

Hospital Policies and Procedures Manual

CORPORATE GOVERNANCE POLICIES		Document Code: MMC-HPP-GLD-023	Rev. Code : 00
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Issued by: Compliance Department	☒ New	Supersedes:	
Approved by:			
<i>(original document signed)</i> Atty. German Q. Lichauco II Corporate Secretary		<i>(original document signed)</i> Manuel V. Pangilinan Chair, MDI Board of Directors	
Oct/07/2021 Date Signed (MMM/DD/YYYY)		Oct/11/2021 Date Signed (MMM/DD/YYYY)	

Makati Medical Center (MMC), one of the hospitals under Metro Pacific Hospital Holdings, Inc. (the "Company" or "MPHHI") and consistent with the latter's ideals, is committed to achieve and maintain the highest standards of openness (honesty), probity, integrity, honesty and accountability. To this end, MMC adopts a whistleblowing policy.

This Policy is meant to support MMC Manual on Corporate Governance.

Objectives:

- To provide implementing procedures, reporting channels, and internal controls, to increase the awareness of maintaining internal corporate justice.
- To assist and encourage individual employees (permanent, project, or temporary) to disclose information relevant to suspected misconduct, malpractice, or irregularity as defined in the MMC's Corporate Governance (CG) Policies through a confidential reporting channel as well as to provide such personnel appropriate protection in the event of retaliatory acts carried out against them in relation to any disclosures they may have made.
- The procedures outlined in this Policy have also been established in order to prevent overlapping action and investigations among and between the Human Resources Management and Development Division (HRMDD), Compliance Department, and other concerned departments of MMC.
- To streamline the handling of complaints and their resolution, and prevent forum shopping - the filing of multiple complaints for the same reason - in the hope of obtaining a favorable resolution from any of the offices mentioned above.

Scope:

This Policy applies to all MMC personnel, including members of the Board of Directors, officers, medical staff, trainees, employees, as well as concerned advisors/consultants and other third-party business partners (the "MMC Personnel"), in so far as their conduct relates to the official function of MMC.

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To the extent necessary to ensure compliance by MMC Personnel with the CG Policies, the Policy shall likewise apply to disclosures and reports initiated by third parties.

The Policy and the Whistleblowing System created hereunder shall supplement existing communication channels available to MMC Personnel.

Moreover, the Policy and the Whistleblowing System shall specifically cover the following matters:

1. Malpractice, impropriety or fraud relating to internal controls, accounting, auditing and financial matters;
2. Violation of the laws, rules and regulations programs, policies and procedures of MMC;
3. Improper conduct or unethical behavior likely to prejudice the standing of MMC;
4. Breach of legal or regulatory requirements;
5. Criminal offences, breach of civil law and miscarriage of justice;
6. Endangerment of the health and safety of an individual;
7. Damage caused to the environment; and
8. Deliberate concealment of any of the above.

Definition of Terms:

Complaint – refers to an official statement claiming serious concerns about any suspected misconduct, malpractice, irregularity, or violation of CG Policies.

Corporate Governance Policies (CG Policies) – refer to the MMC's Manual on Corporate Governance, Anti-Bribery and Anti-Corruption Policy, Conflict of Interest Policy, and such other policies that MMC may adopt to strengthen its corporate governance procedures and practices.

Investigating Officer – the officer who is given the authority and responsibility to conduct an investigation into a Whistleblowing Report. This may be a personnel from the Compliance Department, the Management Investigating Committee (MIC), or an external counsel or consultant if one is appointed by the Board Compliance Committee or the Board of Directors.

Compliance Department- shall refer to the MMC Compliance Department, which has been designated by MMC to receive, handle, investigate and resolve Whistleblowing Reports filed in the Company or any of its subsidiaries and affiliates. This is headed by the Compliance Officer.

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Management Investigation Committee (MIC) – refers to a committee that may be given the authority and responsibility to conduct an investigation into a Whistleblowing Report. An MIC will be designated when the alleged violation pertains to matters outside of CG Policies (*i.e.* Questionable Accounting and Auditing Matters to be referred to the Internal Audit Department or similar committee, Violations of Employees/Trainees/Medical Staff Code of Conduct).

Questionable Accounting Matters – refers to any serious violation of generally accepted accounting principles and standards applicable to the MMC which shall include, but are not limited to:

- fraudulent or deliberate error in the preparation of the financial statements of the MMC;
- fraudulent or deliberate error in the maintenance of the financial records of MMC;
- misrepresentation or deliberate false statement by any officer or employee regarding a significant matter contained in the financial records, financial reports or external or internal audit reports of MMC,

Questionable Auditing Matters – refers to any serious violation or override of the Company's internal controls.

Retaliation – any act of reprisal, discrimination, harassment, intimidation or abusive adverse personnel action by any of MMC's directors, officers, medical staff, trainees, or employees against a Whistleblower, any of his/her Witnesses or any person providing information or advise in relation to any Whistleblowing Report.

Respondent – refers to the person being complained of, or the person who is implicated in a Complaint or Whistleblowing Report as the one who is responsible or is involved in any suspected misconduct, malpractice or irregularity.

Whistleblowing - refers to a disclosure or filing of a Complaint by an employee or a group of employees who in good faith report serious concerns about any suspected misconduct, malpractice or irregularity which he or they may have become aware of or genuinely suspect that MMC has been or may become involved in.

Whistleblower – refers to any person or persons, filing a report and includes individuals who work for, or are themselves, third-party business partners of MMC.

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Whistleblowing Disclosure Form – the standard form used for submission of Whistleblowing Report (See Appendix B).

Whistleblowing Report – refers to a disclosure or a complaint regarding illegal or unethical conduct that violates the CG Policies (please see ‘Whistleblowing’, as defined above), or any applicable laws, rules and regulations, MMC programs, policies and procedures, or code of conduct.

Whistleblowing System – the procedural manual and such other processes established by this Policy for the purpose of effectively handling all Whistleblowing reports and other related complaints.

Witness – refers to an employee of the Company or any third-party other than a Whistleblower who participates or cooperates in the investigations or proceedings pertaining to a complaint.

Policy:

MMC Personnel at all levels are expected to conduct themselves with integrity, impartiality, and honesty. It is every personnel’s responsibility and in all interest of MMC to ensure that any inappropriate behavior that compromise the interest of the shareholders, investors, patients, other stakeholders, and the wider public does not occur. It is also critical to maintain a good corporate image and raise the standard of corporate governance of MMC.

Guidelines:

Reporting in good faith

- a. MMC Personnel are encouraged to employ the Whistleblowing System in good faith, with the intention of promoting adherence to the CG Policies and values and the over-all well-being of MMC in so far as it strives to meet its responsibilities to its various stakeholders.
- b. Whistleblowing shall at no time be employed for any personal disputes, question financial or business decisions taken by MMC; nor should it be used to reconsider any staff matters which have been addressed under the grievance procedure already in place.

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- c. In the event that an employee is found to have deliberately made a false and/or malicious report, with an ulterior motive, or for personal gain, MMC reserves the right to take appropriate actions against the employee to recover any loss or damage as a result of the false report. In particular, the employee may face disciplinary action, including dismissal, where appropriate, as indicated in the MMC Code of Conduct.

Confidentiality

- a. All Whistleblowing Reports including the identity of the Whistleblower, Witnesses, and employees named in the complaint will be treated in a confidential manner, unless MMC is otherwise required or compelled by law to release such information.
- b. The Compliance Department, the MIC concerned, and the Investigating Officer shall take appropriate steps in order to secure and protect the integrity and confidentiality of all records and information obtained, gathered and collected pursuant to a Whistleblowing Report.

Anonymous Reporting

- a. Any Whistleblowing Report must be made or filed through any of the various reporting channels listed below.
- b. To aid further investigation of the Whistleblowing Report, a Whistleblower who makes or files a Whistleblowing Report anonymously may opt to provide means by which he can be contacted without compromising his/her anonymity, (e.g. send and/or receive mails through a post office (P.O.) Box number, an e-mail address, or communicate through text messages using a mobile phone number, etc.).

Protection from Retaliation

- a. Retaliation against any Whistleblower or Witness is prohibited and will be dealt with in accordance with this Policy, and other applicable laws, and MMC policies and procedures. A Whistleblower or Witness who will identify himself shall be protected from retaliation.

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- b. The Compliance Department shall take necessary steps to ensure that all forms of appropriate and effective protection is afforded to a Whistleblower and/or his/her Witnesses.

Malicious Allegations

In case the Compliance Department should determine, after investigation, that the Whistleblower and/or Witness has made baseless, untruthful, fabricated, malicious, or vexatious allegations, disciplinary action may be taken against the Whistleblower and Witness in accordance with applicable laws, and MMC policies and procedures, to protect the good name of persons that may have been unjustly accused or implicated.

- a. the Whistleblower, if identified or can be contacted, shall be informed by the Compliance Department that the case is deemed closed including the reason for such, without prejudice to this provision;
- b. the Respondent shall be informed in writing by the immediate superior of the final disposition of the Whistleblowing Report.

Procedure:

Reporting Channels

Any personnel who has a legitimate concern can raise the matter directly with the Compliance Department. A Whistleblowing Report may be submitted through any of the following means:

Method	Send to / Relay to
Mail	MMC Compliance Department at 6 th floor Tower 2, #2 Amorsolo Street, Legazpi Village, Makati City
E-Mail	compliance.department@makatimed.net.ph
Cellphone/Helpline	0998 542 6057
Face-to-face Meeting	Any member of the Compliance Department at the option of the Whistleblower

Such reporting channels may be expanded and modified as the Compliance Department may deem necessary.

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Submission of Whistleblowing Report

- a. Any Whistleblowing Report shall preferably be made in writing using the standard form (Whistleblowing Disclosure Form) or filed with the Compliance Department through the appropriate reporting channels set up for this purpose.
- b. It may also be filed through any responsible officer of the hospital who, in turn, shall refer it to the Compliance Department for appropriate handling.
- c. While MMC does not expect the employee to have absolute proof or evidence of the misconduct, malpractice or irregularities reported, the report should show reasons for the concerns and full disclosure of any relevant details and supporting documentation.
- d. As MMC takes reporting of misconduct, malpractice, and irregularities seriously and wants to conduct warranted investigations of both potential and actual violations, it is preferred that Whistleblowing Reports are not made anonymously. However, it is recognized that for any number of reasons, employees may not feel comfortable reporting potential violations unless the same is done anonymously, in which case, the same report may be directed to the Compliance Department through any of the available reporting channels.
- e. For verbal Whistleblowing, the Compliance Department, the MIC concerned, or the Investigating Officer shall:
 - solicit and document as much information and details from the Whistleblower
 - ask for documents or other evidence in support of the Whistleblowing Report (e.g., e-mails sent, etc.); and
 - ask the Whistleblower, who chooses to identify himself, if he/she is willing to sign the transcript of the relevant discussions between the Whistleblower and the Compliance Department, as prepared by the latter and/or to be identified in the course of the investigation.

The Investigating Officer shall prepare the corresponding Whistleblowing Disclosure Form based on the transcript referred to above.

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Submission of Complaint on Retaliation

- a. If a Whistleblower or a Witness believes that he has been retaliated upon for filing a Whistleblowing Report or for participating or cooperating in an investigation under this Policy, he may file a written complaint with the Compliance Department.
- b. The complaint on Retaliation may be filed within three (3) months from the occurrence of the last alleged act or incident of Retaliation. Complaints on Retaliation should be made in writing and submitted in a sealed envelope marked "Confidential" to the Compliance Department.
- c. Written complaints on Retaliation should indicate the following:
 - Name, designation, work address and phone number of the complainant;
 - Name and title of the director, officer, executive, medical staff, trainee, supervisor or employee alleged to have retaliated or to be involved in the Retaliation against the complainant;
 - Brief description and date of the Whistleblowing Report to which the alleged Retaliation relates;
 - Brief description and details of the alleged Retaliation (date/time, place and manner); relevant evidence to prove the Retaliation.

Report on Retaliation

The Compliance Department shall receive and conduct the preliminary evaluation of the report on Retaliation to determine whether the information indicated and the following criteria are present:

- Meets the definition of Retaliation; and
- Indicates serious implications of the alleged Retaliation to the complainant; and there is probable cause to warrant further investigation.

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After the preliminary evaluation and after it is determined that the Report on Retaliation necessitates further investigation, the Compliance Department may designate an MIC or an Investigating Officer who shall conduct an investigation, which shall include but not be limited to:

- Conducting interviews and seeking sworn statements from the complainant;
- Conducting interviews and seeking sworn statements from witnesses as appropriate; and
- Maintaining files and records of Report on Retaliation and the pertinent investigation reports, and the outcome of recommendations consistent with confidentiality requirements.

Handling and Preliminary Assessment of Whistleblowing Report

Receipt and Handling of Whistleblowing Report

- In the event that the report is not in writing in the prescribed form and/or merely conveyed verbally or through other means, the receiving officer from the Compliance Department shall ensure that the information received shall be transcribed onto the appropriate form in order that a file on the matter may be initiated.
- The receiving officer/personnel shall endeavor to obtain all necessary information required to make a preliminary assessment of the disclosure.
- He/she shall likewise ensure that communication between him/her and the Whistleblower remains open in order that additional information, if necessary, can be obtained.
- Should the report be made verbally to any officer/employee who is not from the Compliance Department, it shall be the duty of such person to communicate to the officer from the Compliance Department so that said personnel shall transcribe the said report as provided in the preceding paragraph.

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- e. MMC holds it a serious disciplinary offence for any person who seeks to prevent a Whistleblowing Report from reaching the designated person, or to impede any investigation which he or anyone on his behalf may make.
- f. If a Whistleblowing Report refers to incident involving any of the MPHHI's subsidiaries or affiliates, the Compliance Department shall refer the same to the Compliance Officer of the concerned subsidiary or affiliate, and promptly inform the Whistleblower of such.

Case Monitoring

- a. All Whistleblowing Reports received by the Compliance Department shall have a Whistleblowing Disclosure Form and assigned a corresponding case number for monitoring purposes.
- b. The Compliance Department shall maintain a log of all Whistleblowing Reports received and shall submit a report to the MDI Compliance Committee on:
 1. All Whistleblowing Reports concerning MMC received by the Compliance Department which should include the following details:
 - i. Management Investigating Committee and Investigating Officer to whom the case was referred, if any;
 - ii. Status of outstanding Whistleblowing Reports; and
 - iii. Final disposition or resolution of Whistleblowing Reports.
 2. A summary of Whistleblowing Reports submitted by the subsidiaries and affiliates on a quarterly basis.
- c. The Compliance Department shall maintain and control a complete case file for all Whistleblowing Reports. Every case file shall include:
 - Covering Whistleblowing Disclosure Form;
 - All investigation reports;
 - All related correspondence or memoranda;
 - All documentary evidence gathered;
 - List of other physical evidence gathered and their location; and

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- Other relevant documents and records relating to the case.

Evaluation of the Whistleblowing Report

- a. Upon receipt of the Whistleblowing Report, the Compliance Department shall conduct a preliminary assessment to determine whether there is:
 - i. Sufficient evidence and leads to initiate an investigation, in which case, he/she may proceed to gather information from other sources as may be warranted. If the complaint pertains to matters outside of CG Policies, an MIC should be designated for a more detailed handling. The Whistleblower should be advised accordingly.
 - ii. Insufficient evidence and leads or unclear matters, in which case, he/she should resume discussions with the Whistleblower in order to obtain more information or verify and validate information on hand.
 - iii. A malicious or false complaint, in which case the Compliance Department or the MIC shall dismiss the report and may proceed to investigate if the Whistleblower acted in good faith and whether he/she should be subjected to sanctions.
- b. Regardless of whether there is sufficient evidence or not, the Compliance Department or the MIC shall, in appropriate cases, make recommendations regarding applicable internal controls and procedures that may be imposed and established in order to prevent further occurrences of the act or acts reported. The same shall be communicated to the Head of the concerned office through the Compliance Department for appropriate action.

Sufficiency of the Whistleblowing Report

- a. The Whistleblowing Report must contain at least the following information:
 1. Full name and position of the Respondent;
 2. Specification of the charge or charges;
 3. Brief statement of the relevant and material facts, including the approximate time and place of the commission of the act or omission complained of, the persons involved and such other matters that will assist the Compliance Department to identify the nature of the violation or offense; and

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4. any evidence that the Whistleblower may have, including affidavits of Witnesses and/or third parties, including, but not limited to the MMC's suppliers, vendors, and contractors.
- b. Notwithstanding the provisions of this Policy, no anonymous Whistleblowing Report shall be entertained unless there are sufficient facts and evidence cited in the Whistleblowing Disclosure Form that would lead a reasonable man to conclude that the charge is not frivolous and intended to harass the Respondent.
- c. Should the Compliance Department find the Whistleblowing Report insufficient because of the Whistleblower's failure to provide sufficient information as above, the Compliance Department shall advise the Whistleblower, if he is identified or can be contacted in, that such insufficiency may constrain the Compliance Department to close the case and not to take further action on the Whistleblowing Report as the lack of information prevents the proper conduct of investigation.
- d. The format and length of an investigation will vary depending upon the nature and particular circumstances of each complaint made. The matters raised may:
 - i. Be investigated internally;
 - ii. Be referred to the MIC (Internal Audit, Human Resources Management and Development Division, Ethics Committee, etc.) for appropriate action;
 - iii. Be referred to an external counsel or consultant; or
 - iv. Form the subject of an independent inquiry.

Investigation Proper and Reporting

a. Investigation

The Compliance Department, the MIC concerned, or the Investigating Officer shall ensure that the investigation is conducted in accordance with existing laws, rules and regulations, applicable MMC Policies and procedures, and with due process of law.

The following factors shall be considered in the handling of a Whistleblowing Report covering matters within the scope of this Policy.

- i. The gravity and relevance of the allegation(s) and issue(s) raised;

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- ii. The probability that the allegation(s) or issue(s) raised are true;
- iii. The significance of details and evidence submitted; and
- iv. The possible sources of additional evidence, including testimonies or affidavits of third parties, including, but not limited to, the Company's suppliers, vendors, and contractors.

b. Conclusion

The Compliance Department, with the help of the Investigating Officer, shall determine whether the Whistleblowing Report:

- a. Will not be pursued – If despite efforts to obtain additional information, the Compliance Department should still find the Whistleblowing Report insufficient for further action, it shall advise the Whistleblower, if he is identified or can be contacted in accordance with Section below, in writing of such finding and the basis thereof.
- b. Needs further investigation – The Whistleblower, if he is identified or can be contacted in accordance with Section below, shall be notified that an investigation will be conducted either by an MIC or an Investigating Officer deputized by the Compliance Department, and the report of the findings will be provided to the Compliance Department.

c. Reporting

- a. Upon completion of the investigation, the Investigating Officer / MIC shall submit to the Compliance Department a written report on the findings, including a summary of the evidence gathered and a conclusion as to whether or not the Whistleblowing Report is substantiated.
- b. If the Whistleblowing Report is determined to be substantiated, the Compliance Department shall issue a report to the immediate superior of the Respondent, for the immediate superior's appropriate action. The name of the Respondent shall not be disclosed or reported to anyone who does not have the need to know it while the investigation is pending. The immediate superior of the Respondent shall follow the procedures laid down by applicable laws, rules, and MMC policies / procedures, specifically in terms of informing the Respondent in writing of the particular act constituting the offense or infraction imputed to him, requiring the Respondent to

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answer the charges against him and affording the Respondent the opportunity to be heard and to defend himself.

- c. Investigation and determination of the appropriate disciplinary action shall be made by the immediate superior in accordance with applicable laws, rules, and MMC policies and procedures.
- d. The immediate superior shall provide the Compliance Department a report of the final action/disposition made in accordance with this policy. It shall likewise advise the Compliance Department to close the case records.
- e. In the event that an employee who is under investigation resigns from MMC pending the completion of the investigation or final resolution of the case against him, his resignation shall be without prejudice to the outcome of the investigation or final resolution of the case. Any benefit due the resigning employee shall be withheld pending the outcome of the investigation or final resolution of the case.

d. Protection of Whistleblowers

In the event that a Whistleblower or any Witness alleges acts of retaliation from any MMC Personnel, on account of his/her Whistleblowing report or testimony in connection with any whistleblowing report, it shall be the duty of the Investigating Officer, in coordination with the Compliance Department, to:

- a) Within Seventy-Two Hours (72) hours upon receipt of such information, determine the veracity of the allegations by all means necessary.
- b) In case such acts of retaliation are true, the Investigating Officer may recommend, subject to the approval of the Compliance Officer, with the concurrence of the Head of the Human Resources Management and Development Division, ancillary measures to protect the Whistleblower and/or Witnesses such as, but not limited to:
 - re-assignment, whether temporary or permanent, of one or any other party involved,
 - verbal warnings and reprimands, against the party or parties concerned, either from the Compliance Department, HRMDD, and/or their immediate Head;
 - designation or creation of special work areas;

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- In case of third-party reports, the Compliance Department shall endeavor to develop appropriate measures together with Procurement and/or the Finance Division in order that such third-party, and/or the company s/he represents shall continue to fairly pursue and bid for business and contracts with MMC; and
- Such other measures as are necessary to preserve the status quo prior to the filing of the report or to protect the rights of the parties concerned.

- c) The Investigating Officer may also recommend other measures to sanction the behavior of the person or persons guilty of Retaliation and may file appropriate administrative charges against said persons as may be warranted under applicable laws, rules, and MMC policies and procedures.

e. False reporting

The right of the Whistleblower to protection under the Policy against retaliation does not include immunity for any personal wrongdoing that is alleged and investigated. Hence, baseless, simulated, fabricated, false or malicious allegations or reports intended only to cause anger, irritation or distress, as may be determined by the MIC, shall be dealt with in accordance with pertinent policies and rules and/or applicable laws.

RETENTION AND STORAGE OF PERSONAL DATA

Records shall be kept for all reported misconducts, malpractices, and irregularities by the relevant parties in MMC. In the event a reported irregularity leads to an investigation, the party responsible for leading/conducting the investigation shall ensure that all relevant information relating to the case is retained, including details of corrective action taken for a period not exceeding six (6) years (or whatever other period may be specified by any relevant legislation).

TIMESCALES

Due to the varied nature of issues which may be raised it is not possible to lay down precise timescales for either internal or external investigations. Investigation will be undertaken as quickly as possible in line with the nature and severity of the allegation / concern without affecting the quality and depth of the investigation. Initial stage investigations to be conducted by the MIC

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concerned or the Investigating Officer will seek to conclude their enquiries and provide feedback to the Compliance Department within four (4) weeks.

Responsibility:

COMPLIANCE DEPARTMENT

- Receive Whistleblowing Report, conduct a review of the Whistleblowing Report in accordance with this policy, and unless pertaining to violations of CG Policies, endorse the Whistleblowing Report to and coordinate with the AIU for further handling and investigation.
- Facilitate and complete within the prescribed period the investigation of Whistleblowing Report involving violations of CG Policies.
- Monitor and maintain records of the receipt, disposition and resolution of all Whistleblowing Reports and ensure the appropriate monthly reporting thereof to the Compliance Committee and the Board.
- Monitor and maintain records of the receipt, disposition and resolution of all Whistleblowing Reports filed by subsidiaries and affiliates and ensure the appropriate quarterly reporting thereof to the Compliance Committee and the Board.

Management Investigation Committee

- Facilitate and complete within the prescribed period the investigation of Whistleblowing Report, as endorsed by the Compliance Department.
- Regularly inform the Compliance Department of the actions taken on his Whistleblowing Report and the basis thereof.
- Report to the Compliance Department the final action, disposition, and/or recommendation made on the Whistleblowing Report.

Personnel / Witnesses

- Provide truthful information and cooperate fully with the Compliance Department, the AIU, and the Investigating Officer whenever the investigation involves employees or units within their area of responsibility.
- Report in good faith any suspected violation of the CG Policies, or conduct which constitutes a Questionable Accounting and Auditing Matter or an offense under applicable laws, rules, and MMC policies and procedures.

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- c) Cooperate in the investigation, including making available for examination all necessary records and information.

Immediate Superior of Respondent

- Inform the Respondent in writing of the particular act or retaliatory acts constituting the offense or infraction imputed to him, require him to answer such charges, and afford him the opportunity to be heard and to defend himself, in accordance with applicable laws, rules, and MMC policies and procedures.
- Inform the Respondent in writing of the results of the investigation and/or disposition of the Whistleblowing or Retaliation Report filed against him.
- Implement the appropriate disciplinary action.
- Report to the Compliance Department his decision and/or the imposition of the disciplinary action on Respondent in accordance with applicable laws, rules, and MMC policies and procedures.
- Ensure that in case the Respondent resigns pending the completion of the investigation or final resolution of the case against him, he shall inform the Respondent that the resignation shall be without prejudice to the results of the investigation or the final resolution of the case, and that any benefits due him, if any, shall be withheld pending final resolution of the case.

CONSEQUENCES OF VIOLATIONS

Any director, officer, employee, medical staff, trainee or consultant found to have violated this Policy shall, in addition to any penalties that may be provided under duly approved CG Policies, applicable laws and regulations, be liable to the extent of the damage/loss suffered by MMC, and may be subject to penalties and sanctions as may be determined by the appropriate corporate authorities, whether or not damage/loss is actually suffered by the Company.

Specifically, the following penalties shall be applied, if NOT covered by MMC Code of Conduct:

NO. OF OFFENSE	PENALTY
First Offense	Written Warning
Second Offense	Five (5) day suspension to twenty (20) day suspension depending on the gravity

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	of the offense upon the discretion of the Immediate Superior of Respondent.
Third Offense	Dismissal

EFFECTIVITY

This policy shall take effect immediately. All existing policies, guidelines, regulations, systems, practices and relates implementing guidelines concerning the same matters covered herein are deemed superseded by this Policy. In the event of any inconsistency between the policy contained herein and the terms of other existing policies, guidelines, systems practices and related implementing guidelines, this policy shall prevail. This policy and the Code of Ethics and Business Conduct have supplemental application to each other.

For any questions about this Policy, you may approach your immediate superior, the HRMDD, or the Compliance Department.

A. Approval, Amendment or Alteration of Policy

This Policy has been approved and adopted by the Medical Doctor's Inc. (MDI) Board of Directors. The Compliance Department, Leadership and the MDI Board of Directors has the overall responsibility to provide oversight on implementation, monitoring and periodic review (at least every 3 years) of this Policy.

This Policy shall not be amended, altered or varied unless such amendment, alteration or variation shall have been approved by resolutions of the Board of Directors.

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B. Training

Upon initial roll-out of the Policy, all current personnel, trainees and medical staff should be trained and complete attached form and deliver the completed forms to Human Resources / Medical Services / Medical Education and Research in an envelope labeled "Employee Policy Training Certification."

New personnel, trainees and Medical staff should be trained immediately upon hiring and complete this form and kept in their respective 201 file in Human Resources, Medical Services or Medical Education.

Responsibilities:

Compliance Department regularly reviews, and modify as necessary, this policy at least every 3 years and recommend to Leadership and MDI Board of Directors any modification.

Human Resources - Learning and Development Department / Department Manager or Quality, Safety and Compliance Officer of concerned department in coordination with Compliance Department provides regular training and annual refresher course to hospital personnel and third party services within their area of responsibility.

Managers and supervisors are responsible in ensuring that all their staff are aware and implement this policy consistently. In the review of any violation of this policy, managers and supervisors may be held liable for failure to instruct adequately their subordinates or for failure to detect noncompliance with applicable policies and legal requirements, where reasonable diligence would have led to the discovery of any violations or problems and prevent loss for the company.

Reference/s: Adopted from MPHHI Whistleblowing policy

Attachment: Appendix A - Whistleblower Complaint / Disclosure Form

Signatories:

(original document signed)

Author (s) Mary Milagros D. Uy, MD
Compliance Officer

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	John Vincent G. Pastores, MD	- Director, Medical Services
	Bitá Sigari Avendaño	- Head, Human Resources Management & Development Division
	Arnold C. Ocampo	- CFO & Division Head, Finance
	Marielle M. Rubio	- Head, Service Operations Division
	Jose Paulo P. Lorenzo, MD	- Director, Medical Education and Research
	Eda Bernadette P. Bodegon, RN, MAN	- Chief Nursing Officer, Nursing and Patient Care Services
	Arlyn L. Songco	- Head, Creative, Communications, and Sales Services (CCSS) Division
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	Engr. Gerry E. Cunanan	- Head, Facilities Management and Engineering Department Division

Reviewed and Recommended for Approval,

(original document signed)

Atty. Pilar Nenuca P. Almira

President and CEO

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