Purpose. Interact for Health and related entities (“Interact”) strives to maintain a workplace where associates may promptly report any concerns regarding Interact’s business practices, including suspected violations of law, ethical principles, or policy (“Concerns”) by Interact, or by its directors, officers, or associates – without fear of reprisal. This policy is intended to provide an independent mechanism for associates to raise good faith Concerns and to protect those who report those Concerns, or who participate in the investigation of a Concern, from retaliation. It also is intended to encourage and enable associates and others to raise Concerns within Interact prior to seeking resolution outside Interact.

Reporting Responsibility. It is the responsibility of all associates to promptly report any such Concerns.

Reporting Procedures. A Concern should promptly be reported to the Chair of the Audit Committee, Dr. Chris Makaroff. Dr. Makaroff’s cell phone number is (513)280-3872. His email address is: makaroca@miamioh.edu. Please leave a contact number with your message. Concerns also can be marked “confidential” and mailed to Dr. Makaroff at: Miami University College of Arts and Science-Upham Hall, 100 Bishop Circle, Oxford, OH 45056.

Review of Concerns. Once a Concern is reported, it promptly will be reviewed to determine whether its subject matter falls within the scope of this policy. If the Concern does not fall within the scope of this policy, it may be forwarded, as deemed appropriate, for follow up and possible investigation pursuant to any other applicable policy or procedure.

Investigation of Concerns. Concerns and/or reports of suspected retaliation will be investigated promptly and in a manner intended to provide confidentiality (to the extent practicable under the circumstances) consistent with the need to conduct an effective and complete investigation. The Audit Committee Chair will conduct or designate other internal or external parties, as Interact deems necessary, to conduct the investigation. Appropriate corrective action will be taken if warranted by the investigation. The investigating party, as appropriate, will directly notify the reporting individual of his/her findings.

Records of Concerns. A written record will be maintained of all Concerns summarizing in reasonable detail for each Concern: the nature of the Concern (including any specific allegations made and the persons involved); the date of receipt of the Concern; the current status of any investigation into the Concern and information about such investigation (including the steps taken in the investigation, any factual findings, and the recommendations for corrective action); and any final resolution of the Concern. An update of this record will be distributed to the Chair of the Audit Committee in advance of each regularly scheduled meeting.

No Retaliation. No associate, who in good faith reports such a Concern or who participates in the investigation of a Concern, shall suffer harassment, retaliation, or other adverse employment consequence. Any individual who retaliates against an associate who has reported a Concern in good faith or who participates in the investigation of a Concern, is subject to corrective action up to and including termination of employment or removal from office.
Scope of policy. This policy is not intended to interfere with an associate’s legally protected rights to discuss terms and conditions of employment with other associates, individuals outside Interact, or government agencies, or to prohibit communications protected by law.

No Additional Causes of Action. Interact does not issue securities and is voluntarily adopting this policy. No additional cause of action against Interact (other than those already provided by applicable law) will result from the adoption of this policy.
I have received a copy of Interact for Health and Related Entities’ policy for the Submission of Concerns as revised on June 11, 2021. I understand I am responsible for reading it.

______________________________
Signature of Associate

______________________________
Name of Associate (Printed)

______________________________
Date of Signing