TAHOE FOREST
HOSPITAL DISTRICT

2026-09-16 Board Governance Committee Meeting

Aspen Conference Room - Tahoe Forest Hospital

Wednesday, September 16, 2026 at 3:00 p.m.

10800 Donner Pass Rd, Suite 200, Truckee CA 96161

TAHOE FOREST
HOSPITAL DISTRICT

Meeting Book - 2026-09-16 Board Governance Committee Meeting

Governance Committee

TAHOE FOREST
HOSPITAL DISTRICT

GOVERNANCE COMMITTEE
AGENDA

Wednesday, September 16, 2026, at 3:00 p.m.
Tahoe Forest Hospital – Aspen Conference Room
10800 Donner Pass Rd, Suite 200, Truckee, CA 96161
Telephonic Location: 222 West Merchandise Mart Plaza, Suite 228, Chicago, IL 60654

1. **CALL TO ORDER**
2. **ROLL CALL**
3. **CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA**
4. **INPUT – AUDIENCE**

   This is an opportunity for members of the public to address the Committee on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Clerk of the Board 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Committee cannot take action on any item not on the agenda. The Committee may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.
5. **APPROVAL OF MINUTES**◈

5.1. Governance Committee Meeting: 06/17/2026 ..... ATTACHMENT

6. **ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION**◈

6.1. True North Governance Workstream Update

Governance Committee will discuss available interim draft reports, and the timetable for potential recommendations and anticipated implementation plan.

6.2. Community Advisor Appointment / Implementation◈ ..... ATTACHMENT

Governance Committee will review a draft process for Community Advisor appointment and implementation.

6.3. New Policy Review ◈

6.3.1. Board Committee Advisory Member, ABD 2604..... ATTACHMENT
6.3.2. Governing Body Records Retention and Destruction Policy, ABD-2603..... ATTACHMENT

6.4. Board of Directors Bylaws and Board Policy ABD-12◈ ..... ATTACHMENT

Governance Committee will discuss the need for the biennial Board bylaws update and corresponding Board policy update.

7. **REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS**
8. **NEXT MEETING DATE**
9. **ADJOURN**

AMR:smj

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions. Equal Opportunity Employer. The telephonic meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District's public meetings. If particular accommodations for the disabled are needed or a reasonable modification of the teleconference procedures are necessary (i.e., disability-related aids or other services), please contact the Clerk of the Board at (530) 582-3583 at least 24 hours in advance of the meeting.

◈ Denotes Action Item

*Denotes material (or a portion thereof) may be distributed later.

TAHOE FOREST
HOSPITAL DISTRICT

GOVERNANCE COMMITTEE
DRAFT MINUTES

Wednesday, June 17, 2026, at 3:00 p.m.
Tahoe Forest Hospital – Aspen Conference Room
10800 Donner Pass Rd, Suite 200, Truckee, CA 96161
Telephonic Location: 222 West Merchandise Mart Plaza, Suite 228, Chicago, IL 60654

1. CALL TO ORDER

Meeting was called to order at 3:04 p.m.

2. ROLL CALL

Board: Michael McGarry, Committee Chair (remote); Dale Chamblin, Board Member
Staff in attendance: Anna Roth, President & CEO; Louis Ward, Chief Operating Officer; Ted Owens, Executive Director of Governance & Business Development; Crystal Felix, Chief Financial Officer (remote); Kim McCarl, Chief Strategy Officer; Matt Mushet, In-House Counsel; Sarah Jackson, Clerk of the Board; Sarah Hardin, Summer Intern; Sarafina Molina, Summer Intern

Other: Mackenzie Anderson, General Counsel (remote); Larry Gage, Senior Director- Alston & Bird (remote);

3. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA

No changes were made to the agenda.

4. INPUT – AUDIENCE

No public comment was received.

5. APPROVAL OF MINUTES OF: 03/11/2026

Director Chamblin moved to approve the Board Governance Committee minutes of March 11, 2026, seconded by Director McGarry.

6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION ◈

6.1. True North Governance Action Plan and Timeline ◈

Governance Committee will review and consider recommending for approval the True North Governance Action Plan and timeline.

The CEO introduced the True North Governance Office, Action Plan, and governance workstream, outlining its purpose, timeline, and process. Mr. Gage summarized the plan's scope, originating from the March Board Retreat and aligning with the strategic planning process, with the goal of formalizing governance improvements and coordinating with related workstreams.

The Action Plan spans approximately three to four months, including phases for development, information gathering, governance analysis, and recommendations, with a final report and implementation plan anticipated by late September and presentation to the Board in October. Potential timeline adjustments were noted due to September meeting constraints.

Staff clarified that the governance workstream is a distinct but coordinated component of the True North Office, with separate measurement strategies and dashboards. Mr. Gage outlined plans for an internal inventory of governance structures and a review of best practices to inform system-wide recommendations.

Discussion included potential engagement of external expertise, including consideration of ad hoc committees, board composition and structure, committee roles, and compliance with open meeting laws. Proposed recommendations may include updates to governance models and committee structures, with implementation aligned to the Board's year-end processes.

Staff also clarified that governance efforts will remain at the Board level, with defined coordination with medical staff on quality and safety, while operational responsibilities remain with management. Extensive discussion followed regarding staff participation, Board responsibilities, and alignment with other True North workstreams.

Director Chamblin moved to recommend approval of the True North Governance Action Plan and Timeline, seconded by Director McGarry. Director McGarry directed the Clerk of the Board to place the TNO Governance Action Plan on the June 25th TFHD Board Meeting agenda as an action item for Board approval.

7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

None

8. NEXT MEETING DATE

To be determined.

9. ADJOURN

Meeting adjourned at 3:48 p.m.

TAHOE FOREST
HEALTH SYSTEM

Board Committee Advisory Members

Process Description

Purpose

Advisory members can strengthen Board committees by bringing additional expertise, community perspective and lived experience to the committee's work. They can broaden the range of voices informing Board discussions, provide specialized knowledge that may not exist among current Board members, and create another meaningful connection between the District and the communities it serves.

Advisory members support and inform the work of Board committees; they do not replace the role or authority of elected Board members. A clear appointment process, defined responsibilities and appropriate governance training help advisory members contribute effectively while maintaining appropriate boundaries between governance and operations. Candidates should understand that advisory members participate in committee discussions but are not voting members. Their attendance does not count toward quorum, and they do not vote on recommendations or other actions of the committee.

Step-by-Step Appointment Process

Step 1 - Committee identifies a need- The committee discusses the expertise, experience or community perspective that would strengthen its work and confirms that an advisory appointment is appropriate.

Step 2 - Potential candidate is identified- The committee chair, Board members, District leadership or others may suggest individuals whose expertise, experience or perspective aligns with the committee's needs.

Step 3 - Committee chair makes or coordinates the invitation- The committee chair, or a person designated by the chair, contacts the potential candidate to explain the opportunity and determine interest.

Step 4 - Candidate information is collected- The interested candidate provides a brief biography or statement of interest and receives the advisory member role description and information about expectations for service, including the public nature of the role.

Step 5 - Committee reviews the candidate- The committee reviews the candidate profile and considers whether to recommend appointment. The committee may request to meet with the candidate as part of its consideration but is not required to conduct an interview.

Step 6 - Committee determines whether to recommend appointment- Following the interview, the committee decides whether to forward the candidate to the Board for consideration.

Step 7 - Recommendation is prepared for the Board- The Board agenda item includes the committee's recommendation, a concise candidate profile or biography, the advisory role description and the proposed term.

Step 8 - Board interview, if requested- Board may meet with the candidate
The Board may request an opportunity to meet with the candidate before considering the appointment. A Board interview is optional and is not a prerequisite for appointment.

Step 9 - Board appoints the advisory member- The Board considers and acts on the appointment in public session.

Step 10 - Orientation and required training are completed- The new advisory member participates in public Board orientation, completes Brown Act training, files a Form 700 if required by the District's Conflict of Interest Code, and completes other applicable training.

Step 11 - Advisory member begins committee service- Once appointment and required onboarding are complete, the advisory member begins participating in committee meetings.

Step 12 - Ongoing communication runs through the committee chair- Questions, requests for information and committee-related needs are directed through the committee chair rather than directly to staff.

Status **Pending** PolicyStat ID **21485226**

Origination Date	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	3 years after approval

Department Board - ABD

Board Committee Advisory Member, ABD-2604

RISK:

Without clear procedures governing the appointment, responsibilities, and oversight of Advisory Members, the District may face governance, compliance, operational, and reputational risks arising from unclear roles, inconsistent practices, conflicts of interest, or ineffective committee participation. This policy provides accountability, transparency, and role clarity to mitigate those risks.

POLICY:

The Board may appoint advisory members to Board committees to broaden the expertise, experience and community perspectives available to inform committee discussions. Advisory members serve in an advisory capacity and do not exercise the governance authority of elected Board members.

PROCEDURE:

A. **Role and Need**

1. Each Board committee may periodically consider whether additional expertise, experience or community perspective would strengthen its work. Each advisory role will have a written role description, informed by the Governance Institute model, that includes:
    a. outline of purpose
    b. duties and responsibilities
    c. desired qualifications and experience

d. term of service
e. attendance expectations
f. boundaries of the role.

2. Advisory members shall:
    a. Serve as non-voting members of the committee.
    b. Their attendance or absence is not counted toward committee quorum requirements.
    c. Participate fully in committee discussion and provide advice and perspective.
    d. Not vote on committee actions or recommendations to the Board of Directors.

B. **Identification and Invitation**

1. Potential advisory members may be identified by:
    a. Board members
    b. committee members
    c. District leadership
    d. Community relationships or community organizations

2. Individuals whose background aligns with the committee's needs may be invited to express interest in serving. Interested community members may also be considered without requiring a formal public recruitment process.

C. **Candidate Information**

1. Individuals interested in serving will provide:
    a. A brief biography or statement of interest
    b. Description of relevant experience, qualifications
    c. Community involvement or subject matter expertise.

2. Candidates will be informed of:
    a. Service expectations
    b. Meeting participation requirements
    c. Governance training
    d. Financial disclosure requirements as applicable
    e. The public nature of the role.

D. **Candidate Review and Optional Meeting**

1. The committee will review each candidate being considered for appointment and determine whether to recommend the candidate to the Board. A committee interview or meeting with the candidate is not required; however, the committee may request an opportunity to meet with the candidate before making its

recommendation.

E. **Board Appointment and Optional Meeting**

1. The committee's recommendation will include a brief candidate profile summarizing relevant experience, qualifications and perspective.
2. A Board interview or meeting with the candidate is not required; however, the Board may request an opportunity to meet with a recommended candidate before considering the appointment.
3. Final appointments will be made by the Board in public session and will specify the committee and term of service.

F. **Orientation and Training**

1. New advisory members will participate in a public Board orientation, which may include:
    a. District overview
    b. District and Board governance
    c. Committee responsibilities
    d. Advisory role and expectations for participation.
    e. Brown Act training
    f. Form 700 disclosure requirements, when required by the District's Conflict of Interest Code
    g. Ethics training
    h. Confidentiality requirements and Compliance training

G. **Communication and Staff Interaction**

1. Advisory members will conduct committee-related communications through the committee chair.
2. Advisory members shall not:
    a. Independently direct work to or request information from individual staff members on committee matters.
    b. The committee chair will coordinate requests through the appropriate administrative channels.

H. **Terms, Vacancies and Review**

1. Appointments will be for established terms, with eligibility for reappointment.
2. If a vacancy occurs during a term, the committee may identify and recommend another individual to complete the term.
3. Committee chairs will periodically review participation, attendance and the expertise or perspectives needed by the committee.

Special Instructions / Definitions:

“District” refers to Tahoe Forest Hospital District (TFHD)

"Board" refers to the TFHD Board of Directors

"Committee" refers to committees established by the TFHD Board of Directors including, but not limited to Board Standing Committees or Ad hoc Committees.

Related Policies/Forms:

Board Committee Advisory Member Process

References:

Attachments

Advisory Board Member Process-policy attachment.pdf

Approval Signatures

Step Description	Approver	Date
	Sarah Jackson: Clerk of the Board	Pending

Status **Draft** PolicyStat ID **21457358**

Origination Date	N/A
Last Approved	N/A
Effective	N/A
Last Revised	N/A
Next Review	N/A

Department	Board - ABD
Applicabilities	System

Governing Body Records Retention and Destruction, ABD-2603

RISK:

Tahoe Forest Hospital District (District) recognizes that ineffective records retention and management practices create significant legal, operational, financial, and reputational risk. Failure to retain records required by law, preserve records subject to litigation, audit, or public records requests, or protect permanent Governing Body records may impair the District's ability to conduct business, demonstrate compliance, defend its actions, and maintain public trust. This Policy is intended to mitigate those risks by establishing clear requirements for the retention, preservation, and lawful destruction of District records in accordance with California Local Health Care District Law.

POLICY:

A. The purpose of this Policy is to establish uniform procedures for the retention, preservation, storage, retrieval, and lawful destruction of records of the District's Governing Body, the Board of Directors (Board). This Policy is intended to:

1. Ensure compliance with California law.
2. Preserve records documenting official Board actions.
3. Promote transparency and accountability.
4. Reduce unnecessary storage costs.
5. Facilitate efficient access to public records.

This Policy shall be interpreted consistent with the California Public Records Act, the Brown Act, Government Code sections 60200–60204, and applicable provisions of the California Health and

Safety Code governing the District.

Authority:

A. This Policy is adopted pursuant to:

1. Government Code §§ 60200–60204 (Destruction of Records of Special Districts).
2. Government Code § 7920.000 et seq. (California Public Records Act)
3. Government Code §§ 54950 et seq. (Ralph M. Brown Act) — open meeting, agenda, and minutes requirements.
4. Government Code §§ 81000–91014 (Political Reform Act) and §§ 87300–87313 (Conflict of Interest Codes)
5. Code of Civil Procedure §§ 337, 338, 343 — statutes of limitation informing minimum retention of contracts and other actionable records.
6. Government Code §§ 911.2, 945.6 (Government Claims Act)
7. Labor Code § 1198.5 and Gov. Code § 12946
8. Secretary of State Local Government Records Management Guidelines. [sos.ca.gov], [archives.c...sos.ca.gov]
9. Applicable provisions of the California Health and Safety Code relating to the District's governance and records.

Scope:

A. General Retention Principles

1. Retention periods below are minimums; District staff may retain a record longer where operationally useful.
2. Where multiple categories in the schedule could apply to a single document, the longer retention period applies.
3. Electronic records have the same retention obligations as paper records; retention periods run from creation, execution, final action, or payment, as specified in the schedule.
4. A duplicate of a record may be destroyed once the original, or a permanent photographic/electronic image made in a form in a trusted system that does not permit alteration, and the reproduction is retained for the balance of the applicable retention period.
5. Nothing in this Policy authorizes destruction of a record expressly required by law, grant terms, or bond covenants to be preserved. Scheduled destruction of any record must be suspended immediately upon notice of a pending claim, audit, public records dispute, subpoena, government investigation, or litigation — actual or reasonably anticipated — that relates to that record, until District Counsel confirms in writing that the hold may be released.
6. This Policy governs retention only; it does not limit the District's disclosure obligations under the California Public Records Act (Gov. Code §§ 7920.000 et seq.)

B. This Policy applies to all records created, received, maintained, or retained by the Board, including:

1. Governance and Formation
    a. Bylaws
    b. Conflicts of Interest Code
    c. Board Policies
    d. Ordinances
    e. Resolutions
    f. Election and governance records
    g. Board member oaths of office, appointment/election certificates
    h. Records relating to formation, reorganization, dissolution, or boundary changes of the District, or Local Agency Formation Commission (LAFCO) procedures regarding the District
    i. District codes
2. Meetings and Public Access
    a. Meeting minutes (regular, special, committee, and closed session)
    b. Agendas
    c. Agenda packets
    d. Meeting audio and video recordings
    e. Committee records
    f. Closed-session documentation
    g. Public records requests and responses
    h. Correspondence addressed to the Board or regarding substantive Board business
3. Ethics
    a. Conflicts of Interest Code
    b. Statements of Economic Interests (FPPC Form 700) for Board members and designated employees
4. Contracts, Real Property, Claims
    a. Contracts, bid, RFP, or procurement for awarded contracts
    b. Real property records
5. Financial and Audits
    a. Audit reports and financial statements
    b. General ledgers and journals
    c. Accounts payable/receivable, invoices, warrants, bank statements
    d. Compensation, expense reimbursement, and travel records for officers,

Board members, employees, and contractors

e. Budget documents and appropriations records

f. Claims against the District after resolution

6. Personnel/Administrative

    a. Personnel files of Board-appointed officers and employees (non-medical)

    b. Employment application, recruitment, and promotion records

Definitions:

A. Record — A "record" means any writing containing information relating to the conduct of the public's business that is prepared, owned, used, or retained by the District, regardless of physical form or characteristics. Records may exist in paper, electronic, audio, video, photographic, or other formats.

B. Permanent Record — A record having enduring legal, historical, fiscal, administrative, or evidentiary value and that shall not be destroyed except as authorized by law.

C. Duplicate Record — A copy of a record where the original or an approved permanent copy is maintained by the District. Duplicate records may be destroyed pursuant to Government Code § 60200.

PROCEDURE:

Governing Body Records:

As a California Healthcare District, this policy includes records unique to healthcare district governance under Health and Safety Code Division 23 (Local Health Care District Law) while retaining the special district requirements of Government Code §§ 60200–60204.

The following retention schedule relates to governing body records only (Board of Directors and Board Committees), not clinical or patient records, nor records developed by administrative staff concerning the day-to-day functions of the District that are separately governed by District retention policies. Government Code § 60201 specifically prohibits destruction of records relating to district formation, ordinances, and minutes of meetings of the legislative body.

A. The following records shall be retained **permanently** and shall never be destroyed except as otherwise authorized by law:

    1. Approved Board meeting minutes, both open and closed sessions.

    2. Approved committee minutes, both open and closed sessions.

    3. Ordinances adopted by the Board (repealed/superseded ordinance: 5 yrs. after repeal)

    4. Resolutions and resolution indexes.

    5. Approved versions of Board Bylaws and amendments.

    6. Records relating to formation, reorganization, dissolution, or boundary changes of the District.

7. Active Board policies.
8. Conflicts of Interest Code
9. LAFCO proceedings affecting district boundaries.
10. Oaths of office.
11. Election certifications and canvasses.
12. Official maps and boundary records.
13. Records conveying title or interest in real property.
14. Historical records designated by Board action.
15. Records of historical significance.
16. Final budgets.
17. Annual audit reports/financial statements
18. General ledgers and journals
19. General Counsel opinions.
20. Records destruction authorization forms in compliance with this Policy.
21. Real property records.

B. The following records shall be retained for **Seven Years** after active period/completion except as otherwise authorized by law:
    1. Form 700 Statements of Economic Interests and other FPPC filings (e.g, Forms 801, 802).
    2. Ethics training certificates.
    3. Board travel and reimbursement records.
    4. Consultant reports presented to the Board that are not incorporated into permanent records.
    5. Accounts payable/receivable, invoices, warrants, bank statements.

C. The following records shall be retained for **Five Years** after active period/completion except as otherwise authorized by law:
    1. Board informational materials.
    2. Committee working papers.
    3. Public hearing files after completion unless associated with a permanent project record.
    4. Closed litigation-related records.
    5. Fully performed written contracts and agreements.
    6. Bids, RFPs, procurement records for awarded contracts.
    7. Personnel files of Board-appointed officers and employees (non-medical)
    8. Employment application, recruitment, and promotion records (relating to the President & CEO)

D. The following records shall be retained for **Two Years** after active period/completion except as otherwise authorized by law:

1. Board and committee agendas, both open and closed sessions.
2. Board and committee agenda packets.
3. Board correspondence relating to policy matters or business of the District.
4. Audio recordings of Board meetings.
5. Video recordings of Board meetings, unless determined to have historical significance.
6. Strategic plans, master plans.
7. Board retreat materials.
8. Claims filed against the District.
9. Complaints or concerns from citizens.
10. Notices and affidavits of postings or publication
11. Secretary of State Statement of Facts/Registry of Public Agencies
12. Public records requests and responses (non-privileged log)

E. The following records do not need to be retained after their active period or when no longer required:

1. Transitory correspondence.
2. Routine scheduling records.

Litigation Hold:

Government Code § 60201 prohibits destruction of records relating to pending claims or litigation. No records may be destroyed when:

A. Litigation is pending or reasonably anticipated;

B. A claim has been filed;

C. An audit is ongoing;

D. A Public Records Act request is pending;

E. A subpoena or investigation has been initiated.

Electronic Records:

Electronic records shall be retained for the same period as paper records. Electronic records constitute official District records when they document Board business. Email, text messages, electronic documents, recordings, and other digital communications shall be retained according to the same retention periods applicable to equivalent paper records.

The District may maintain records electronically when:

A. The records remain accessible and reproducible;

B. Appropriate security measures exist;

C. Metadata necessary to establish authenticity is preserved.

Destruction of Records:

Records are eligible for destruction after the Board of Directors adopts this Records Retention Schedule pursuant to Government Code § 60201(b)(2). The Clerk of the Board is authorized to approve destruction of records, with the concurrence of General Counsel, that have met the retention periods identified in this policy, provided that:

A. No litigation hold applies;

B. No audit, investigation, claim, or Public Records Act request is pending;

C. A destruction log is maintained; and

D. Records designated as permanent are preserved indefinitely.

The Clerk shall maintain a destruction log identifying:

A. Record category;

B. Inclusive dates;

C. Method of destruction;

D. Date destroyed;

E. Authorizing official.

Government Code § 60201 authorizes districts to destroy records pursuant to an adopted records retention schedule and requires maintenance of records identifying categories destroyed.

Duplicate Records:

Duplicate records may be destroyed when:

A. An original record exists; or

B. A permanent electronic reproduction has been preserved.

Government Code § 60200 authorizes disposal of duplicate records when the original or permanent reproduction remains in District custody. [california...public.law]

Clerk of the Board Responsibilities:

The Clerk of the Board shall:

A. Administer this Policy.

B. Maintain the official Governing Body records repository.

C. Conduct periodic records reviews.

D. Maintain records destruction logs.

E. Ensure preservation of permanent records.

F. Recommend revisions to retention schedules as laws change.

Annual Review:

This Policy shall be reviewed at least every three years, or sooner if changes in California law require modification.

Related Policies / Forms:

Records Destruction Log

Record Retention & Destruction, ALG-1917

Preservation and Legal Hold of PHI and Organization Records, ALG-01;

CHA Record and Data Retention Schedule

References:

California Government Code section 60200 (2025)

records-management-8.pdf

Chapter 6 - Records Retention Schedule :: California Secretary of State

Attachments

ABD-2603 Records Destruction Log.docx

Approval Signatures

Step Description	Approver	Date

TAHOE FOREST
HOSPITAL DISTRICT

RECORDS DESTRUCTION LOG

District: Tahoe Forest Hospital District
Retention Schedule Policy No.: ABD-2603, GOVERNING BODY RECORDS RETENTION AND DESTRUCTION POLICY
Destruction Date: _____
Method of Destruction: □ Shredding □ Secure Recycle (American Document Destruction) □ Electronic Deletion □ Vendor Destruction □ Other _____
Destroyed By: _____
Witnessed By: _____

Records Destroyed

Record Category	Description of Records	Department	Date Range Covered	Retention Requirement Met?	Volume	Destruction Method

Compliance Certification

- The records listed above have met the retention period established by the District records retention schedule and/or Board-authorized destruction policy.
- None of the records destroyed fall within categories prohibited from destruction under applicable law.
- The records are not subject to pending litigation, claims, audits, Public Records Act requests, active contracts, debts, construction matters, property title matters, or legal holds.
- The records no longer serve an administrative, fiscal, operational, or legal purpose.

Records Manager/Clerk Certification
Name: _____
Title: Clerk of the Board
Signature: _____
Date: _____

Concurrent Approval (as required by District Policy)
Board Policy No. Authorizing Destruction: ABD-2603
Approval Date: _____
Authorized Official: General Counsel
Signature: _____

Permanent Retention Note

- Approved Board meeting minutes, both open and closed sessions.
- Approved committee minutes, both open and closed sessions.
- Ordinances adopted by the Board (repealed/superseded ordinance: 5 yrs. after repeal)
- Resolutions and resolution indexes.
- Approved versions of Board Bylaws and amendments.
- Records relating to formation, reorganization, dissolution, or boundary changes of the District.
- Active Board policies.
- Conflicts of Interest Code
- LAFCO proceedings affecting district boundaries.
- Oaths of office.
- Election certifications and canvasses.
- Official maps and boundary records.
- Records conveying title or interest in real property.
- Historical records designated by Board action.
- Records of historical significance.
- Final budgets.
- Annual audit reports/financial statements
- General ledgers and journals
- General Counsel opinions.
- Records destruction authorization forms in compliance with this Policy.
- Real property records.

BYLAWS OF THE BOARD OF DIRECTORS

TAHOE FOREST HOSPITAL DISTRICT

Table of Contents

BYLAWS OF THE BOARD OF DIRECTORS
OF
TAHOE FOREST HOSPITAL DISTRICT

Pursuant to the provisions of Sections 32104, 32125, 32128, and 32150 of the Health and Safety Code of the State of California, the Board of Directors of TAHOE FOREST HOSPITAL DISTRICT adopts these Bylaws for the government of TAHOE FOREST HOSPITAL DISTRICT.

ARTICLE I. NAME, AUTHORITY AND PURPOSE

Section 1. Name.

The name of this district shall be "TAHOE FOREST HOSPITAL DISTRICT" (hereinafter "District").

Section 2. Authority.

A. This District, having been established May 2, 1949, by vote of the residents of the District under the provisions of Division 23 of the Health and Safety Code of the State of California, otherwise known and referred to herein as "The Local Health Care District Law," and ever since that time having been operated there under, these Bylaws are adopted in conformance therewith, and subject to the provisions thereof.

B. In the event of any conflict between these Bylaws and the Local Health Care District Law, the latter shall prevail.

C. These Bylaws shall be known as the "District Bylaws."

D. Non-Discrimination: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of service, hiring, training and employment practices on the basis of age; race; color; creed; ethnicity; religion; national origin; marital status; sex; sexual orientation; gender identity or expression; disability; association; veteran or military status; or any other basis prohibited by federal, state, or local law.

Section 3. Purpose and Operating Policies.

A. Purpose.

Tahoe Forest Hospital District will strive to be the health system of choice in our region and the best mountain health system in the nation. We exist to enhance the health of our communities through excellence and compassion in all we do.

B. Operating Policies.

In order to accomplish the Mission of the District, the Board of Directors establishes the following Operating Policies:

1. Through planned development and responsible management, the assets of the District will be used to meet the service needs of the area in an efficient and cost-effective manner, after evaluation of available alternatives and other resources available to the District. This may include the development and operation of programs, services, and facilities at any location within or without the District for the benefit of the people served by the District.

2. The District shall dedicate itself to the maximum level of quality consistent with sound fiscal management and community-based needs.

3. Improvement of the health status of the area will be the primary emphasis of services offered by the District. In addition, the District may elect to provide other programs of human service outside of the traditional realm of health care, where unmet human service needs have been identified through the planning process.

ARTICLE II. BOARD OF DIRECTORS

The Board of Directors:

Section 1. Election.

There shall be five members of the Board of Directors who shall be elected for four-year terms, as provided in the Local Health Care District Law.

Section 2. Responsibilities.

Provides oversight for planning, operation, and evaluation of all District programs, services, and related activities consistent with the District Bylaws.

A. Philosophy and Objectives.

Considers the health requirements of the region and the responsibilities that the District should assume in helping to meet them.

B. Programs and Services.

1. Takes action on recommendations of the President and Chief Executive Officer or designee with regard to long- and short-range plans for the development of programs and services.

2. Provides oversight to the President and Chief Executive Officer in the implementation of programs and service plans.

3. Takes action on board policies and other policies brought forth by the President and Chief Executive Officer or designee.

4. Evaluates the results of programs and services on the basis of previously

established objectives and requirements. Receives reports from the President and Chief Executive Officer or designees and directs the President and Chief Executive Officer to plan and take appropriate actions, where warranted.

C. Organization and Staffing.

1. Selects and appoints the President and Chief Executive Officer.

2. Evaluates the continuing effectiveness of the organization.

D. Medical Staff.

1. Appoints and re-appoints all Medical Staff members.

2. Ensures that the District Medical Staff is organized to support the objectives of the District.

3. Reviews and takes final action on appeals involving Medical Staff disciplinary action.

4. Approves Medical Staff Bylaws and proposed revisions.

E. Finance.

1. Assumes responsibility for the financial soundness and success of the District and its wholly owned subsidiaries.

2. Assumes responsibility for the appropriate use of endowment funds and of other gifts to the District. Exercises trusteeship responsibility to see that funds are used for intended purposes.

3. Adopts annual budgets of the District, including both operating and capital expenditure budgets.

4. Receives and reviews periodic financial reports. Considers comments and recommendations of its Finance Committee and management staff.

5. Receives and reviews reports of the District's auditors, which reports shall be published annually under Health and Safety Code section 32133.

6. Approves policies which govern the financial affairs of the District.

7. Authorizes officers of the District to act for the District in the execution of financial transactions.

F. Grounds, Facilities and Equipment.

1. Approves plans for development, expansion, modernization, and replacement of the District's grounds, facilities, major equipment, and other tangible

assets.

2. Approves the acquisition, sale, and lease of real property.

G. External Relations.

Assumes ultimate responsibility for representing the communities served by the District and representing the District to the communities served.

H. Assessment and Continuous Improvement of Quality of Care

Ensures that the proper organizational environment and systems exist to continuously improve the quality of care provided. Responsible for a system-wide quality assessment and performance improvement program that reflects all departments and services. Reviews Quality Assessment Reports focused on indicators related to improving health outcomes and the prevention and reduction of medical errors. Provides oversight to and annually approves the written Quality Assurance / Process Improvement plan.

I. Strategic Planning.

1. Oversees the strategic planning process.

2. Establishes long-range goals and objectives for the District's programs and facilities.

Section 3. Powers.

A. Overall Operations.

The Board of Directors shall determine policies and shall have control of, and be responsible for, the overall operations and affairs of this District and its facilities.

B. Medical Staff.

The Board of Directors shall authorize the formation of a Medical Staff to be known as "The Medical Staff of Tahoe Forest Hospital District". The Board of Directors shall determine membership on the Medical Staff, as well as the Bylaws for the governance of said Medical Staff, as provided in Article VIII of these District Bylaws.

C. Auxiliary.

The Board of Directors may authorize the formation of service organizations from time to time as needed ("Auxiliary"), the Bylaws of which shall be approved by the Board of Directors.

D. Other Affiliated or Subordinate Organizations.

The Board of Directors may authorize the formation of other affiliated or

subordinate organizations which it may deem necessary to carry out the purposes of the District; the Bylaws of such organizations shall be approved by the Board of Directors.

E. Delegation of Powers.

The Medical Staff, Auxiliary, and any other affiliated or subordinate organizations shall have those powers set forth in their respective Bylaws. All powers and functions not set forth in their respective Bylaws are to be considered residual powers vested in the Board of Directors.

F. Provisions to Prevail.

These District Bylaws shall override any provisions to the contrary in the Bylaws or Rules and Regulations of the Medical Staff, Auxiliary or any affiliated or subordinate organizations. In case of conflict, the provisions of these District Bylaws shall prevail.

G. Resolutions and Ordinances.

From time to time, the Board of Directors may pass resolutions regarding specific policy issues, which resolutions may establish policy for the operations of this District.

H. Residual Powers.

The Board of Directors shall have all of the other powers given to it by the Local Health Care District Law and other applicable provisions of law.

I. Grievance Process

The Board of Directors may delegate the responsibility to review and resolve grievances.

Section 4. Vacancies.

Any vacancy upon the Board of Directors shall be filled by appointment by the remaining members of the Board of Directors within sixty (60) days of the vacancy. The Board of Directors may appoint an individual without engaging in public solicitation of candidates. Notice of the vacancy shall be posted in at least three (3) places within the District at least fifteen (15) days before the appointment is made. The District shall notify the elections officials for Nevada and Placer Counties of the vacancy no later than fifteen (15) days following either the date on which the District Board is notified of the vacancy or the effective date of the vacancy, whichever is later, and of the appointment no later than fifteen (15) days after the appointment. In lieu of making an appointment, the remaining members of the Board of Directors may within sixty (60) days of the vacancy call an election to fill the vacancy. If the vacancy is not filled by the Board of Directors or an election called within sixty (60) days, the Board of Supervisors of the County representing the larger portion of the Hospital District area in which an election to fill the vacancy would be held may fill the vacancy within ninety (90) days of the vacancy, or may order the District to call an election. If the vacancy is not filled or an

election called within ninety (90) days of the vacancy, the District shall call an election to be held on the next available election date. Persons appointed to fill a vacancy shall hold office until the next District general election that is scheduled 130 or more days after the date the District and the elections officials for Nevada and Placer Counties were notified of the vacancy and thereafter until the person elected at such election to fill the vacancy has been qualified, but persons elected to fill a vacancy shall hold office for the unexpired balance of the term of office.

Section 5. Meetings.

A. Regular Meetings.

Unless otherwise specified at the preceding regular or adjourned regular meeting, regular meetings of the Board of Directors shall be held on the fourth Thursday of each month at 4:00 PM at a location within the Tahoe Forest Hospital District boundaries, except for regular meetings for the months of November and December which shall be held on the third Thursday of the month at 4:00 PM. The Board shall take or arrange for the taking of minutes at each regular meeting.

B. Special and Emergency Meetings.

Special meetings of the Board of Directors may be held at any time and at a place designated in the notice and located within the District, except as provided in the Brown Act, upon the call of the Chair, or by not fewer than three (3) members of the Board of Directors, and upon written notice to each Director specifying the business to be transacted, which notice shall be delivered personally or by mail or e-mail and shall be received at least twenty-four (24) hours before the time of such meeting, provided that such notice may be waived by written waiver executed by each member of the Board of Directors. Notice shall also be provided within such time period to local newspapers and radio stations which have requested notice of meetings. Such notice must also be posted twenty-four (24) hours before the meeting in a location which is freely accessible to the public. In the event of an emergency situation involving matters upon which prompt action is necessary due to disruption or threatened disruption of District services (including work stoppage, crippling disaster, mass destruction, terrorist act, threatened terrorist activity or other activity which severely impairs public health, safety or both), the Board may hold a special meeting without complying with the foregoing notice requirements, provided at least one (1) hour prior telephone notice shall be given to local newspapers and radio stations which have requested notice of meetings, and such meetings shall otherwise be in compliance with the provisions of Government Code Section 54956.5. The Board shall take or arrange for the taking of minutes at each special meeting.

C. Policies and Procedures.

The Board may from time to time adopt policies and procedures governing the conduct of Board meetings and District business. All sessions of the Board of Directors, whether regular, special, or emergency, shall be open to the public in accordance with

the Brown Act (commencing with Government Code Section 54950), unless a closed session is permitted under the Brown Act or Health and Safety Code sections 32106 and 32155 or other applicable law.

Section 6. Quorum.

The presence of a majority of the Board of Directors shall be necessary to constitute a quorum to transact any business at any regular or special meeting, except to adjourn the meeting to a future date.

Section 7. Medical Staff Representation.

The Chief of the Medical Staff shall be appointed as a special representative to the Board of Directors without voting power and shall attend the meetings of the Board of Directors. In the event the Chief of Staff cannot attend a meeting, the Vice-Chief of the Medical Staff or designee shall attend in the Chief of Staff's absence.

Section 8. Director Compensation and Reimbursement of Expenses.

The Board of Directors shall be compensated in accordance with ABD-03 Board Compensation and Reimbursement policy.

Each member of the Board of Directors shall be allowed his or her actual necessary traveling and incidental expenses incurred in the performance of official business of the District as approved by the Board or President and Chief Executive Officer, pursuant to Board policy.

Section 9. Board Self-Evaluation.

The Board of Directors will monitor and discuss its process and performance at least annually. The self-evaluation process will include comparison of Board activity to its manner of governance policies.

ARTICLE III. OFFICERS

Section 1. Officers.

The officers of the Board of Directors shall be Chair, Vice-Chair, Secretary, and Treasurer, who shall be members of the Board.

Section 2. Election of Officers.

The officers of the Board of Directors shall be chosen every year by the Board of Directors in December of the preceding calendar year and shall serve at the pleasure of the Board. The person holding the office of Chair of the Board of Directors shall not serve successive terms, unless by unanimous vote of the Board of Directors taken at a

regularly scheduled meeting. In the event of a vacancy in any office, an election shall be held at the next regular meeting following the effective date of the vacancy to elect the officer to fill such office.

Section 3. Duties of Officers.

A. Chair. Shall preside over all meetings of the Board of Directors. Shall sign as Chair, on behalf of the District, all instruments in writing which the Chair has been authorized and obliged by the Board to sign and such other duties as set forth in these Bylaws as well as those duties charged to the president under the Local Health Care District Law. The Board Chair will serve as the chairperson of the Board Governance Committee.

B. Vice-Chair. The Vice-Chair shall perform the functions of the Chair in case of the Chair's absence or inability to act.

C. Secretary. The Secretary shall ensure minutes of all meetings of the Board of Directors are recorded and shall see that all records of the District are kept and preserved. Shall attest or countersign, on behalf of the District, all instruments in writing which the Secretary has been authorized and obligated by the Board to attest or countersign, as well as those duties charged to the secretary under the Local Health Care District Law.

D. Treasurer. The Treasurer will serve on the Board Finance Committee and shall ensure the Board's attention to financial integrity of the District.

ARTICLE IV. COMMITTEES

Section 1. Committee Authority.

No committee shall have the power to bind the District unless the Board provides otherwise in writing.

Section 2. Ad Hoc Committees.

Ad Hoc Committees may be appointed by the Chair of the Board of Directors from time to time as deemed necessary or expedient. Ad Hoc Committees shall perform such functions as shall be assigned to them by the Chair, and shall function for the period of time specified by the Chair at the time of appointment or until determined to be no longer necessary and disbanded by the Chair of the Board of Directors. The Chair shall appoint each Ad Hoc Committee chair.

Section 3. Standing Committees.

Standing committees and their charters will be affirmed annually.

The Chair shall recommend appointment of the members of these committees and the chair thereof, subject to the approval of the Board by majority of Directors present. Committee appointments shall be for a period of one (1) year and will be made annually at or before the January Board meeting.

ARTICLE V. MANAGEMENT

Section 1. President and Chief Executive Officer.

The Board of Directors shall select and employ a President and Chief Executive Officer who shall act as its executive officer in the management of the District. The President and Chief Executive Officer shall be given the necessary authority to be held responsible for the administration of the District in all its activities and entities, subject only to the policies as may be adopted from time to time, and orders as may be issued by the Board of Directors or any of its committees to which it has delegated power for such action by a writing. The President and Chief Executive Officer shall act as the duly authorized representative of the Board of Directors.

Section 2. Authority and Responsibility.

The duties and responsibilities of the President and Chief Executive Officer shall be outlined in the Employment Agreement and job description. Other duties may be assigned by the Board. The President and Chief Executive Officer, personally or through delegation, hires, assigns responsibility, counsels, evaluates and (as required) terminates all District employees.

ARTICLE VI. TAHOE FOREST HOSPITAL

Section 1. Establishment

The District owns and operates Tahoe Forest Hospital, which shall be primarily engaged in providing health care services, including but not limited to, Emergency Services, Inpatient/Observation Care, Critical Care, Diagnostic Imaging Services, Laboratory Services, Surgical Services, Obstetrical Services, and Long-Term Care Services.

ARTICLE VII. INCLINE VILLAGE COMMUNITY HOSPITAL

Section 1. Establishment

The District owns and operates Incline Village Community Hospital, which shall be primarily engaged in providing, including but not limited to, Emergency Services,

Inpatient/Observation Care, Diagnostic Imaging Services, Laboratory Services, and Surgical Services.

ARTICLE VIII. MEDICAL STAFF

Section 1. Nature of Medical Staff Membership.

Membership on the Medical Staff of Tahoe Forest Hospital District is a privilege which shall be extended only to professionally competent practitioners who continuously meet the qualifications, standards, and requirements set forth herein and in the Bylaws of the Medical Staff.

Section 2. Qualifications for Membership.

A. Only physicians, dentists, oral surgeons, or podiatrists who:

1. Demonstrate and document their licensure, experience, education, training, current professional competence, good judgment, ethics, reputation, and physical and mental health status so as to establish to the satisfaction of the Medical Staff and the Board of Directors that they are professionally qualified and that patients treated by them can reasonably expect to receive high quality medical care;

2. Demonstrate that they adhere to the ethics of their respective professions and that they are able to work cooperatively with others so as not to adversely affect patient care or District operations;

3. Provide verification of medical malpractice insurance coverage; and

4. Establish that they are willing to participate in and properly discharge those responsibilities determined according to the Medical Staff Bylaws and possess basic qualifications for membership on the Medical Staff. No practitioner shall be entitled to membership on the Medical Staff, assigned to a particular staff category, or granted or renewed particular clinical privileges merely because that person: (1) holds a certain degree; (2) is licensed to practice in California, Nevada, or any other state; (3) is a member of any particular professional organization; (4) is certified by any particular specialty board; (5) had, or presently has, membership or privileges at this or any other health care facility; or (6) requires a hospital affiliation in order to participate on health plan provider panels, to obtain or maintain malpractice insurance coverage, or to pursue other personal or professional business interests unrelated to the treatment of patients at this facility and the furtherance of this facility's programs and services.

Section 3. Organization and Bylaws.

The Bylaws, Rules and Regulations, and policies of the Medical Staff shall be subject to approval of the Board of Directors of the District, and amendments thereto shall be effective only upon approval of such amendments by the Board of Directors,

which shall not be withheld unreasonably. Neither the Medical Staff nor the Board of Directors may unilaterally amend the Medical Staff Bylaws or Rules and Regulations. The Bylaws of the Medical Staff shall set forth the procedure by which eligibility for Medical Staff membership and establishment of clinical privileges shall be determined, including standards for qualification. Such Bylaws shall provide that the Medical Staff, or a committee or committees thereof, shall study the qualifications of all applicants and shall establish and delineate clinical privileges and shall submit to the Board of Directors recommendations thereon and shall provide for reappointment no less frequently than biennially. The Medical Staff shall also adopt Rules and Regulations or policies that provide associated details consistent with its Bylaws, as it deems necessary to implement more specifically the general principles established in the Bylaws.

Section 4. Appointment to Medical Staff

All appointments and reappointments to the Medical Staff shall be made by the Board of Directors as provided by the standards of the Healthcare Facility Accreditation Program. Final responsibility for appointment, reappointment, new clinical privileges, rejection, or modification of any recommendation of the Medical Staff shall rest with the Board of Directors.

All applications for appointment and reappointment to the Medical Staff shall be processed by the Medical Staff in such manner as shall be provided by the Bylaws of the Medical Staff and, upon completion of processing by the Medical Staff, the Medical Staff shall make a report and recommendation regarding such application to the Board of Directors. This recommendation will also include the request by the practitioner for clinical privileges, and the Medical Staff's recommendation concerning these privileges.

Upon receipt of the report and recommendation of the Medical Staff, the Board of Directors shall adopt, reject, or modify a favorable recommendation of the Medical Executive Committee, or shall refer the recommendation back to the Medical Executive Committee for further consideration, stating the reasons for the referral and setting a time limit within which the Medical Executive Committee shall respond.

If the Board of Directors is inclined to reject or modify a favorable recommendation, the Board shall refer the matter back to the Medical Executive Committee for further review and comments, which may include a second recommendation**.** The Executive Committee’s response shall be considered by the Board before adopting a resolution.

If the Board’s resolution constitutes grounds for a hearing under Article VII of the Medical Staff Bylaws, the President and Chief Executive Officer shall promptly inform the applicant, and he/she shall be entitled to the procedural rights as provided in that Article.

In the case of an adverse Medical Executive Committee recommendation or an adverse Board decision, the Board shall take final action in the matter only after the applicant has exhausted or has waived his/her procedural rights under the Medical Staff

Bylaws. Action thus taken shall be the conclusive decision of the Board, except that the Board may defer final determination by referring the matter back for reconsideration. Any such referral shall state the reasons therefore, shall set a reasonable time limit within which a reply to the Board of Directors shall be made, and may include a directive that additional hearings be conducted to clarify issues which are in doubt. After receiving the new recommendation and any new evidence, the Board shall make a final decision.

Conflict Resolution. The Board of Directors shall give great weight to the actions and recommendations of the Medical Executive Committee and in no event shall act in an arbitrary and capricious manner.

The Board of Directors may delegate decision-making authority to a committee of the Board; however, any final decision of the Board committee must be subject to ratification by the full Board of Directors at its next regularly scheduled meeting.

Section 5. Staff Meetings: Medical Records

The Medical Staff shall be self-governing with respect to the professional work performed in the Hospital. The Medical Staff shall meet in accordance with the minimum requirements of the Healthcare Facility Accreditation Program. Accurate, legible, and complete medical records shall be prepared and maintained for all patients and shall be the basis for review and analysis.

For purposes of this section, medical records include, but are not limited to, identification data, personal and family history, history of present illness, review of systems, physical examination, special examinations, professional or working diagnosis, treatment, gross and microscopic pathological findings, progress notes, final diagnosis, condition on discharge, and other matters as the Medical Staff shall determine.

Section 6. Medical Quality Assurance

The Medical Staff shall, in cooperation with the administration of the District, establish a comprehensive and integrated quality assurance and risk control program for the District which shall assure identification of problems, assessment and prioritization of such problems, implementation of remedial actions and decisions with regard to such problems, monitoring of activities to assure desired results, and documentation of the undertaken activities. The Board of Directors shall require, on a quarterly basis, reports of the Medical Staff's and District's quality assurance activities.

Section 7. Hearings and Appeals

Appellate review of any action, decision or recommendation of the Medical Staff affecting the professional privileges of any member of, or applicant for membership on, the Medical Staff is available before the Board of Directors. This appellate review shall be conducted consistent with the requirements of Business and Professions Code Section 809.4 and in accordance with the procedures set forth in the Medical Staff

Bylaws. Nothing in these Bylaws shall abrogate the obligation of the District and the Medical Staff to comply with the requirements of Business and Professions Code Sections 809 through 809.9, inclusive. Accordingly, discretion is granted to the Medical Staff and Board of Directors to create a hearing process which provides for the least burdensome level of formality in the process while still providing a fair review and to interpret the Medical Staff Bylaws in that light. The Medical Staff, Board of Directors, and their officers, committees, and agents hereby constitute themselves as peer review bodies under the Federal Health Care Quality Improvement Act of 1986 (42 U.S.C. § 11101 et seq.) and the California peer review hearing laws and claim all privileges and immunities afforded by the federal and state laws.

If adverse action as described in these provisions is taken or recommended, the practitioner must exhaust the remedies afforded by the Medical Staff Bylaws before resorting to legal action.

The rules relating to appeals to the Board of Directors as set forth in the Medical Staff Bylaws are as follows; capitalized terms have the meaning defined by the Medical Staff Bylaws:

A. Time For Appeal

Within ten (10) days after receipt of the decision of the Hearing Committee, either the Practitioner or the Medical Executive Committee may request an appellate review. A written request for such review shall be delivered to the President and Chief Executive Officer and the other party in the hearing. If a request for appellate review is not received by the President and Chief Executive Officer within such period, the decision of the Hearing Committee shall thereupon become final, except if modified or reversed by the Board of Directors.

It shall be the obligation of the party requesting appellate review to produce the record of the Hearing Committee's proceedings. If the record is not produced within a reasonable period, as determined by the Board of Directors or its authorized representative, appellate rights shall be deemed waived

In the event of a waiver of appellate rights by a Practitioner, if the Board of Directors is inclined to take action which is more adverse than that taken or recommended by the Medical Executive Committee, the Board of Directors must consult with the Medical Executive Committee before taking such action. If after such consultation the Board of Directors is still inclined to take such action, then the Practitioner shall be so notified. The notice shall include a brief summary of the reasons for the Board's contemplated action, including a reference to any factual findings in the Hearing Committee's Decision that support the action. The Practitioner shall be given ten (10) days from receipt of that notice within which to request appellate review, notwithstanding his or her earlier waiver of appellate rights. The grounds for appeal and the appellate procedure shall be as described below. However, even if the Practitioner declines to appeal any of the Hearing Committee's factual findings, he or she shall still be given an opportunity to argue, in person and in writing, that the contemplated action

which is more adverse than that taken or recommended by the Medical Executive Committee is not reasonable and warranted. The action taken by the Board of Directors after following this procedure shall be the final action of the Hospital.

B. Grounds For Appeal

A written request for an appeal shall include an identification of the grounds of appeal, and a clear and concise statement of the facts in support of the appeal. The recognized grounds for appeal from a Hearing Committee decision are:

1. Substantial noncompliance with the standards or procedures required by the Bylaws, or applicable law, which has created demonstrable prejudice; or

2. The factual findings of the Hearing Committee are not supported by substantial evidence based upon the hearing record or such additional information as may be permitted pursuant to this section; or

3. The Hearing Committee's failure to sustain an action or recommendation of the Medical Executive Committee that, based on the Hearing Committee's factual findings, was reasonable and warranted.

C. Time, Place and Notice

The appeal board shall, within thirty (30) days after receipt of a request for appellate review, schedule a review date and cause each side to be given notice of time, place and date of the appellate review. The appellate review shall not commence less than thirty (30) or more than sixty (60) days from the date of notice. The time for appellate review may be extended by the appeal board for good cause.

D. Appeal Board

The Board of Directors may sit as the appeal board, or it may delegate that function to an appeal board which shall be composed of not less than three (3) members of the Board of Directors. Knowledge of the matter involved shall not preclude any person from serving as a member of the appeal board so long as that person did not take part in a prior hearing on the action or recommendation being challenged. The appeal board may select an attorney to assist it in the proceeding, but that attorney shall not be entitled to vote with respect to the appeal.

E. Appeal Procedure

The proceedings by the appeal board shall be in the nature of an appellate review based upon the record of the proceedings before the Hearing Committee. However, the appeal board may accept additional oral or written evidence, subject to a foundational showing that such evidence could not have been made available to the Hearing Committee in the exercise of reasonable diligence, and subject to the same rights of cross-examination or confrontation that are provided at a hearing. The appeal board shall also have the discretion to remand the matter to the Hearing Committee for

the taking of further evidence or for clarification or reconsideration of the Hearing Committee's decision. In such instances, the Hearing Committee shall report back to the appeal board, within such reasonable time limits as the appeal board imposes. Each party shall have the right to be represented by legal counsel before the appeal board, to present a written argument to the appeal board, to personally appear and make oral argument and respond to questions in accordance with the procedure established by the appeal board. After the arguments have been submitted, the appeal board shall conduct its deliberations outside the presence of the parties and their representatives.

F. Decision

Within thirty (30) days after the submission of arguments as provided above, the appeal board shall send a written recommendation to the Board of Directors. The appeal board may recommend, and the Board of Directors may decide, to affirm, reverse or modify the decision of the Hearing Committee. The decision of the Board shall constitute the final decision of the Hospital and shall become effective immediately upon notice to the parties. The parties shall be provided a copy of the appeal board's recommendation along with a copy of the Board of Director's final decision.

G. Right To One Hearing

No practitioner shall be entitled to more than one (1) evidentiary hearing and one (1) appellate review on any adverse action or recommendation.

H. Exception to Hearing Rights

1. Exclusive Contracts

The hearing rights described in this Article shall not apply as a result of a decision to close or continue closure of a department or service pursuant to an exclusive contract or to transfer an exclusive contract, or as a result of action by the holder of such an exclusive contract.

2. Validity of Bylaw, Rule, Regulation or Policy

No hearing provided for in this article shall be utilized to make determinations as to the merits or substantive validity of any Medical Staff bylaw, rule, regulation or policy. Where a Practitioner is adversely affected by the application of a Medical Staff bylaw, rule, regulation or policy, the Practitioner's sole remedy is to seek review of such bylaw, rule, regulation or policy initially by the Medical Executive Committee. The Medical Executive Committee may in its discretion consider the request according to such procedures as it deems appropriate. If the Practitioner is dissatisfied with the action of the Medical Executive Committee, the Practitioner may request review by the Board of Directors, which shall have discretion whether to conduct a review according to such procedures as it deems appropriate. The Board of Directors shall consult with the Medical Executive Committee before taking such action

regarding the bylaw, rule, regulation or policy involved. This procedure must be utilized prior to any legal action.

3. Department, Section, or Service Formation or Elimination

A Medical Staff department, section, or service can be formed or eliminated only following a review and recommendation by the Medical Executive Committee regarding the appropriateness of the department, section, or service elimination or formation. The Board of Directors shall consider the recommendations of the Medical Executive Committee prior to making a final determination regarding the formation or elimination.

The Medical Staff Member(s) whose Privileges may be adversely affected by department, section, or service formation or elimination are not afforded hearing rights pursuant to Article VII.

ARTICLE IX. REVIEW AND AMENDMENT OF BYLAWS

At intervals of no more than two (2) years, the Board of Directors shall review these Bylaws in their entirety to ensure that they comply with all provisions of the Local Health Care District Law, that they continue to meet the needs of District administration and Medical Staff, and that they serve to facilitate the efficient administration of the District.

These Bylaws may from time to time be amended by action of the Board of Directors. Amendments may be proposed at any regular meeting of the Board of Directors by any member of the Board. Action on proposed amendments shall be taken at the next regular meeting of the Board of Directors following the meeting at which such amendments are proposed.

ADOPTION OF BYLAWS

Originally passed and adopted at a meeting of the Board of Directors of the TAHOE FOREST HOSPITAL DISTRICT, duly held on the 9th day of January, 1953 and most recently revised on the 25th day of July, 2024.

REVISION HISTORY

1975
Revised – March, 1977
Revised – October, 1978
Revised – April, 1979
Revised – March, 1982
Revised – May, 1983
Revised – February, 1985
Revised – July, 1988
Revised – March, 1990
Revised – November, 1992

Revised – February, 1993
Revised – May, 1994
Revised – April, 1996
Revised – September, 1996
Revised – April, 1998
Revised – September, 1998
Revised – March, 1999
Revised – July, 2000
Revised – January, 2001
Revised – November, 2002
Revised – May, 2003
Revised – July, 2003
Revised – September, 2004
Revised – March, 2005
Revised – December, 2005
Revised – October, 2006
Revised – March, 2007
Revised – April, 2008
Revised – January, 2009
Revised – September, 2010
Revised – September, 2012
Revised – November, 2014
Revised – December, 2015
Revised – November, 2017
Revised – November, 2018
Revised – August, 2020
Revised – October, 2022
Revised – July, 2024

Status **Active** PolicyStat ID **19613377**

Origination Date	08/1990
Last Approved	03/2026
Last Revised	03/2026
Next Review	03/2029
Department	Board - ABD
Applicabilities	System

Guidelines for Business by the Tahoe Forest Hospital District Board of Directors, ABD-12

RISK

Failure to explain the guidelines for the Board of Directors in conducting business for the Tahoe Forest Hospital District and/or clarify the requirements of state law for public meetings while conducting business and meetings on behalf of the District could result in noncompliance with the Tahoe Forest Hospital District Bylaws and/or the Ralph M. Brown Act, hereinafter referred to as Brown Act.

POLICY:

In an effort to make known to any interested party the general guidelines for the conduct of business by the Board of Directors of the Tahoe Forest Hospital District, the following is a compendium of provisions from the District Bylaws and the Brown Act.

PROCEDURE:

A. **Officers of the Board of Directors**

1. The officers of the Board of Directors are: Chair, Vice Chair, Secretary and Treasurer.
2. The officers shall be chosen every year by the Board of Directors at a Board meeting in December and each officer shall hold office for a one-year term or until such officer's successor shall be elected and qualified or until such officer is otherwise disqualified to serve. The person holding the office of Chair of the Board of Directors may serve successive terms by unanimous vote taken at a regularly scheduled meeting. The office of Chair, Vice Chair, Secretary and Treasurer shall be filled by members of the Board of Directors.

B. **Meetings Of The Board of Directors**

1. Regular Meetings: Regular meetings of the Board of Directors shall be held the fourth Thursday of each month at 4:00 PM at a location within the Hospital District

boundaries, except for regular meetings in November and December which shall be held on the third Thursday of the month at 4:00 PM. The regular meeting shall begin in open session in accordance with the Brown Act and may adjourn to closed session in compliance with law. The notice for meetings of the Board of Directors and Board standing committees ("Committee(s)") shall be posted per the requirements of the Brown Act.

2. It is the duty, obligation, and responsibility of the Board Chair and Board Committee chairpersons to call for Board of Directors and Board Committee meetings and meeting locations. This authority is vested within the office of the Board Chair or the Board Committee chair and is expected to be used with the best interests of the District, Directors, staff and communities we serve.
3. Special Meetings: Special meetings of the Board of Directors may be held from time to time as specified in the District Bylaws and with the required 24 hours' notice as stated in the Brown Act.
    a. The Chair of the Board, or three directors, may call a special meeting in accordance with the notice and posting provisions of the Brown Act.
    b. Special meetings shall be called by delivering written notice to each Board Member and to the public in compliance with the Brown Act, including providing a description of the business to be transacted. Board Members may dispense with the written notice provision if a written waiver of notice has been filed with the Clerk before a meeting convenes.
    c. No business other than the purpose for which the special meeting was called shall be considered, discussed, or transacted at the meeting.
4. Emergency Meetings: Emergency meetings may be called in the event of an emergency situation, defined as a crippling disaster, work stoppage or other activity which severely impairs public health, safety or both, as determined by a majority of the Board, or in the event of a dire emergency, defined as a crippling disaster, mass destruction, terrorist act, or threatened terrorist activity so immediate and significant that requiring one hour notice before holding an emergency meeting may endanger the public health, safety, or both as determined by a majority of the Board.
    a. In the case of an emergency situation involving matters upon which prompt action is necessary due to the disruption or threatened disruption of public facilities, then a one (1) hour notice provision as prescribed by the Brown Act is required. In the event telephone communication services are not working, notice must be given as soon as possible after the meeting.
    b. No business other than the purpose for which the emergency meeting was called shall be considered, discussed, or transacted at the meeting.
5. Closed Session Meetings: Closed session meetings of the Board of Directors and Board Committees may be held as deemed necessary by members of the Board of Directors or the President & Chief Executive Officer (CEO) pursuant to the required notice and the restriction of subject matter as defined in the Brown Act and the Local Health Care District Law.

a. Under no circumstances shall the Board of Directors order a closed session meeting for the purposes of discussing or deliberating, or to permit the discussion or deliberation in any closed meeting of any proposals regarding:

i. The sale, conversion, contract for management, or leasing of any District health care facility or the assets thereof, to any for-profit or nonprofit entity, agency, association, organization, governmental body, person, partnership, corporation, or other district.

ii. The conversion of any District health care facility to any other form of ownership by the District.

iii. The dissolution of the District.

b. Documentation for closed session items may be provided on the Board portal at least 72 hours prior to the session for regular meetings and 24 hours before special closed session meetings. Once the session has been completed, all documentation will be removed from the portal. Hard copy documentation may be made available during the actual closed session but will be returned by all Board Members at the completion of the closed session.

c. As a best practice, closed session will be attended by General Counsel.

6. Teleconferencing (Traditional Teleconferencing, Reasonable Accommodation Teleconferencing, Just Cause Teleconferencing and Subsidiary Body Teleconferencing) : Any regular, special, or emergency meeting at which teleconferencing is utilized shall be conducted in compliance with the provisions of the Brown Act. These may include:

a. All votes taken by teleconference must be taken by roll call.

b. At least a quorum of the Board must participate from locations within the District boundaries.

c. Two-way audio-visual platform must be active during the entirety of the meeting.

d. Duty to disclose persons age 18+ present in the location and their relationship.

e. Agenda and minutes must reflect which members participate remotely.

f. Remote location must be at least 20 miles away from physical meeting location.

7. All meetings of the Board of Directors shall be chaired by members of the Board of Directors in the following order: Chair, Vice Chair, and Secretary.

C. **Activities/Meetings of Board Committees**

1. Board Committees will undertake the activities of the committee as outlined in the Tahoe Forest Hospital District Bylaws. In addition, each Committee will annually establish Committee goals, and such goals will be presented to the Board of

Directors for approval.

D. **Meetings Open to the Public**
All meetings of the Board of Directors and Board Committees are open to the public with the exception of the closed session portion of such meetings and ad hoc committee meetings that are not subject to the Brown Act.
Members of the public must be able to attend and participate in meetings via:

1. Two-way telephone service: a dial-in service that does not require internet, OR
2. Two-way audiovisual platform: an online platform allowing both video conference and telephone service; must activate automatic captioning function
Exception to D.1 and 2:
    a. If adequate telephone or internet service is not operational at the meeting location;
    b. If meeting is taking place outside the usual meeting location under specified circumstances, such as:
        i. Attending a judicial or administrative proceeding to which the District is a party.
        ii. Inspecting real or personal property provided that the topic of the meeting is limited to items directly related to the property.
        iii. Meeting with an elected or appointed official of the United States or the State of California, solely to discuss a legislative or regulatory issue affecting the District and over which the officials have jurisdiction.
        iv. Meeting in or nearby a facility owned by the District provided that the topic of the meeting is limited to items directly related to the facility.
    c. If the meeting is pursuant to an "emergency situation"

Disruptions to service of the two-way telephone service or two-way audiovisual platform during meetings shall be responded to in accordance with the procedures in ABD-2601.

E. **Notices of Meetings of the Board of Directors Supplied to the Public**
Notices of any regular or special meeting of the Board of Directors shall be e-mailed to any interested party who has submitted a request for such notice. The request must be renewed annually in writing (email). Notices and agendas of any regular or special meeting are also posted on the District website or at a location freely accessible to the public.

F. **Board and Board Committee Agenda Packets for Members of the Public**

1. Board and Board Committee agendas and agenda materials are available for review on the District website or at the Board or Board Committee meeting itself.
2. Any requests from the public for Board and Board Committee agenda packets shall be filled within a reasonable amount of time. Any member of the public requesting a Board or Board Committee agenda packet with all attachments shall be charged in accordance with the Inspection and Copying of Public Records, ABD-14 policy for such material. The charge is only intended to capture direct costs associated with

complying with public requests for documents provided by the California Public Records Act. In no way does the District profit from this activity; but only seeks to remain fiscally prudent and provide equity of service while maintaining easy access. Additionally, any members of the public being able to demonstrate true indigence shall be exempted from the fee per page charges. An agenda packet with all attachments shall be made available for use by any interested party at all regular and special meetings of the Board of Directors and Board Committee meetings.

Public Input at Meetings of the Board of Directors and Board Committee Meetings
On each agenda of regular and special meetings of the Board of Directors and Board Committee meetings, there shall be a provision made for input from the audience. There shall be an equivalent opportunity for public comment via remote and in-person channels, including equal speaking time and procedural treatment, for meetings where the District is required to provide an opportunity for members of the public to attend via a two-way telephonic service or a two-way audiovisual platform.

G. The Board of Directors or Board Committee may impose a time limit for such public input. Pursuant to the Brown Act, items which have not previously been posted on the meeting agenda may not be discussed or acted upon at that meeting by the Board of Directors with the following exceptions:

1. If a majority of the Board of Directors determines that an emergency situation exists as defined under the "Emergency Meetings" section of this policy, or
2. If two-thirds of the members of the Board of Directors or Board Committee present at the meeting, or, if less than two-thirds of the members are present, a unanimous vote of those members present, agree an item requires immediate action and the need for action came to the District's attention after the agenda was posted, or
3. If the item was previously posted in connection with a meeting which occurred no more than 5 days prior to the date on which the proposed action will be taken.

H. **Preparation of the Agenda for Board or Board Committee Meetings**

1. Placing of Items on the Agenda:
    a. As provided for in the Brown Act pertaining to public input, the District will provide an opportunity for members of the public to address the Board on any matter within their subject matter jurisdiction at monthly, regularly scheduled meetings. It is the desire of the Board of Directors to adhere to legislative requirements and conduct the business of the District in a manner so as to address the needs and concerns of members of the public.
    b. Members of the public are directed to contact the Chair of the Board of Directors, a Director of the Board or the President & Chief Executive Officer at least two weeks prior to the meeting of the Board of Directors at which they wish to have an items placed on the agenda for discussion/action. Requests to Directors of the Board will be referred to the President & Chief Executive Officer for follow up. While the District values public input, the Board and District staff control meeting agendas and the District has no obligation to agendize a matter requested by a member of the public. If a

matter is not agendized, the person seeking to discuss it may raise it in the public comment portion of a meeting.

c. No matters shall be placed on the agenda that are beyond the jurisdiction and authority of a Local Health Care District or that are not relevant to hospital district governance.

d. Last minute supporting documents by staff put Board Members at a disadvantage by diluting the opportunity to study the documents. All late submission of supporting documents must be justified in writing stating the reasons for the late submission. The Clerk will notify the Board of late submissions and their justification when appropriate. Bona fide emergency items involving public health and safety requiring Board action will be excluded.

2. The President & Chief Executive Officer and Board Chair, with input from members of the Board, shall prepare the agendas for the meetings of the Board of Directors. The President & Chief Executive Officer or his or her designee and the Board Committee chairperson shall prepare the agendas for the meetings of the Board Committees. Items to be placed on an agenda should be submitted to the President & Chief Executive Officer or the Clerk of the Board no later than 10 days prior to the Board meeting.
3. In addition to discussing with the Board Chair or President & Chief Executive Officer, a Board Member can ask that a topic be placed on next month's agenda for discussion during the appropriate time at a Board meeting. An item will be placed on next month's agenda if a majority of the Board concurs. No more than two items per Board Member will be considered at a Board meeting.
4. The format for agendas of meetings of the Board of Directors will be as follows unless the Board or President & Chief Executive Officer otherwise directs:
    a. Call to Order
    b. Roll Call
    c. Deletions/Corrections to the Posted Agenda
    d. Input – Audience
    e. Closed Session, if necessary
    f. Acknowledgments (if any)
    g. Medical Staff Executive Committee
    h. Consent Calendar
    i. Items for Board Action
    j. Items for Board Discussion
    k. Discussion of Consent Calendar Items Pulled, if necessary
    l. Board Members Reports/Closing Remarks
5. The Board of Directors wishes to facilitate input from members of the Medical Staff. When possible, items of concern to the members of the Medical Staff will be placed

as a timed item in the agenda as appropriate within the format as detailed above to minimize the demands on the time of the Medical Staff members.

6. The Board Chair and the President & Chief Executive Officer will create a "Consent Calendar" for those items on the agenda which are reasonably expected to be routine and non-controversial. The Board of Directors shall consider all of the items on the agenda marked consent calendar at one time by vote after a motion has been duly made and seconded. If any member of the Board of Directors or District staff requests that a consent item be removed from the list of consent items prior to the vote on the consent calendar, such item shall be taken up for separate consideration and disposition. Members of the public may request a Board Member do so on their behalf, or may provide public comment on a particular item before the Board votes on the consent calendar.
    a. Board Members are encouraged to notify the Board Chair and President & Chief Executive Officer prior to a meeting if there is intent to pull an item and/or provide questions and concerns. This will enable proper preparation to address questions and concerns.
    b. Department Heads, or their designated representative, will be present during the consent calendar to answer any questions. If the Department Head is unable to attend, the President & Chief Executive Officer will respond to questions and/or the item may be postponed until later in the meeting or a following meeting if necessary.
7. The Chair of the Board of Directors will approve the agenda before its distribution.

I. **Notification by Board Member of Anticipated Absences**
In the event a Board Member will be out of the area or unable to participate in a meeting, the Board Member is to provide written or electronic notification to the Clerk of the Board with information including the dates of absence and best method of contact.

J. **Minutes of Meetings of the Board of Directors and Board Committees**
Minutes of meetings of the Board of Directors and Board Committees shall be taken by the Clerk of the Board. The minutes shall be transcribed by the Clerk of the Board and reviewed by the President & Chief Executive Officer prior to submittal to the Board of Directors or Board Committees for review and approval at their next regularly scheduled meeting.

K. **Discussion/Debate**

1. As is practical, staff oral summaries shall precede motions and public comment on an agendized item.
2. Invited outside presenters, such as our auditors, accountants, and legal counsel shall offer their comments and documentation prior to a motion being introduced by one of the Board Members and public comment on an agendized item.
3. *Brief* questions to fill in knowledge gaps or to provide clarification should be posed prior to motion language being introduced and public input/comments on an agendized item. This is not an opportunity for Board Members to state their views on the substance of a matter.
4. Any Board Committee input or recommendations should be presented prior to a motion. Again, *brief* questioning for clarification may be engaged in prior to motions;

this is not an opportunity for Board Members to state their views on the substance of a matter.

5. Public input/comments regarding items not on the agenda will be sought at the beginning of Board/Board Committee meetings during the time allotted for public input. Public input/comments regarding agendized items will be sought during the consideration of these items, before action is taken, at Board/Board Committee meetings. It is noted that presentations from outside organizations may be referred to a Board Committee by the Board Chair for the formulation of a recommendation to the Board of Directors.
6. Requests by Board Members during a meeting for the opportunity to speak, for public input, or for additional staff input, should be made through the Board Chair.

L. **Voting/Motions**

1. Any member of the Board of Directors may introduce or second a motion, including the Board Chair or other currently presiding officer. All members, including the Board Chair, are encouraged to vote on all motions presented while in attendance unless required to abstain by a conflict of interest or other law. If a Director's vote is not discernible, the vote shall be recorded as in favor of the motion.
2. Amendment of a motion may only be amended by the motion maker with the concurrence of the second.
3. No more than one motion can be considered at a time.
4. Recording of the vote shall be first done by voice vote, with exception going to resolutions that require a roll call vote as a matter of law. Any member may request a roll call vote on any motion; such requests will not require a second and shall be performed at once.
5. Three votes of the Board, unless a greater number is required by law, are required to constitute a Board action. A tie vote on a motion affecting the merits of any matter shall be deemed to be a denial of the matter.
6. Motion of Reconsideration: When additional information has surfaced at a meeting after a motion has duly passed or failed, a motion for reconsideration may be accepted only if advanced or seconded by a Board Member that voted in the minority on the original motion. The Board Chair may reschedule an item if the participating public was present when originally considered and departed before reconsideration. Questions from the Board will occur prior to public comment. Items will not be debated by the Board until after public comment has been closed.
7. "Secret ballots" or any other means of casting anonymous or confidential votes are strictly prohibited per law. All votes shall be recorded and be available for public review.
8. Unless otherwise noted, all Board related business, whether in committee or Board session (open or closed) shall be conducted in compliance with this policy. The Board formally adopts this method of conducting business to ensure that all Board affairs are conducted in an equitable, orderly and timely fashion. Parliamentary procedures are seen as a valuable tool for proper conduct in meetings, and should provide a degree of standardization in regards to other governmental interests,

facilitating the public's understanding (and other governmental bodies' understanding) our actions.

M. **Urgent Decisions**
In the event that an urgent or emergent decision or action is required by the Board prior to a regularly scheduled meeting, the Chair of the Board, or a majority of the Board Members, may call a special or emergency Board meeting to take action.

N. **Contingent Approval**

1. In the event the Board approves an item at a Board meeting in which all of the terms, conditions, restrictions, commitments, etc. are clearly defined, but which such provisions have not been formalized in contracts or other appropriate documentation, the Board may give preliminary approval to the President & Chief Executive Officer to execute the contract or other appropriate documentation, contingent upon the following:
    a. the terms are not substantively altered from those previously approved,
    b. all involved parties to the transaction or agreement are notified in writing of the contingent approval of the terms pending ratification by the Board, and
    c. the final terms and documentation are approved or rejected by the Board at a subsequent Board meeting.
2. If the terms of the supporting documentation are substantively different than those previously approved at the public meeting, then approval must be obtained at a subsequent Board meeting.

O. **Complaints Addressed to the Board**
Written comments or complaints addressed to any or all members of the Board that are received by Board Members or Health System staff member must be forwarded immediately to the Clerk of the Board. The Clerk of the Board will deliver copies of complaints to the President & CEO and Health System's Patient Experience Specialist.

P. **Board Member Request for Information**

1. Individual Board Members may request data from the District by completing a Board of Directors Information Request Form indicating the specific information requested.
    a. The President & CEO will review the request to determine material availability, sensitivity, necessary resources, and anticipated cost (if any) of production.
    b. Should the President & CEO determine that materials are not readily available, sensitive in nature or costly to produce, the President & CEO may defer to a decision of the Board of Directors to fulfill the request.
    c. All approved requests by the President & CEO and/or the Board of Directors will be produced and distributed to each member of the Board of Directors.

Related Policies/Forms:

Board of Directors Information Request Form

References:

Ralph M. Brown Act (CA Govt Code §54950)

All Revision Dates

03/2026, 12/2022, 07/2019, 08/2018, 03/2016, 12/2015, 06/2014, 01/2014, 01/2012, 03/2008

Attachments

Information Request Form.pdf

Approval Signatures

Step Description	Approver	Date
	Anna Roth: President & CEO	03/2026
	Sarah Jackson: Clerk of the Board	03/2026

Board of Directors Information Request Form

Date: _____

Requested by: _____

Information Requested: _____

_____

_____

_____

_____

Requested Delivery Date: _____

Signature: _____

FOR ADMIN USE

Data readily available? _____ YES _____ NO

Internal? _____ External? _____

Estimated time to complete: _____

Estimated cost: _____

Board approval (Y/N) _____

Date completed: _____ Completed by: _____

Information provided: _____