SACVALLEY MEDSHARE	POLICY: *Whistleblower Protection Policy*	POLICY NUMBER: *SVMS-24.001*
Compliance Requirement	Author: Elizabeth L Steffen	Origination Date: 03/16/2017
Whistleblower Protection Act of 1989	Revised By:	Revised Date:

Policy Statement:

If any employee reasonably believes that some policy, practice, or activity of SacValley Medshare is in violation of law, a written complaint may be filed by that employee with the Project Manager. If the compliant is about the Project Manager, a complaint may be filed with the Board of Directors.

Authorization	Name	Signature	Date
Board Chair	Myron E Machula	Myron E Machula	4/6/2017
Project Manager	Elizabeth Steffen		03.31.2017

Reference:

Council on Foundations. (March 2016.) *Whistleblower Protection Policy.* Retrieved March 16, 2017 from https://www.councilofnonprofits.org/tools-resources/whistleblower-protections-nonprofits#1

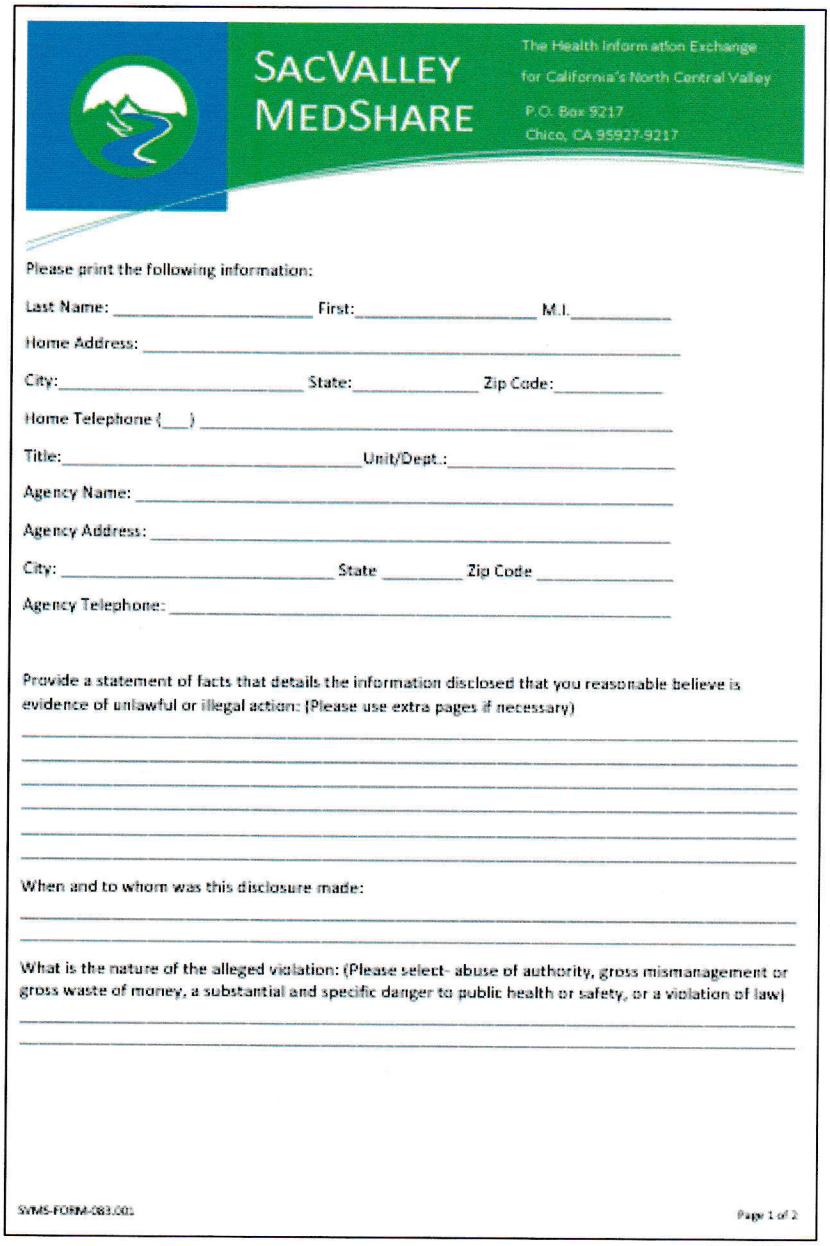
Attachments:

Attachment A: Whistleblower Complaint Form *(2 pages, Page 2)*

Attachment B: Whistleblower Policy Acknowledgement Form *(1 page, Page 4)*

Version	Date	Author	Comment
.001	04/06/2017	E. Steffen	Initial release.

Attachment A: Whistleblower Complaint Form (Page 1)



SACVALLEY MEDSHARE

The Health Information Exchange for California's North Central Valley

P.O. Box 9217
Chico, CA 95927-9217

Please print the following information:

Last Name: _____ First: _____ M.I. _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone (___) _____

Title: _____ Unit/Dept.: _____

Agency Name: _____

Agency Address: _____

City: _____ State _____ Zip Code _____

Agency Telephone: _____

Provide a statement of facts that details the information disclosed that you reasonable believe is evidence of unlawful or illegal action: (Please use extra pages if necessary)

_____

_____

_____

_____

_____

_____

When and to whom was this disclosure made:

_____

_____

What is the nature of the alleged violation: (Please select- abuse of authority, gross mismanagement or gross waste of money, a substantial and specific danger to public health or safety, or a violation of law)

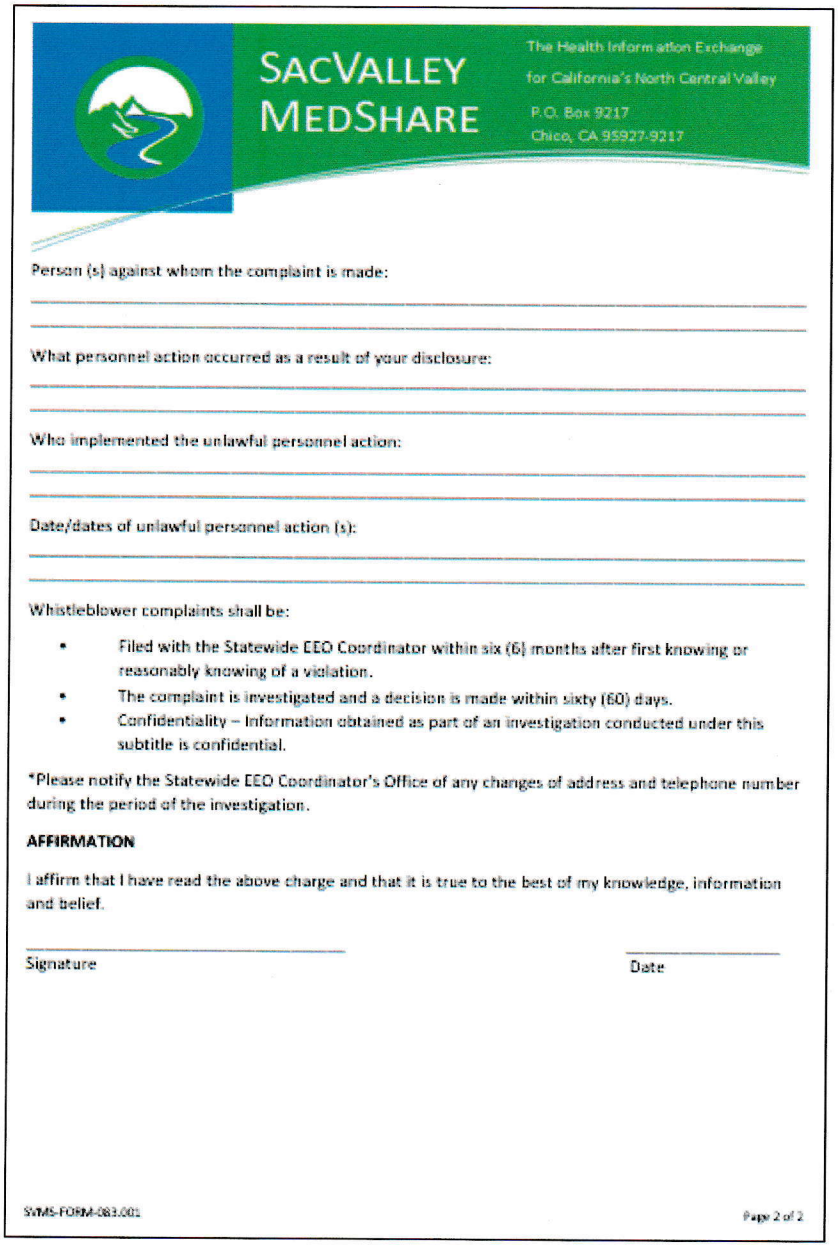
_____

_____

SVMS-FORM-083.001

Page 1 of 2

Attachment A: Whistleblower Complaint Form (Page 2)



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Person (s) against whom the complaint is made:

_____

_____

What personnel action occurred as a result of your disclosure:

_____

_____

Who implemented the unlawful personnel action:

_____

_____

Date/dates of unlawful personnel action (s):

_____

_____

Whistleblower complaints shall be:

- Filed with the Statewide EEO Coordinator within six (6) months after first knowing or reasonably knowing of a violation.
- The complaint is investigated and a decision is made within sixty (60) days.
- Confidentiality – Information obtained as part of an investigation conducted under this subtitle is confidential.

*Please notify the Statewide EEO Coordinator's Office of any changes of address and telephone number during the period of the investigation.

AFFIRMATION

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

_____ _____

Signature Date

SVMS-FORM-083.001 Page 2 of 2

Attachment B: Whistleblower Policy Acknowledgement Form

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WHISTLEBLOWER POLICY ACKNOWLEDGEMENT

It is the intent of SacValley MedShare to adhere to all laws and regulations that apply to the organization, and the underlying purpose of the Whistleblower Protection Policy is to support SacValley MedShare's goal of legal compliance. The support of all employees is necessary to achieving compliance with various laws and regulations. An employee is protected from retaliation only if the employee brings the alleged unlawful activity, policy, or practice to the attention of the Project Manager and provides the Project Manager with a reasonable opportunity to investigate and correct the alleged unlawful activity. The protection described below is only available to employees that comply with this requirement.

SacValley MedShare will not retaliate against an employee who, in good faith, has made a protest or raised a complaint against some practice of SacValley MedShare, or of another individual or entity with whom SacValley MedShare had a business relationship, on the basis of a reasonable belief that the practice is in violation of law or a clear mandate of public policy.

SacValley MedShare will not retaliate against an employee who discloses or threatens to disclose to a supervisor or a public body any activity, policy, or practice of SacValley MedShare that the employee reasonably believes is in violation of a law, or a rule, or regulation mandated pursuant to law or is in violation of a clear mandate or public policy concerning health, safety, welfare, or protection of the environment.

My signature below indicates my receipt and understanding of the Whistleblower Protection Policy. I also verify that I have been provided with an opportunity to ask questions about the Whistleblower Protection Policy.

_____ _____

Employee Signature Date