

### **The Mission of TAN Healthcare**

Triangle Area Network (TAN Healthcare) is committed to serving the health NEEDS of individuals and families in our area so that the best possible health CARE is available to the community, with TAN Healthcare being your medical home of choice.

We do this in a way that:

- Provides accessible, customer-focused primary and preventive healthcare services, in an environment of caring, respect and dignity;
- Operates in a cost-effective manner that allows for affordable services for everyone;
- Delivers a broad continuum of services that include advocacy, education and care coordination for clients.
- Emphasizes HIV/ STD and Hepatitis C prevention, detection and treatment;
- Responds to the future needs of the community by maintaining a focus on continual improvement in service and care;

**Triangle Area Network**  
**Board of Directors Candidate Application**

Name, phone, email address or organization's representative:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please return this application to 1495 N. 7<sup>th</sup> St, Beaumont, Texas 77702 by: \_\_\_\_\_

TAN Healthcare is a Federally Qualified Health Center, with two locations in Southeast Texas. With a long history in the Southeast Texas community, TAN's mission at inception was the provision of healthcare for individuals living with HIV/AIDS. We served that mission until our transition to FQHC in 2016. The transition has allowed TAN to expand our quality services to "Provide All Care for All People" and is currently offering an array of services including Primary Care, Behavioral Health Services, Health Education and Care Management. TAN ensures that our services are available and affordable to all through sliding fee discounts for uninsured patients.

To do the work that we do, we need help and support from the community. One way to help is to serve as a Member of the TAN Healthcare Board of Directors.

The Board of Directors shall consist of no less than nine (9) and can have no more than twenty-five (25) members that manage Triangle Area Network and the Healthcare Centers.

The individuals serving on the Board of Directors shall represent the demographics of the Health Centers' Service area in terms of income, ethnicity, and sex. Board membership must consist of 51% consumer (patient) and 49% non-consumer (non-patient). At least one (1) board member must be currently or formerly homeless. This person may be either a patient or non-patient.

**Triangle Area Network**  
**Board of Directors Candidate Application**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you currently a patient of TAN Healthcare?      ☐ Yes      ☐ No

Have you received services from TAN Healthcare      ☐ Yes      ☐ No  
in the past two years

Employment:

☐ Employed      ☐ Self-Employed      ☐ Retired      ☐ Not Employed

Employer: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of business or organization: \_\_\_\_\_

Preferred method of contact:      (   ) Work      (   ) Residence

Tell us about you!

One of the best parts of community health care is that it is centered around the needs of the people that it serves. TAN Healthcare provides services to a six-county area including Chambers, Jasper, Hardin, Orange, Jefferson, and Newton.

Are you from any of these counties? Tell us about your experiences there.

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As a FQHC, TAN is proud to work with local churches, schools, universities and businesses to address critical health issues impacting our communities resulting from diseases such as COVID19 and environmental challenges such as seasonal hurricanes. These collaborations help make limited resources stretch to meet the needs.

Tell us how you see your role as a member of the Board of Directors in learning about and supporting the needs of the community?

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Please list boards and committees that you serve on, or have served on (business, civic, community, fraternal, political, professional, recreational, religious, social).

| Organization | Role/Title |
|--------------|------------|
|--------------|------------|

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#### Education/Training/Certificates

Please tell us about any specific education, training or certification that you have received which could benefit the governance of the healthcare center and its services.

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TAN Healthcare is a hybrid organization. We are able to produce revenue through billing for services and we are able to seek funding as a nonprofit organization. To ensure full compliance with local, state and federal laws as well as adherence to requirements of our funders, TAN requires a full-team of qualified individuals to steer the ship. Tell us about your skills and experience that you believe could be an asset to the success of TAN Healthcare. Skills, experience and interests (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Finance, accounting        | <input type="checkbox"/> Personnel, Human Resources       |
| <input type="checkbox"/> Administration, management | <input type="checkbox"/> Nonprofit experience             |
| <input type="checkbox"/> Community service          | <input type="checkbox"/> Policy development               |
| <input type="checkbox"/> Program evaluation         | <input type="checkbox"/> Education, instruction           |
| <input type="checkbox"/> Special Events             | <input type="checkbox"/> Public relations, communications |
| <input type="checkbox"/> Fundraising                | <input type="checkbox"/> Grant Writing                    |
| <input type="checkbox"/> Outreach, advocacy         | <input type="checkbox"/> Other_____                       |

Members of the Board of Directors are required to conduct one formal meeting per month; 12 per year. These meetings are open to the public, our patient population and staff. Due to COVID19, TAN Healthcare Board meetings are conducted via ZOOM.

Are you able to commit to two (2) hours per month to attend required monthly meetings?

\_\_\_\_\_Yes                      \_\_\_\_\_No

Thank you for your consideration of serving as a member of the TAN Healthcare Board of Directors. Our leadership will review your application and contact you for an interview. All new members must be present at the nomination and vote for membership. Once voted onto the board, new members will benefit from a Board Orientation and Mentor to assist you with your new role.

To confirm your interest and that all information provided is accurate and correct, please sign and date below.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Internal Only:

Date Application Received \_\_\_\_\_

BOD Notes

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Approval \_\_\_\_\_ Refer to Full Board for Vote\_

## **Code of Conduct**

### **Acknowledgement**

Each Board member, employee and contractors is required to be familiar with the Code of Conduct and must agree to abide by it.

I certify that I have reviewed the Code of Conduct or had it read to me and that I understand its contents. I will contact the Compliance Quality Improvement Officer or Chief Executive Officer if I do not understand any part of it.

I agree to abide by and comply with the standards in the Code of Conduct as well as all federal, state and local laws, orders, ordinances, rules and regulations, and center policies and procedures that apply to me. I understand that my compliance is a condition of my continued engagement by the Health Center.

I understand that it is my duty and responsibility to report a suspected violation of the center's Code of Conduct (such as illegal, immoral, unethical, or noncompliant activities) to a Program Manager or to the Chief Executive Officer, and I agree to do so.

By: \_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Date]

\_\_\_\_\_  
[Print Name]

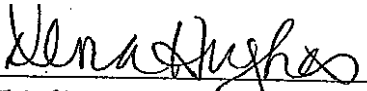
**Code of Conduct:**  
**A Statement of the TAN's Organizational Ethics**

**To all Board of Directors members and contract personnel:**

As representatives of the Triangle Area Network (TAN), we share in the mission to provide primary care, education and preventive services to patients in our service area. It is essential to this mission that we maintain corporate compliance and in all things demonstrate honesty, integrity and respect for those we serve and for one another.

This Code of Conduct is intended to provide guidance on "doing the right thing." Your commitment to the center's mission, values, and vision, to ethical conduct, and to serving others with your special and unique talents will help the center succeed in meeting the health needs of our communities and patients.

You are asked to review this Code of Conduct and sign the Acknowledgement to signify that you understand, accept and will abide by the center's Code of Conduct.

  
\_\_\_\_\_  
Chief Executive Officer



**Code of Conduct:**  
**A Statement of the TAN's Organizational Ethics**

**This Code of Conduct applies to the center's Board of Directors, employees, and contractors (collectively, "representatives").**

**Resolve to Be Honest in All Things**

Providers and staff are expected to deal with patients and other providers and personnel honestly. Be honest with patients concerning their services, scheduling, and in the information provided to them. Relationships with educational institutions and payers should exemplify integrity and professionalism.

**Staff Treatment of Patients:**

- Protect patient's possessions while they are in the center;
- Schedule patients according to the policies;
- Ensure that any information given to patients is accurate and appropriate; and
- Be certain that documentation is accurate and complete.

**Dealings of Providers and Staff with the Health Center:**

- Be honest when reporting actions taken or not taken, and all other information;
- Document services and resources provided so that accurate billing and cost reports can be prepared;
- Take appropriate measures to ensure that patients are properly billed with concern for the cost of care;
- Respect and preserve center property and resources;
- Maintain accurate and complete documentation of services, including pain assessment and management, and clinical decision making;
- Respect your work schedule and use sick and vacation days appropriately; and
- Fully inform patients and obtain their consent before undertaking any procedure or action.
- Failure to be honest in work-related activities is cause for disciplinary action up to and including termination.

### **Follow Health Center Policies and Procedures**

It is the duty of every representative of the center to comply with and to ensure that other representatives comply with all professional standards, state and federal laws, and center policies. If any center representative reasonably suspects a violation of this Code of Conduct, s/he is expected to bring the matter to the immediate attention of the Center's Compliance and Performance Improvement (CPI) Officer or Chief Executive Officer.

Compliance with the center's Code of Conduct and policies and procedures is a condition of continued employment at the center. Failure to comply may result in disciplinary action, up to and including termination.

### **Keep Accurate and Timely Records**

Providers and staff are expected to maintain all records and documents in an accurate and timely manner. This includes: financial and business, performance improvement and risk management, credentialing, personnel, and patient records.

**Remember:** If it is not documented, it was not done.

The encounter and other patient records serve as supporting documentation for billing purposes and are subject to laws and regulations regarding accurate and appropriate billing practices. Entries in health records must be complete and accurate to document services provided as a basis for continuing care and also to justify reimbursement.

When late entries must be made in any records, the center's policies and procedures must be followed so that the final record accurately reflects the activity or services provided.

Falsifying records or failing to document appropriately is cause for disciplinary action, up to and including termination.

### **Protect Center Assets**

The center property and facilities, equipment and supplies, personnel time and accounts receivable (money due the center for services) are assets of the center. Representatives of the center must respect the property of the center and maintain and protect it as if it were their own. Center assets may not be used for personal applications or gain. This includes the use of the computers, supplies, staff time, patient records, business records and cash.

The removal of any equipment or supplies from the center must be approved and documented, used appropriately for center business and returned in good condition.

Waste of staff time is a waste of center assets. Use your time effectively for purposes of the center and its services to patients.

Goods and services arranged by the center under contract shall be documented and (in the case of services) monitored to ensure that those resources are received by the center and used efficiently and appropriately. Every center representative is responsible for reporting inappropriate use of assets to the CPI Officer or Chief Executive Officer.

Failure to protect center assets is cause for disciplinary action, up to and including termination.

### **Respect Patients and Staff**

All persons at the center, including patients and staff, are to be treated with dignity and respect.

All providers and staff are expected to be familiar with the center's statement of *Patient and Center Rights and Responsibilities* and *Notice of Privacy Practices* and honor these rights and responsibilities in the performance of their duties. These patient rights include the right to privacy, the right to pain assessment and management, and the right to receive assistance with Advance Directives.

Representatives of the center are strictly forbidden from disclosing any information concerning a patient's condition, diagnosis, course of treatment, or prognosis to any person except (1) to a provider or staff member for the purpose of rendering services to the patient or (2) to a friend or family member with the patient's express prior authorization.

Staff is expected to treat each patient with respect and caring, and maintain the patient's dignity and comfort. Failure to treat patients in a respectful and appropriate manner is cause for disciplinary action, up to and including termination.

Verbal, sexual, or physical harassment of any staff member or patient will not be tolerated. Harassment shows a lack of respect of others and violates our basic values. Any center representative who experiences harassment or is aware that another person has experienced harassment should report this immediately to the CPI Officer or Chief Executive Officer.

The center is committed to complying fully with all federal, state and local laws prohibiting discrimination on the basis of race, color, marital status, religion, sex, national origin, ancestry, physical or mental handicap or disability, age (over 40),

veteran status, or other protected status. The prohibition against unlawful discrimination applies to staff as well as patients. If you feel that you or another person has been discriminated against, report your concerns to the center's CPI Officer or Chief Executive Officer.

### **Do Not Accept Gifts or Gratuities**

All representatives of the center are expected to serve the center and its patients to the best of their ability and not to ask for or expect any gifts or tokens of appreciation for their services. If patients or their families, vendors, contractors or others attempt to give cash or other things of value to any representative, the representative should politely decline to accept the gift. Accepting gifts from patients or persons who provide services to the center is strictly prohibited.

A representative may not knowingly permit him/ herself to be named as a beneficiary, executor, executrix, administrator, or administratrix of the will or probate estate of any patient of the center unless the representative is related to the patient by blood or marriage. Any exception to this prohibition must be approved by resolution of the Board of Directors after full disclosure of the circumstances.

A representative may accept token items of nominal value such as flowers, candy, mugs, or pens, but never cash or items of significant value. At no time should clinical services be provided in a manner preferential to the manner of reimbursement, compensation or gifts to the center,

If an individual wishes to make a significant gift or contribution to the center, introduce them to the Chief Executive Officer so arrangements may be made to accept the gift on behalf of the center.

Inappropriately accepting gifts of value or cash is cause for disciplinary action, up to and including termination.

### **Do Not Offer, Solicit or Accept Bribes or Kickbacks**

Various center representatives may be placed in a position to influence decisions concerning patient referrals for services outside the center, the purchase of goods or services by the center, or the use or disclosure of confidential information.

Representatives are prohibited from offering, soliciting or accepting cash or any item of value from persons who could be affected by their decisions.

This prohibition applies not only to cash and tangible items of value, but also to any discounted goods or services, office space, use of equipment or other services provided by outside vendors at less than fair market value.

Offering, soliciting or accepting any sort of bribe or kickback is unethical and strictly prohibited. Violations of Anti-kickback Laws subject the center as well as individual offenders to civil liability.

If you have any questions concerning a potential gift, offer, or solicitation, consult immediately with the CPI Officer or Chief Executive Officer.

Offering, soliciting or accepting any sort of bribe or kickback is cause for disciplinary action, up to and including termination,

### **Avoid Conflicts of Interest**

As a representative of the center, you have a duty to protect the interests of the center and place them above your personal interests when the two conflict.

A conflict of interest occurs when the interests of one party, such as a representative, may influence or appear to influence that party's ability to be objective in making decisions affecting another party because of potential personal gain. All representatives are expected to protect decision-making processes from inappropriate influences.

You are expected to avoid situations where there may appear to be a conflict between what is in your best interest and the best interest of the center or its patients.

The following are some examples of what may be considered a conflict of interest:

- Accepting gifts from any vendor, patient, or service provider;
- Selling items or soliciting donations at work for personal gain
- Promoting a business in which you have a direct or indirect interest on center time;
- Using your position to influence the hiring of a family member or close friend;
- Engaging in political activities at work;
- Engaging in employment outside the center that may affect your availability or your ability to fulfill your duties to the center;
- Misusing or releasing confidential information for personal gain or the benefit of others;
- Serving in a position with an organization or entity that is a competitor of the center or is a provider of services to the center;
- Giving endorsements or testimonials for a vendor or contractor without administrative approval.

If you are in a situation that you believe or anticipate may be perceived as a conflict of interest, contact the CPI Officer or the Chief Executive Officer to clarify any concerns.

You are expected to disclose any potential conflict of interest to the CPI Officer or Chief Executive Officer in writing so that they may determine if it is a conflict of interest.

A conflict of interest violation may be cause for disciplinary action, up to and including termination.

### **Report Violations**

You are required to report any circumstance or activity that you reasonably suspect may be a violation of this Code of Conduct, federal or state laws or regulations, professional standards, or center policies and procedures.

Depending upon the nature of your concern, you may start by reporting to your supervisor, but you may instead report directly to the CPI Officer or Chief Executive Officer.

Failure to report illegal, immoral, unethical or noncompliant activities promptly, as appropriate, may be cause for disciplinary action, up to and including termination.

### **Exercise Good Judgment**

A person need not have conclusive proof of a violation in order to report suspected wrongdoing; it is sufficient that the person has a reasonable, good- faith suspicion of a violation; A person is protected against reprisal or retaliation for reporting suspected wrongdoing, even if the activity is ultimately found to be legitimate, so long as the report is not found to be deliberately false or malicious.

If you are not sure about whether to report a particular concern, discuss the issue with your supervisor, the CPI Officer or the Chief Executive Officer concerning reporting requirements.

### **How to Report**

You are encouraged to report your concern to your supervisor first. If your supervisor appears to be involved in the activity you are concerned about, you may report directly to the CPI Officer or the Chief Executive Officer. The center takes all reports of potential violations seriously and will conduct a prompt investigation. Every center representative has an obligation to share such information so that appropriate action may be taken in a timely manner to ensure compliance.

## **Confidentiality**

The identity of a center representative reporting a violation in good faith will be kept confidential to the extent permitted by a full and fair investigation of the potential violation.

The center will not tolerate any reprisal, retaliation, or punitive action against a staff member for reporting potential violations in good faith. If you feel that you have been subject to adverse action, retaliation, or reprisal as a result of your reporting, please immediately contact the CPI Officer or the Chief Executive Officer.

## **CONFLICTS OF INTEREST ACKNOWLEDGMENT AND DISCLOSURE FORM**

I have read the conflicts of interest policy set forth above and agree to comply fully with its terms and conditions at all times during my service as a TAN Healthcare Board member. If at any time following the submission of this form I become aware of any actual or potential conflicts of interest, or if the information provided below becomes inaccurate or incomplete, I will promptly notify the TAN Healthcare Board of Directors in writing.

### **Disclosure of Actual or Potential Conflicts of Interest:**

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I acknowledge and agree that my selection for service on the Board and the opportunities made available to me by serving on the Board constitute good and valuable consideration for entering into this agreement, the receipt and sufficiency of which I hereby acknowledge.

### **In my individual capacity:**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_





## **Confidentiality and Conflict of Interest Policy and Disclosure Form**

### **Confidentiality**

As a member of the Board, I recognize that I owe a fiduciary duty of care to the TAN Healthcare. This includes a duty of confidentiality. All information and documentation that I receive from TAN Healthcare and others in connection with my service on the Board will be treated with strict confidentiality. Neither the contents nor the existence of this information or documentation will be shared with anyone other than the officers, directors, employees, and authorized agents of TAN Healthcare. I will direct any questions regarding my confidentiality obligations to the TAN Healthcare chairman of the Board.

### **Conflicts of Interest**

As a member of the Board, I recognize that I owe a fiduciary duty of loyalty to TAN Healthcare. This duty always requires me to avoid conflicts of interest and to act in the best interests of TAN Healthcare. The purpose of the conflicts of interest policy (set forth below) is to help inform the Board about what constitutes a conflict of interest, assist the Board in identifying and disclosing actual and potential conflicts, and help ensure the avoidance of conflicts of interest where necessary. This policy may be enforced against individual Board members as described below:

1. Board members have a fiduciary duty to conduct themselves without conflict to the interests of TAN Healthcare. In their capacity as Board members, they must subordinate personal, individual business, third-party, and other interests to the welfare and best interests of TAN Healthcare.
2. A conflict of interest is conduct, a transaction or relationship that presents or might conflict with a Board member's obligation owed to the TAN Healthcare and the Board member's personal, business or other interests.
3. All conflicts of interest are not necessarily prohibited or harmful to TAN Healthcare. However, full disclosure of all actual and potential conflicts, and a determination by the disinterested Board members - with the interested Board member(s) recused from participating in debates and voting on the matter - are required.
4. All actual and potential conflicts of interests shall be disclosed by Board members to the TAN Healthcare Executive Committee through the annual disclosure form and/or to the Board whenever a conflict arises. Disinterested members of the TAN Healthcare Executive Committee shall make a determination as to whether a prohibited conflict exists and what subsequent action is appropriate (if any). The TAN Healthcare Executive Committee shall inform the Board of such determination and action. The Board shall retain the right to modify or reverse such determination and action, and shall retain the ultimate enforcement authority with respect to the interpretation and application of this policy.

5. On an annual basis, all Board members shall be provided with a copy of this policy and required to complete and sign the acknowledgment and disclosure form below. All completed forms shall be provided to and reviewed by the TAN Healthcare Executive Committee, as well as all other conflict information, if any, provided by Boardmembers.

Signature:\_\_\_\_\_

Name:\_\_\_\_\_

Date:\_\_\_\_\_

