CommWell Health Code of Conduct

I will be a solid role model to others in delivering excellence in all that I do as a representative of CommWell Health by exhibiting the following behaviors:

• I will display empathy and concern about the well being of others I will not participate or encourage idle gossip.

• I will speak positively and with encouragement regarding the mission and vision of CommWell Health and of the Eagle Excellence Initiative and other initiatives represented by the four traditional pillars of Quality, Finance, Culture and Governance.

• I will display a positive attitude in support of events related to CommWell Health.

• I will display appropriate respect to my co-workers and patients.

• I will strive to be a wise and a trusted coach, teacher and mentor as I fulfill my role as a fellow colleague.

• I will support and encourage the positive endeavors of my colleagues at all times.

• I will graciously accept constructive feedback and strive to overcome personal challenges that I may be facing in order to become a positive and strong role model.

• I will communicate with respect and integrity when representing CommWell Health to all internal and external guests (email, telephone, etc.).

• I will strive to display behaviors guided by principles, character and values of CommWell Health.

• I will fully participate with commitment and zeal in assignments related to my role and responsibilities.

• I will avoid behaviors or conduct that could be described as offensive, demeaning, condescending, hostile, threatening, intimidating, sarcastic or humiliating towards others.

• I will always take full responsibility for my actions and the consequences of my actions.

• I will respect and follow the policies and procedures of CommWell Health.

As a Colleague of CommWell Health, I agree to follow the above Code of Conduct as set forth by the EAGLE Excellence Council and Board of Directors:

CWH Colleague Signature _____________________________ Date____________

Leader Colleague Signature ____________________________ Date____________