OPTIMUM QUALITY HEALTH VENTURES, INC.

Doing business under the name and style of CAMARIN DOCTORS HOSPITAL

WHISTLEBLOWING POLICY

INTRODUCTION

This Whistleblowing Policy is issued by the Board of Directors of Optimum Quality Health Ventures, Inc. (OQHVI) in accordance with its Articles of Incorporation, By-Laws, Manual of Corporate Governance, Code of Business Conduct and Ethics, and other applicable laws, rules and regulations.

The Board should ensure the proper and efficient implementation of this policy as part of the company's Code of Business Conduct and Ethics.

1. PURPOSE & EXECUTIVE STATEMENT

Optimum Quality Health Ventures, Inc. is committed to clinical excellence, patient-centered care, and institutional governance built on transparency and integrity.

In compliance with the corporate governance standards, this policy establishes an independent, safe, and structured whistleblowing framework. This framework guarantees that all employees, medical professionals, and external stakeholders can **freely communicate concerns regarding illegal, unethical, or improper practices without fear of retaliation, administrative prejudice, or personal detriment**.

The company maintains an absolute **Zero-Tolerance Policy against Retaliation**. The Board of Directors explicitly guarantees the legal, administrative, and institutional protection of any individual who submits a disclosure in good faith.

2. SCOPE & APPLICABILITY

This policy applies universally across all clinical departments, ancillary services, administrative divisions, and governance bodies of the company.

COVERED STAKEHOLDERS

INTERNAL STAKEHOLDERS	EXTERNAL STAKEHOLDERS
* Board of Directors	* Patients & Family Guardians
* Executive Management	* Accredited HMOs & Insurers
* Active & Visiting Consultants	* Medical Suppliers & Vendors
* Resident Physicians & Junior Consultants	* Service Contractors
* Nursing & Allied Health Staff	* DOH, PHIC, & other regulator
* Administrative Support Staff	* Surrounding Community

3. CATEGORIZATION OF COVERED MISCONDUCT

Whistleblowing disclosures must involve actions or omissions that compromise patient safety, clinical standards, financial integrity, regulatory compliance, or public trust.

Misconduct Domain	Scope & Examples of Violation
Clinical & Patient Safety	• Intentional falsification of medical charts, diagnostic reports, or vital signs. • Unlicensed practice or performing procedures outside approved privileges. • Gross, repeated violations of DOH Level 2 clinical care or infection control protocols.
Financial & Billing Integrity	• Fraudulent claims submitted to PhilHealth or private HMO partners. • Double-billing, padding of patient invoices, or unrecorded cash transactions. • Embezzlement, misappropriation of hospital assets, or accounting fraud.
Procurement & Commercial Integrity	• Solicitations, kickbacks, or rebates from pharmaceutical reps or medical suppliers. • Rigged bidding processes or undisclosed conflicts of interest in procurement.
Data Privacy & Compliance	• Unauthorized access or disclosure of Patient Health Information (PHI) under R.A. 10173 (Data Privacy Act of 2012).

Misconduct Domain	Scope & Examples of Violation
	• Non-compliance with DOH licensing or DENR biohazard waste disposal regulations.
Workplace Misconduct & Governance	• Severe harassment, intimidation, coercion, or physical/verbal abuse of staff. • Destruction or concealment of official records subject to audit or investigation.

Note: Individual employment performance reviews, personal interpersonal disputes, or routine payroll queries must be routed through Human Resources via the Standard Employee Grievance Process.

4. WHISTLEBLOWER SAFEGUARDS & PROTECTIONS

4.1 Unfettered Reporting & Psychological Safety

The company guarantees that employees and stakeholders can express concerns freely. Reporting parties acting in good faith shall be protected from dismissal, demotion, suspension, harassment, or formal/informal discrimination.

4.2 Strict Confidentiality Shield

- The identity of the reporting individual and all supporting documentation are classified as **Restricted Governance Records**.
- Information is shared solely with the Ad-Hoc Inquest Committee or the Audit & Ethics Oversight Committee on a strict need-to-know basis.
- Unauthorized disclosure of a whistleblower's identity is categorized as a **Major Offense**, warranting immediate summary dismissal and potential legal action.

4.3 Protection Against Retaliation

The conmpany strictly prohibits any form of reprisal. Prohibited retaliatory acts include:

- Termination, constructive dismissal, involuntary transfer, or demotion.

- Denial of clinical privileges, withholding of doctor-patient referrals, or credentialing delays.
- Unjust negative performance evaluations or peer harassment.
- Unilateral cancellation of commercial contracts or blacklisting of vendors/contractors.

4.4 Anonymous Reporting Provisions

Stakeholders may submit disclosures anonymously. To facilitate investigation, anonymous reports must contain detailed, verifiable factual elements (dates, specific locations, involved personnel, or documentary evidence).

5. INDEPENDENT REPORTING STRUCTURE & ACCESS CHANNELS

The company provides dual access pathways to guarantee impartial intake, completely isolated from potential executive or operational management conflicts of interest.

WHISTLEBLOWING INTAKE

INDEPENDENT UNIT TRACK (Independent Whistleblowing Unit)	**DIRECT BOARD ACCESS TRACK** (Independent Board Director)
* Operational Misconduct * Staff Grievance * Clinical Safety * Vendor Fraud * Routine Compliance	* Misconduct involving Executive, Management, Board Members * Structural Conflict of Interest

Channel 1: The Independent Whistleblowing Unit (IWU)

A dedicated, autonomous operational unit created specifically to handle intake, triage, and investigation tracking with direct reporting responsibility to the Board.

- **Designated Governance & Ethics Officer:** Ms. Cecilia Macalinao
- **Dedicated Confidential Email:** whistleblower@camarindoctorshospital.com.ph / cbesacruz15@gmail.com
- **Direct Confidential Hotline:** +63 995 211 9412

- **Physical Confidential Drop Box:** Ground Floor Administrative Office Lobby (Monitored exclusively by the IWU)

Channel 2: Direct Access to Independent Board Director

In strict alignment with ACGR requirements granting whistleblowers direct access to an independent board member, reporting parties may bypass executive management and contact the **Chairperson of the Audit & Ethics Oversight Committee (Independent Director)** directly:

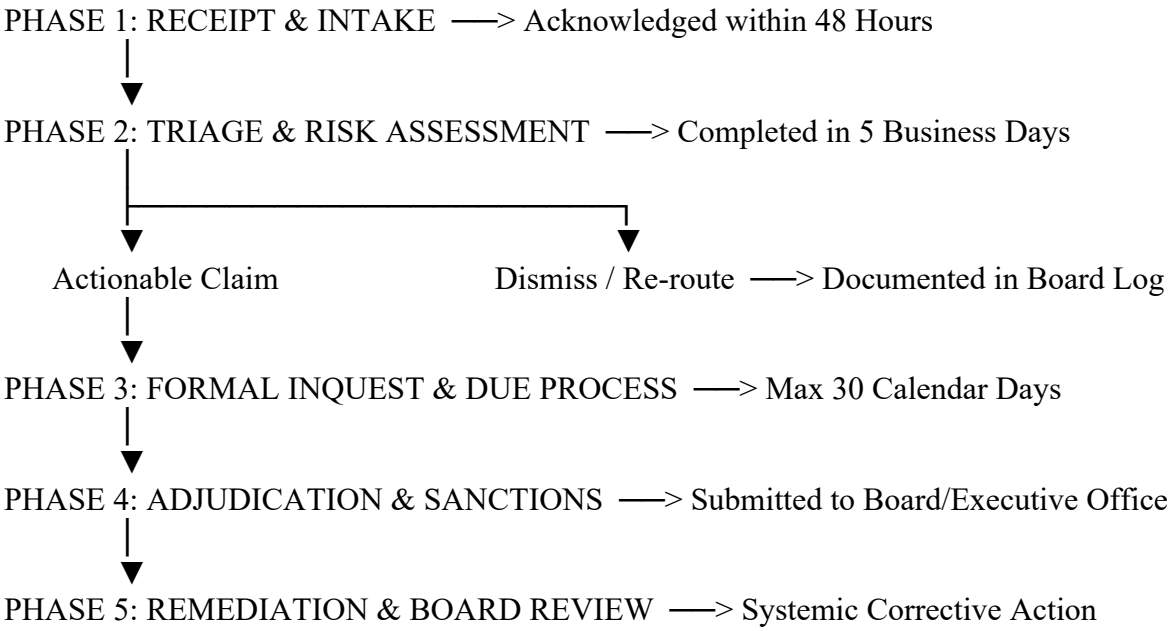
- **Direct Board Portal Email:** independent.director@camarindoctorshospital.com.ph
- **Sealed Postal / Confidential Mail:**

  Attn: Chair, Audit & Ethics Oversight Committee (Independent Board Director)

  Camarin Doctors Hospital, Camarin Road, North Caloocan City

  (Marked: "Strictly Confidential – To be opened by Addressee Only")

6. END-TO-END INVESTIGATION PROCEDURE



- **Phase 1: Receipt & Intake:** The IWU or Independent Director logs the disclosure in the Master Ethics Register with a unique Case Tracking Code (e.g., CDH-WB-2026-001) and sends an acknowledgment within 48 hours.

- **Phase 2: Initial Triage:** Evaluated within 5 business days for validity, scope, and immediate clinical or financial risk.
- **Phase 3: Formal Inquest:** Referred to an un-conflicted Ad-Hoc Inquest Committee. Respondent receives a Show Cause Notice (maintaining whistleblower anonymity) and is given 5–7 working days to respond. Inquiries wrap up within 30 calendar days.
- **Phase 4: Adjudication & Sanctions:** Formal report submitted for action (administrative penalties, privilege revocation, contract termination, or referral to DOH/PRC/PhilHealth/law enforcement).
- **Phase 5: Remediation:** Root-cause corrective measures implemented to prevent recurrence.

7. BOARD SUPERVISION & GOVERNANCE ENFORCEMENT

The Board of Directors holds ultimate supervisory and enforcement responsibility over this framework to guarantee its operational independence and integrity.

7.1 Board Oversight Responsibilities

1. **Direct Supervision & Enforcement:** The Board, through the Audit & Ethics Oversight Committee, actively supervises the enforcement of this framework and maintains oversight of all active inquiries.
2. **Quarterly ACGR Governance Audit:** The IWU submits a quarterly report directly to the Board detailing all open, ongoing, and resolved whistleblowing cases, tracking metrics, resolution timelines, and non-retaliation verifications.
3. **Annual Framework Review:** The Board conducts an annual review of the whistleblowing infrastructure to ensure reporting accessibility, protection standards, and institutional compliance ahead of annual ACGR submissions.
4. **Independent Board Intervention:** When a disclosure involves Executive Leadership or potential conflicts within management, the Board assumes direct control of the investigation and retains independent legal or auditing resources as required.

8. PROTECTION AGAINST FRIVOLOUS OR MALICIOUS REPORTS

While complete protection is afforded to anyone acting in good faith, the deliberate submission of false, fabricated, or malicious allegations intended to slander colleagues or disrupt hospital operations constitutes a grave violation of hospital policy. Individuals proven to have

intentionally filed bad-faith reports will be subject to strict disciplinary action and potential civil or criminal liability.