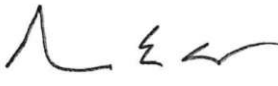
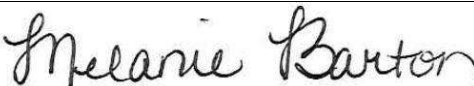


River Hospital
 4 Fuller Street
 Alexandria Bay, NY 13607

Subject: Compliance Committee Charter	Approvals:
Department: Corporate Compliance	BOT Approved: 6/28/2023  Norm Snyder, Chairman of the Board
Effective Date: 06/2023	 Corporate Compliance Officer, Melanie Barton, CPC, CHTS-IS
Distribution: All	
Revised:	Reviewed:

I. PURPOSE

The purpose of the Corporate Compliance Committee is to assist and support the Compliance Officer in overseeing and implementing the Compliance Code of Conduct, Compliance Plan, and Compliance Program. The Committee's responsibilities shall include overseeing, administering, and managing the Corporate Compliance program and its performance; fostering and maintaining a culture of compliance throughout the organization; implementing all compliance policies and procedures in accordance with the Corporate Compliance Plan, evaluating strategic compliance issues and making recommendations regarding proposed action and corrective action plans; and monitoring appropriate follow up and improvement.

II. COMPOSITION

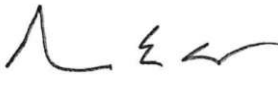
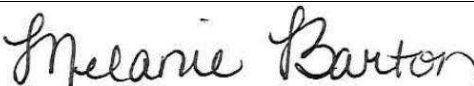
The Compliance Officer shall chair the Committee. The Committee shall be comprised of the Chief Executive Officer, Chief Financial Officer, Corporate Compliance Officer, Human Resources Manager, HIM Director, Business Office Manager, Director of Ancillary Services and Information Technology Manager, Chief Nursing Officer & the Associate Medical Director. Ad Hoc membership will be based on projects or issues on the monthly agenda.

The Committee members are appointed by the Compliance Officer with recommendations from the Committee.

III. MEETINGS

The Compliance Committee shall meet monthly to discuss compliance or privacy issues and quarterly reviews and updates the compliance plan tracker. The committee will meet in person or by secure remote connection. Monthly meeting minutes will be generated and retained in accordance with the Hospital's record retention policy. The Compliance / Privacy Officer reports directly to the Director of Quality. The Compliance / Privacy Officer has the ability to report directly to the Chief Executive Officer or the Board of Trustees if needed.

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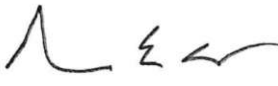
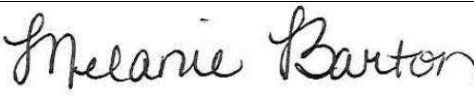
IV. COMMUNICATION

The Compliance Officer will generate a monthly report on current items and report to the Quality Improvement Committee of the Board (QIB). A quarterly report will be generated with updates to the compliance plan and submitted to QIB who in turn shares this information with the Board of Directors. Annually a summary report of compliance activities for the year which will include updates to the plan for the new year will be generated and presented to the Board of Directors.

V. RESPONSIBILITIES & DUTIES of the Committee

- Receive and act upon reports and recommendations of the Corporate Compliance / Privacy Officer
- Monitor internal systems and controls implementing Compliance Program's standards, policies and procedures which incorporate them into daily requirements;
- Maintain appropriate strategies to promote compliance and the detection of potential violations, including the hotline or other fraud reporting mechanisms;
- Monitor the status of internal and external audits conducted pursuant to the Compliance Program and work with the departments for corrective and preventive action;
- Supporting educational offerings to the Board, Medical Staff, Workforce, Vendors and Contractors;
- Submit an annual report to the Board of Directors regarding the activities of the Compliance Program
- Review issues brought to the attention of compliance (i.e. hotline calls, etc.);
- Review and discuss patient complaints in regard to compliance;
- Review and discuss HIPAA privacy issues & activities;
- Review and discuss HIPAA Security issues & activities;
- Review and discuss 340B Program issues & activities;
- Review and discuss EMTALA issues;
- Review and make recommendations on compliance auditing and monitoring activities;

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- Receive and discuss updates and status on rules and regulations that govern the Hospital and affiliates;
- Review and discuss any provider compliance issues;
- Review and approve the annual compliance work plan and resulting activity while monitoring OIG and OMIG work plans and focus areas; and
- Review and approve the Compliance Program Plan, Compliance Code of Conduct and Charter of this Committee.

Approved and adopted by the Board of Directors:

Chairman, Board of Trustees	Date
Compliance Officer	Date