark a word out. You need to be able to read what was initially written.
- Do not ever use correction fluid to correct errors in documentation.
- Do not use post-it notes in the chart.
- Do not put incident reports in the chart. Incident reports should be given to the employee's immediate supervisor. Do describe the incident as a "special note" in the chart, but do not document in the chart that an incident report was completed.
- Do not reference another client by name in the progress notes. Use "a client" or initials rather than the name of the other client.
- Do not reference name of another staff member in documentation unless doing so for communication purposes. In

such cases, use first name and last initial or title, i.e., team supervisor, Jane D., should be used.

- Client records must not be left on employees' desks. Client records must be stored in a locked, secured area.
- An employee's signature on a treatment/service plan indicates that the employee has reviewed the plan and agrees with its contents.
- Never pre-sign a document.
- Employees must never add to, complete, nor sign an entry for someone else nor allow others to add, complete, or sign an entry on the employee's behalf.

3. Accurate Books and Records

PSC is to make sure that its books and records accurately and fairly represent transactions and dispositions of its assets in reasonable detail. In all of our operations, it is a violation of PSC policy, and possibly illegal, to cause PSC books and records to be inaccurate in any way. No one must ever create or participate in the creation of records that are misleading or artificial. If an employee is asked to falsify the accounting records in any manner or is aware of falsification by anyone else in PSC, the employee should immediately report the event to a member of PSC's Audit Committee of the Board of Directors.

Employees are expected to cooperate fully with PSC internal and independent auditors. In particular, the following requirements must be strictly respected.

- **Access to PSC's Assets, Transactions on Management's Authorization**

Access to PSC's assets is permitted only in accordance with management's general or specific authorization and transactions must be executed only in accordance with

management's general or specific authorizations. Transactions involving PSC must be recorded to permit preparation of PSC's financial statements in conformity with generally accepted accounting principles and related requirements and to maintain accountability for PSC's assets.

- **Accurate Books**

All PSC's books and records must be true and complete. False or misleading entries are strictly prohibited, and PSC will not condone any undisclosed liabilities or unrecorded bank accounts or assets established for any purpose.

- **Proper Payments**

No one may authorize payment of PSC funds knowing that any part of the payment will be used for any purpose other than the purpose described in the documents supporting the payment.

- **Appropriate Controls**

Administrative and accounting controls must be implemented to provide reasonable assurance that PSC is in compliance with the above requirements and that financial and other reports are accurately and reliably prepared, and fully and fairly disclose all required or otherwise material information.

- **Prohibited Actions**

No one shall (i) take any action to fraudulently influence, coerce, manipulate, or mislead any independent public or certified accountant engaged in the performance of an audit of the financial statements of PSC; or (ii) take any action to fraudulently influence, coerce, manipulate, or mislead any

member of PSC's internal auditors engaged in the performance of an internal audit or investigation.

4. Compliance Records

The EO will implement a records system for all records necessary to protect the integrity of the Ethics process and confirm the effectiveness of the CEP. Such system will include policies and procedures regarding the creation, distribution, retention, storage, retrieval and destruction of documentation that employees were adequately trained, reports from the hotline, including the nature and results of any investigation that was conducted, modifications to the CEP, self disclosure and the results of auditing and monitoring efforts.

B. Rules Governing PSC Operated Programs

PSC operated programs are governed by a set of Policies and Procedures which are specific to each program. The following rules pertain to certain activities within PSC programs, which PSC feels are important to the successful operation of each program. It is the responsibility of each employee to ensure that each of these rules is followed and to notify the appropriate PSC supervisory personnel or the EO if any of these rules are not being followed in a PSC operated program:

1. Inaccurate Recording of Services Provided

Absolute integrity and accuracy in the recording of all delivered services must be maintained at all times. The diagnosis and procedure code (if any) for services reported on a reimbursement claim must be based on the client's clinical condition as reflected in the client record and other documentation and must comply with all applicable official coding rules and guidelines.

2. Use of Stigmatizing Language

It is clear that language not only reflects the nature of our thinking, but it also shapes the quality of our thinking and actions. We are adamant about creating a program culture in which the language that is used is congruent with the view that clients of our services are whole individuals and that the programs, which we operate, should instill hope, identify and utilize strengths, and support recovery. Here are just some linguistic examples that are particularly offensive:

- a. Use of the term “chronics” when referring to a group of people who have a serious mental illness.
- b. Use of terms that “label” such as “a schizophrenic,” “a borderline,” etc.
- c. Use of terms that are subjective to describe a person’s behavior or level of functioning, such as “manipulative,” “defiant,” “self-absorbed,” etc.
- d. Use of terms stated in such a way to insinuate a negative connotation toward the client, such as, “non-compliant,” “treatment resistant,” or “unmotivated.”

Staff should document factual information that is experienced in each encounter and be cautious of subjective interpretations, such as, “he reported he was not taking his medication as prescribed” vs. “he was non-compliant with his medications.” In this example, the individual may not be taking medications because he has had no way to get to the pharmacy to fill the prescriptions. However, the second statement is phrased in a manner that reflects negatively upon the client.

3. Clients’ Participation in Treatment/Service Planning

It is our expectation that every person and family afforded services in our programs will have the opportunity to substantively

participate in treatment/service planning. Pro forma approximations of this philosophy (“sign here please”) are not acceptable. This is not simply a question of “being nice” -- the probability of achieving goals and of assuring client satisfaction with services are increased when individuals actively participate in their own service/treatment planning. This is not to say that there will always be perfect agreement between the multidisciplinary treatment team and the client and/or family members, but a good faith effort that involves both listening and explaining to try to reach agreement is expected.

4. Treatment/Service Plans and Types of Services

Treatment/Service Plans shall be based exclusively upon a client’s clinical needs and must not be affected by any economic considerations. The services rendered to clients and billing relating thereto shall be consistent with the client's legitimate clinical needs, the standards for services within the community, PSC’s programs and all governmental laws and regulations.

5. Clients - Confidentiality, No Bonus Payments for Admission, Length of Stay, Abuse

Information and client records obtained in the course of providing mental health and substance abuse services and other clinical services, including the identity of a client and his or her diagnosis or treatment, are confidential. The release of such information is subject to restrictions imposed by the laws governing the confidentiality of client records, including psychiatric and substance abuse records. Therefore, all such information and records must be maintained strictly confidential as required by law and the release of such information or records must be made in accordance with appropriate policies and procedures so that the rights of clients related to confidentiality are protected. PSC does not pay bonuses

of any type to employees or other individuals in connection with the admission of clients or length of clients' stays in services coordinated by PSC. Client involvement in other services or treatment programs shall be based solely upon clinical needs and not any economic pressure. Client admissions and lengths of stay shall be based solely upon clinical needs and not any economic pressure. Employees are strictly prohibited from abusing clients in any manner and are obligated to report client abuse to their supervisor or the EO.

C. Referrals of Clients

1. PSC Does Not Pay For Referrals

PSC does not pay anyone -- employees, physicians, or mental health professionals for referrals. PSC does not make payments or provide non-cash benefits (e.g. office space) to any mental health professional or physician providing services to PSC without a written contract that has been approved through the corporate approval process. PSC requires mental health professionals and physicians who are not PSC employees to submit invoices and/or time sheets outlining specific dates, hours, and type of services performed prior to any payment being issued.

Physicians and mental health professionals who are not employees of PSC are free to refer clients to any person or entity they deem appropriate. Where PSC employees are in a position to make referrals, they shall make such referrals solely based on what is best for the individual seeking treatment, and without regard to the number of referrals any physician or mental health professional has made to PSC nor for any personal financial referral bonus.

2. PSC Does Not Pay Clients

PSC does not waive insurance co-payments or otherwise provide financial benefits to clients in return for admissions. Under certain circumstances, PSC may provide appropriate financial accommodation (such as allowing monthly payments over time) to clients based purely on the financial need of the client. Clients may participate in research studies provided collaboratively by Universities or other entities and hosted by PSC and may receive payment from the other entity for participation in the study.

3. Management of Referrals

Referrals for services are based on the needs of the clients and should not be influenced by personal or business relationships with service providers. If such relationships exist, it is the responsibility of employees to assure that clients' rights of choice are upheld. If a PSC employee leaves the organization to engage in private practice, or provides an independent service while employed, procedures are established to govern the management of related cases in a manner that prevents actual or potential conflicts of interest, and adhere to the "best interest of the client" principle.

D. Billing and Accounting

1. Billing

PSC captures services rendered and bills only for services rendered or capitation payments due, where appropriate -- nothing less and nothing more. PSC must comply with special billing requirements for government-sponsored programs and other payers. All employees must exercise care in any written or oral statement made to any government agency or other payer. PSC will not tolerate false statements by employees to a government agency or other payer. Deliberate misstatements to government

agencies or other payers may expose the employee involved to criminal penalties. Under no circumstance shall any false claim be submitted to any payer.

2. Accounting

The Securities and Exchange Commission requires companies to maintain accurate books and records. No code of conduct can review the extensive accounting requirements, which PSC must fulfill. To meet these obligations, therefore, PSC must rely on employee truthfulness in accounting practices. PSC's financial reporting system must contain accurate entries, which reflect all financial transactions. PSC employees must not engage in any arrangement that results in false, artificial, or misleading entries being made in any records. Employees are encouraged to report any accounting or auditing irregularities and will be protected in accordance with the provisions of this CEP.

E. Conflicts of Interest

Each PSC employee has a duty of loyalty to PSC. PSC employees must avoid any actions that may involve, or may appear to involve, the use of their position to profit personally or to assist others in profiting in any way at the expense of PSC.

1. Financial Interests in Competitors or Suppliers

PSC employees shall not own stock in, serve as a director or officer of, receive compensation from, or provide consulting or other services to companies or firms in competition with PSC in the health care industry or which supply items or services to PSC without the written consent of their Supervisor. However, PSC employees may own less than one percent (1%) of the outstanding shares of any class of equity security of a competitor or supplier

listed on a national securities exchange or regularly traded over the counter market.

2. Suppliers/Contractors

Employees who deal with suppliers and/or contractors must do so in a reputable, professional, and legal manner. To avoid even the appearance of impropriety, Employees should decline any gifts, including discounts, the acceptance of which would raise even the slightest doubt of improper influence. Any gift for any amount, even if it has no monetary value, shall be disclosed. Discounts that are available to all PSC employees and employees of other companies may be accepted. Employees shall decline any gifts from present or prospective suppliers whose value might reasonably be expected to affect the recipient's judgment or that is accompanied by the express or implied understanding that the recipient is in any way expected to do something in exchange for the gift.

3. Client and/or Family Members

It is not unusual for clients and/or their families to want to express their gratitude to Employees through gifts. All gifts or offer of gifts should be disclosed and discussed in supervision. Small tokens of appreciation may be accepted by a PSC employee on behalf of PSC and shared with PSC employees, such as, a box of candy or artwork displayed at PSC. PSC employees should discourage personal gifts. In no way should a personal gift or offer of a personal gift influence the standard of clinical care provided.

4. Exchange of Money to Clients and/or Family Members

Employees must maintain an ethical relationship with the client and/or family members by maintaining their role as a service provider. Employees must avoid situations where a client and/or family member asks for assistance beyond the scope of the

employee's service role, such as, lender, borrower, or employer. Employees should make their role clear, refuse to participate in a prohibited transaction, and offer assistance in obtaining an outside service that may be needed.

Ethical dilemmas that may arise and are not addressed above and/or are unclear should be discussed with the supervisor. No individual should resolve the dilemma without consultation with a supervisor.

5. Business Information/Supplies

Employees may not use for their personal benefit any information about PSC or information acquired as a result of the employee's relationship with PSC. Employees should disclose business information only as required in the performance of their job or as expressly authorized by PSC. Examples of confidential, proprietary business information include, but are not limited to, pricing information, customer lists, information about providers who have a business relationship with PSC, treatment/service programs and policies, key monitors for programs, financial information, policies and procedures, forms, computerized systems, etc. Violation of this policy may result in personal liability to the employee for any benefit gained from improper use of such information or any damages sustained by PSC as a result of improper disclosure of such information. In addition, employees may not use business supplies for personal use.

6. Disclosure of Possible Conflicts of Interest

No "presumption of guilt" is created by the mere existence of a relationship with outside firms. However, if employees have any influence on transactions involving referrals, purchases, contracts, or leases, it is imperative that they disclose to an officer of PSC as soon as possible the existence of any actual or potential conflict of

interest so that safeguards can be established to protect all parties. Employees should disclose possible conflicts of interest involving themselves or their immediate families (spouse, parents, brothers, sisters, and children) to their supervisor. Any questions regarding a possible conflict of interest should be discussed with the employee's supervisor or the EO. PSC is the primary employment for all full-time staff and all obligations and duties of the job must be fulfilled.

7. Public Service

Employees may not make any political contribution as a representative of PSC. Employees must also avoid lobbying activities or even the appearance of lobbying any governmental body or public official as a representative of PSC without the prior written approval of the employee's supervisor or the EO.

F. Business Development

1. PSC Will Forego Any Business Which Can Only Be Obtained By Improper and Illegal Means

PSC will not make any unethical or illegal payments to anyone to induce the use of PSC services. A PSC employee should never make a payment, which, if it were publicly disclosed, would result in the sanction of or embarrass the employee or PSC. To avoid the appearance of impropriety, PSC will not provide any payment or reimbursement for expenses incurred by any government representative or employee. PSC also will not provide gifts or payment of any kind to or on behalf of any government representative or employee. PSC will not tolerate the making of such payments and will comply with all laws regarding political contributions and the participation of PSC employees in campaigns.

PSC employees should contact the EO immediately if unethical or illegal payments are requested or made.

2. All PSC Advertising Must Be Truthful and Not Misleading

Specific claims about the quality of PSC's services must be supported by evidence to substantiate the claims made.

3. PSC's Best Advertisement is PSC Itself

PSC does not use advertisements or marketing programs, which might cause confusion between our services and those of our competitors. PSC does not disparage the service or business of a competitor through the use of false or misleading representations.

G. Illegal Drug Use and Abuse of Alcohol

As a company involved in the treatment of chemical dependency and in the interests of its employees, PSC is dedicated to ensuring a drug-free workplace.

The possession, use, sale, or purchase of illegal narcotics, any other controlled substance, or drug paraphernalia, while on PSC property or during business hours may be grounds for immediate termination and may result in criminal prosecution. PSC reserves the right to conduct searches of all persons, personal property, and vehicles on PSC property or used in the conduct of PSC business upon the existence of reasonable grounds to believe that drugs are being bought, used, sold, or possessed.

If PSC has reasonable grounds to suspect that an employee is using, possesses, or is otherwise under the influence of drugs, or is abusing alcohol, it shall advise the employee of such suspicions and inquire of the employee to explain his or her conduct. Employees may be asked to submit to medically supervised drug testing procedures. Employees who refuse to submit to such drug testing procedures may, as authorized by

law, be disciplined or dismissed. The employee shall be advised of the results of all such examinations.

Should an employee test positive for use of illegal drugs or alcohol, the employee may be requested to participate in a drug treatment program and establish to the satisfaction of PSC successful completion of the program and rehabilitation. The employee's participation in the treatment program will be kept as confidential as possible.

Where it is determined that rehabilitation is necessary, the employee's participation in and successful completion of a drug treatment program shall be deemed a condition of continued employment with PSC. The employee's participation in the program will be monitored. An employee's failure to achieve rehabilitation through participation in a drug treatment program may be grounds for dismissal.

H. OSHA & CDC Compliance

The Occupational Safety and Health Administration (OSHA) is charged with assuring safe and healthful working conditions for American workers and requiring employers to comply with safety and health standards covering conditions and operations in the workplace and to maintain a workplace that is free from recognized hazards.

OSHA has promulgated regulations, applicable to businesses such as PSC, to fulfill its mandate. PSC is dedicated to fully complying with all laws and regulations enforced by OSHA. Relevant PSC personnel shall be cognizant of such laws, regulations and recommendations as they apply to their job functions and programs and will comply with them to the fullest extent possible. In compliance with OSHA regulations, PSC shall provide its employees with appropriate training. Failure to comply with such laws and regulations could expose an individual employee and/or PSC to civil and/or criminal liability.

I. Gifts, Entertainment and Other Forms of Payment to Third Parties

As a general matter, it is PSC's policy to avoid any relationship or act, which might affect any person's independent judgment or reflect adversely on PSC or its services. Personnel making or authorizing payment of funds are accountable for such payments and must follow PSC procedures regarding all such disbursements. As a guideline, no payment should be made which would embarrass PSC if disclosed or which creates even an appearance of impropriety by any PSC employee or representative. In transactions or dealings in which PSC has engaged independent, non-employee commercial agents, consultants or other third parties for any purpose, payments must be limited to reasonable compensation for services and for reimbursements of reasonable expenses, including appropriate business entertainment expenses when the recipient is accompanied by appropriate PSC officials. No such relationship with non-employee consultants or other third parties shall be used to make a payment directly which would be prohibited by this guide if made directly. While it is common practice to provide nominal gifts to customers, suppliers, and others during the December holiday season and other special holidays, personnel shall not offer, deliver, or pay for any gift, directly or indirectly, to any customer, supplier, or any business-related person which might reasonably be expected to affect the recipient's judgment or that is accompanied by the express or implied understanding that the recipient is in any way expected to do something in exchange for the gift. In addition, business expenses and entertainment relating to such persons must be customary, reasonable, and properly authorized. If the expenditure for a nominal gift or reasonable business expense could affect the independent judgment of the person receiving the gift or expense in that person's dealings with PSC, then such gift or expense must be considered inappropriate. Any question concerning the appropriateness of such a gift or expense should be discussed with the EO and, if necessary, PSC's legal counsel.

Gifts or any other forms of remuneration or benefit to any employee of local, state, or federal government, or any subdivision thereof, are strictly prohibited.

Employees are strictly prohibited from soliciting gifts, entertainment, or favors, directly or indirectly, from anyone doing business with PSC.

Purchasing decisions by PSC shall be based upon considerations of product quality and value on a sustained basis. Accordingly, dealings with suppliers are to be maintained on an objective basis, free from the influence of gifts, favors, or personality. Nominal gifts or reasonable and customary entertainment may be accepted from suppliers only within established guidelines and with the full knowledge of the appropriate supervisors.

J. Employment Practices

1. Diversity

Providence promotes equal employment opportunities and a workplace that is reflective of its community. Providence recognizes, encourages and respects cultural, ethnic and religious diversity. PSC personnel shall not engage in hiring and other employment practices which discriminate against job applicants or employees based upon race, color, religion, sex, age, sexual orientation, national origin, disability, as well as other classifications protected by law. Discriminatory practices in the employment setting could expose an individual employee and/or PSC to significant civil and, in some cases, criminal sanctions. Matters involving employment practices should be referred to PSC's HR function. That function may coordinate with the EO as appropriate.

2. Nepotism

The employment of relatives in the same area of an organization may cause serious conflicts and problems with favoritism and 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. Relatives of persons currently employed by Providence may be hired only if they will not be working directly for or supervising a relative. Providence employees cannot be transferred into such a reporting relationship. Providence management has the right to address a conflict or the potential for conflict, even if there is no supervisory relationship involved, as appropriate, including reassignment or termination from employment.

K. Unlawful Harassment Policy

PSC is committed to providing a work environment free of unlawful harassment. PSC prohibits harassment in the workplace, which includes sexual harassment, gender harassment and harassment due to pregnancy, childbirth, or related medical conditions and harassment because of race, religious creed, color, national origin or ancestry, physical or mental disability, medical condition, marital status, age, sexual orientation or any other basis protected by Federal, State, or local law, ordinance or regulation. All such harassment is unlawful and will not be tolerated. PSC's anti-harassment policy applies to all persons involved in the operation of PSC and prohibits unlawful harassment by any employee of PSC.

Prohibited, unlawful harassment includes, but is not limited to, the following behavior:

- Verbal conduct such as epithets, derogatory jokes or comments, slurs, or unwanted sexual advances, invitations, or comments;
- Visual conduct such as derogatory and/or sexually-oriented posters, photography, cartoons, drawings or gestures;
- Physical conduct such as assault, unwanted touching, blocking normal movement, or interfering with work because of sex, race, or any other protected basis;

- Threats and/or demands to submit to sexual requests as a condition of continued employment or to avoid some other loss and/or offers of employment benefits in return for sexual favors; and
- Retaliation for having reported or threatened to report harassment.

L. Compliance with Other Applicable Laws

It is PSC's overall policy to comply with all laws and regulations applicable to marketing and the provision of PSC's services at all governmental levels: local, State and Federal. The use of PSC funds or assets for any unlawful or improper purpose whatsoever is strictly prohibited. With regard to any instance in which applicable laws or regulations may be ambiguous, management shall promptly obtain whatever legal advice it deems necessary to clarify the law or regulation in order to assure compliance with this stated policy.

M. Government Investigations

It is PSC's policy to comply with the law and to cooperate with any reasonable demand made in a government investigation. In so doing, however, it is essential that the legal rights of PSC and of the personnel involved be protected. If any employee receives an inquiry, a subpoena, or other legal document regarding PSC business, whether at home or in the workplace, from any governmental agency, or any other source, PSC requires that the employee notify his or her supervisor or PSC's legal counsel immediately. The law guarantees the right to be represented by legal counsel during any investigation or inquiry of any governmental agency. In view of the extreme technicality involved in these investigations, it is critical that PSC should be so represented and that all PSC employees should at least be made aware of the opportunity for such representation.

Sometimes it is difficult to tell when a routine government inquiry, audit, or review graduates into a more formal governmental investigation. PSC

relies on the common sense and alertness of its employees for making this important determination. In case of any doubt, employees should immediately consult PSC's legal counsel.

N. Electronic Media and Software

All electronic media and communications systems such as voice mail, e-mail, commercial software and access to the Internet through Microsoft Internet Explorer or any other Internet service providers are the property of PSC. Communications on these systems are not private communications, but are business records that may be monitored by PSC or subpoenaed by a court of law, and employees should have no privacy expectations with respect to communications sent over these systems.

These systems should not be used to knowingly, recklessly or maliciously post, store, transmit, download or distribute any threatening, abusive, libelous, defamatory or obscene materials of any kind constituting a criminal offense, giving rise to civil liability or otherwise violating any laws.

O. Ethics as an Element of a Performance Plan

The promotion of, and adherence to, the elements of the CEP is a factor in evaluating the performance of all employees, who are periodically trained in new Ethics policies and procedures. In addition, all managers and supervisors must:

- discuss with all supervised employees and relevant contractors the Ethics policies and legal requirements pertinent to their function;
- inform all supervised personnel that strict compliance with these policies and requirements is a condition of employment; and
- disclose to all supervised personnel that PSC will take disciplinary action up to and including termination for violation of these policies or requirements.

In addition to making performance of these duties an element of performance evaluations, managers and supervisors who fail to adequately instruct their subordinates or fail to detect noncompliance with applicable policies and legal requirements will be sanctioned accordingly, especially where reasonable diligence on the part of the manager or supervisor would have led to the discovery of a problem or violation and would have given PSC an earlier opportunity to take corrective action.

P. Scope of and Amendments to the CEP

Nothing in the CEP is intended nor shall be construed as providing any additional employment or contract rights to employees or other persons or limiting the rights of PSC.

While PSC will generally attempt to communicate changes concurrent with or prior to the implementation of such changes, PSC reserves the right to modify, amend or alter the CEP without notice to any employee or other person.

ATTACHMENT A

The Providence Service Corporation
Annual Compliance Statement

The Providence Service Corporation

This form may be adopted by any entity managed by The Providence Service Corporation ("PSC") or its subsidiaries. In the event you are an employee of a managed entity which has adopted the PSC Corporate Ethics Plan, you are acknowledging the applicability of the PSC Corporate Ethics Plan (including its Standards) to you and your employer.

ANNUAL CORPORATE COMPLIANCE STATEMENT

A. I understand the PSC Corporate Ethics Program. I have had an opportunity to ask questions about it and agree to strictly comply with it. I understand that failure to comply with the standards or truthfully and completely respond to this statement will be a basis for disciplinary action including possible dismissal.

B. Except as stated in the Disclosure space provided below:

- 1. I know of no acts or omissions committed by anyone which conflict with any provision of the Corporate Ethics Program or any suspected violations of law relating to PSC and/or my current employer, if I am not employed by PSC.**
- 2. I have not committed any violations of the provisions of the Corporate Ethics Program or the law relating to my duties at PSC and/or my current employer, if I am not employed by PSC.**

DISCLOSURE

The following information discloses circumstances, which may possibly be a violation of law or the provisions of the Corporate Ethics Program. *(If it is necessary to add additional pages, please attach such pages, and sign, and date each page.)*

3. I will immediately report to my supervisor or Ethics Officer, as appropriate, any suspected violations of law or of the Corporate Ethics Program as they may arise during the course of my employment. I also acknowledge that I may access the Corporate Ethics Hotline at 1-800-648-7140 to make any such reports.

Employee Name (Please print)

Supervisor Name (Please print)

Employee Signature

Supervisor Signature

Title

Title

Date (Month/Year)

Date (Month/Year)

This completed/signed document is filed in the employee's personnel file.

(Please attach additional pages and sign and date each page if necessary.)