Dear NHRMC Family,

New Hanover Regional Medical Center and its affiliates are committed to Leading Our Community to Outstanding Health, and you are our ambassadors to the community we serve.

You represent NHRMC to every patient who trusts us with their care, every visitor you pass in the hallway, and every community member you meet.

We hire people of character, and moral and ethical integrity are assets we value in every employee. We expect our employees to display sensitivity and to appreciate the differences that make each of our patients, visitors and coworkers unique. Treating everyone around us with the utmost respect and compassion is not just something we strive to accomplish; it is ingrained in the heart of our organization.

The standards and expectations for how NHRMC conducts business and delivers care are high. This Code of Conduct offers guidelines that are reinforced in greater detail by policies and procedures from across the organization.

You are encouraged to provide feedback and report concerns about conduct issues. Furthermore, you are obligated to report any compliance issue that you learn about, and I assure you that there will be no retribution or retaliation against you. Patient safety and quality are fundamental to our success, and our culture of continuous improvement relies on you to be diligent and forthcoming.

Please take the time to read and understand the important information in this booklet and dedicate yourself to meeting the high standards expected of our team.

We thank you for your commitment to providing outstanding care to our community.

Sincerely,

John H. Gizdic
President and CEO
### TABLE OF CONTENTS

I. MISSION STATEMENT AND VALUES ................................................................. 4
II. PURPOSE OF OUR CODE OF CONDUCT .......................................................... 5
III. LEADERSHIP AND STAFF RESPONSIBILITIES ................................................. 5
IV. WE ARE FUNDAMENTALLY COMMITTED TO ................................................. 6
V. PATIENT CARE .................................................................................................. 7
   A. Emergency Treatment .................................................................................... 7
   B. Patients .......................................................................................................... 7
VI. COMPLIANCE WITH LAWS AND REGULATIONS ........................................... 8
   A. False Claims Act .......................................................................................... 8
   B. Billing and Coding for Services .................................................................... 8
   C. Cost Reports .................................................................................................. 9
   D. Admissions and Referrals ............................................................................. 9
   E. Research ....................................................................................................... 9
   F. Advertising, Marketing and Public Relations ................................................ 9
   G. Accuracy and Retention of Records ............................................................. 10
VII. WORKPLACE CONDUCT AND BEHAVIOR PRACTICES ............................... 10
   A. Vendor/Contractor Relations ....................................................................... 10
   B. Confidentiality and Security ......................................................................... 11
   C. Conflict of Interest ....................................................................................... 12
   D. Equal Employment Opportunity .................................................................. 13
   E. Harassment ................................................................................................... 13
   F. Workplace Violence ...................................................................................... 13
   G. Care of Assets and Property ......................................................................... 14
VIII. SAFETY ........................................................................................................... 14
   A. Controlled Substances .................................................................................. 14
   B. Environmental Compliance ......................................................................... 15
IX. CORPORATE COMPLIANCE PROGRAM ....................................................... 15
   A. Program Structure ....................................................................................... 15
   B. Procedure for Reporting Compliance Concerns ......................................... 15
   C. The Corporate Compliance Office ............................................................. 16
   D. External Investigations ................................................................................ 17
   E. Disciplinary Action ...................................................................................... 17
   F. Auditing and Monitoring ............................................................................. 17
X. QUESTIONS AND ANSWERS .......................................................................... 18
XI. CONFIDENTIALITY AND SECURITY AGREEMENT ....................................... 21
Code of Conduct Acknowledgment ..................................................................... 25
I. MISSION STATEMENT AND VALUES

New Hanover Regional Medical Center is dedicated to providing you with high quality care and an excellent experience.

Our mission and values reflect our belief that our commitment to you extends beyond the doors of our facilities, working with you to build a healthier community.

Mission Statement

Leading Our Community to Outstanding Health

Values

We take seriously our responsibility for protecting and promoting your health. Every member of the NHRMC team embraces the following values as the foundation of the excellent care we provide.

Compassion

We are committed to meeting you and your loved ones’ needs with the highest compassion, care and courtesy.

Ownership

Each team member acts responsibly and takes pride in carrying out his or her role in our organization.

Teamwork

We share a common purpose - serving our patients, their loved ones and our community - and collaborate as a team to meet this goal.

Communication

We encourage open communication through listening to our patients, families and one another to better meet their needs.
II. PURPOSE OF OUR CODE OF CONDUCT

The Code of Conduct is a vital component of the Corporate Compliance Program and is used as a guide to inform and educate you about the scope of compliance within the organization. We are committed to providing the highest quality service and conducting our business activities honestly, ethically and in full compliance with all federal, state and local laws and regulations. In order to live up to this commitment, we have set forth below the principles and rules to be followed by all members of the Board of Trustees, physicians, employees, volunteers, vendors, contractors and other agents.

It is your responsibility to read this material carefully and completely. In order to act lawfully and ethically, each of us has an obligation to know and follow, strictly and without exception, the laws, rules, regulations, policies, procedures and practices that have specific application to our work.

If any aspect of this guide is unclear to you, or if you have any questions or concerns about a situation you may be facing, there are a number of ways to seek assistance. First and foremost, we hope you will feel comfortable discussing your concerns with your supervisor. If for any reason you do not wish to do so, or if your supervisor is unable to resolve your issue, you may contact a member of senior management or confidentially discuss a particular compliance issue with the Compliance Officer or a member of the Compliance Department, without fear of reprisal.

III. LEADERSHIP AND STAFF RESPONSIBILITIES

We attach the utmost importance to integrity, obeying the law and behaving ethically. An employee who, at any level within the organization, engages in, causes, or by inaction or inattention tolerates or condones any illegal or unethical conduct has automatically violated the Code of Conduct and will be subject to disciplinary action, up to and including termination. Every employee has an obligation to report illegal or unethical conduct by another employee.

Leadership is expected to exemplify persons of high integrity, using incorruptible and ethical judgment at all times. Leadership will assume responsibility for developing and implementing policies and procedures, educating staff, detecting noncompliance, and disclosing suspected fraud and abuse to the Compliance Officer.
IV. WE ARE FUNDAMENTALLY COMMITTED TO:

• The mission, values and guiding principles of the organization.

• Making the organization a better place for employees to work, physicians to practice, and patients and their families to receive care.

• Following, strictly and without exception, the laws, rules, regulations, policies, procedures and practices that have specific application to our work.

• Providing quality health care to all of our patients, and treating every patient and guest with compassion and respect.

• Maintaining all current and complete paper and electronic business data, medical records and reports according to the law.

• Abiding by all applicable federal and state laws and regulations regarding business arrangements with physicians.

• Not deceiving our community of the quality or price of programs and services through false advertisements that cannot be supported by evidence.

• Ensuring that our billing practices comply with all federal and state laws, regulations, guidelines and policies regarding the submission of claims to the government and to private insurance payors.

• Neither accepting nor offering money or gifts to patients or their families in exchange for furnishing healthcare services.

• Not engaging in unfair and unethical business practices, such as basing our business decisions on personal relationships or biases.

• Strictly maintaining confidentiality when dealing with patient information as well as medical center business information.

• Ensuring that the workplace environment is free of any form of harassment, including physical, sexual and verbal harassment.

• Providing and maintaining a safe and healthy environment for our patients, guests, community and staff members.
V. PATIENT CARE

A. Emergency Treatment

• We will perform a medical screening examination when an individual comes alone, or with another person, to our Emergency Department and a request is made by the individual, or on the individual’s behalf, for examination or treatment.

• We will ensure that patients will only be transferred to another facility when we are not equipped to provide the level of care that is required or it is their choice to be transferred. In those instances, we will appropriately stabilize the patient and obtain acceptance before transferring the patient to another facility.

B. Patients

• We will provide quality health care to all of our patients. We will ensure that properly licensed, credentialed medical personnel perform those functions that require such licensure.

• We will not deny medically necessary services to patients on the basis of ability to pay, race, creed, color, national origin, age, sex or actual or perceived disability. (“Medically necessary services” is defined by CMS as those services which are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member.) We will treat every patient and guest with compassion and respect.

• We will inform and educate patients of the diagnosis, treatment plans, expected outcomes and costs of care. We will honor the Patients’ Bill of Rights and patients’ right to Advanced Health Care Directives.
VI. COMPLIANCE WITH LAWS AND REGULATIONS

A. False Claims Act

• All employees, Medical Staff, students, volunteers, contractors and agents are required to comply with all federal and state laws and regulations, policies and procedures, and the Code of Conduct. Specifically, it is a violation of the Federal False Claims Act for anyone to knowingly present or cause to be presented a false or fraudulent claim for payment or approval by the government or to commit various other acts which are detailed in Policy 3.3, Reports of Wrongdoing, in the Administrative Policy Manual.

• Anyone who has knowledge of an actual or potential violation of the False Claims Act or any other federal or state law, policy or procedure, and/or the Code of Conduct is required to promptly report the issue through the established chain of command, to the Compliance Office staff, or anonymously through the Compliance Hotline (800.348.9847).

• Individuals who know of a potential violation and report it are key in preventing and detecting fraud, waste and abuse. Therefore, individuals who, in good faith, report potential violations of the False Claims Act or any law or policy to the Compliance Office or to any other source (internal or external) will be protected from discrimination and wrongful termination. Furthermore, it is the organization’s policy that no one will be retaliated against for reporting what he or she honestly believes is a compliance problem. However, if someone purposely falsifies or misrepresents a report of wrongdoing – whether to protect him or herself or to hurt someone else – that person will not be protected under this policy.

B. Billing and Coding for Services

• We will ensure that our billing practices comply with all federal and state laws, regulations, guidelines and policies regarding the submission of claims to the government and to private insurance payors. We will monitor claims prior to billing to ensure claims meet the criteria for billing according to the federal and state billing regulations and to ensure the accurate billing and submission of claims for services actually provided and which are medically necessary.

• We will bill patients for services that are rendered. We will not bill patients for services that we did not provide.

• We will bill using codes that reflect actual services provided as documented in a patient’s medical record. We will not bill charges using bundled and unbundled codes that are to be submitted as one bill. We will take great measures to prevent both the inaccurate billing and submission of claims and will immediately rectify errors, including the prompt refund of credit balances.

• We will not practice duplicate billing to insurance companies.
• We will not employ contract labor, consultants or hire employees who suggest higher coding to receive higher reimbursement, unless there is medical justification for that service.

C. Cost Reports

• We will comply with all applicable federal and state regulations and program requirements relating to the preparation and submission of all cost reports. We will develop and enforce policies and procedures to ensure accurate submission of cost reports. We will not intentionally submit cost reports that do not reflect the true costs incurred for providing healthcare services.

D. Admissions and Referrals

• We will abide by all applicable federal and state laws and regulations regarding business arrangements with physicians. We will make and/or accept patient referrals based totally on their medical needs and personal choice and our ability to serve them, without regard to the number of referrals made by any physician or other health professional.

• We will not accept or provide payoffs, kickbacks or bribes in return for patient referrals. All arrangements will comply with federal and state, self-referral and anti-kickback laws. This includes compensation arrangements, service contracts, equipment and space rental arrangements with physicians.

E. Research

• We will comply with all applicable laws, regulations and requirements related to participation in research activities. In addition, we will comply with good clinical practices and other applicable ethical standards when conducting research that involves human subjects. We will not intentionally engage in scientific misconduct, such as fabrication, falsification, plagiarism, or other practices that seriously deviate from those that are commonly accepted within the scientific community for proposing, conducting, or reporting research. It does not include honest error or honest differences in interpretations or judgments of data.

F. Advertising, Marketing and Public Relations

• We will market only those programs and services that we can legally provide. We will use marketing as a tool for creating an awareness of new programs and services, as well as to remind the community of current and existing services that are readily available to them.

• We will not deceive our community of the quality or price of programs and services through false advertisements that cannot be supported by evidence. We will not use advertisements that may cause our public to be confused about our services versus those services provided by our competitors.
G. Accuracy and Retention of Records

• We will comply with all federal, state and local laws, regulations and rulings that dictate the appropriate maintenance and retention of records. We will truthfully and accurately present and maintain all current and complete paper and electronic financial information, medical records, billing records and other documentation according to the law. We will not tolerate the alteration, falsification or manipulation of any record or document.

VII. WORKPLACE CONDUCT AND BEHAVIOR PRACTICES

A. Vendor/Contractor Relations

• We expect all vendors, contractors, and other agents to comply with applicable laws and regulations when providing their services to and/or for us. Failure to comply with the Code of Conduct may result in suspension of the privilege to conduct business with the organization, and/or other penalties.

• We will not extend any business courtesies that might jeopardize compliance with billing and coding and any other regulations and policies.

• We will not accept nor offer money or gifts to patients or their families in exchange for furnishing healthcare services. Holiday gifts of cookies, cakes, pies, candies, fruit, popcorn and other similar food items offered by patients, physicians, contractors, subcontractors, suppliers and vendors are permitted as long as such gifts are motivated by personal relationships, not business considerations, and are shared with the entire department.

• It is a violation of North Carolina law to accept any gift or favor, other than advertising items or souvenirs of nominal value ($100 or less) from any vendor, contractor or subcontractor. Gifts may not influence the business decision making or give the appearance of influencing business decision making. Gifts of cash or cash equivalents (e.g. gift cards, checks) of any kind or amount cannot be accepted. Employees may accept unsolicited meals and or beverages served during documented educational sessions, including seminars, conferences, and grand rounds presentations. We will select suppliers and vendors based on the quality and price of products or services provided and our satisfaction with those services. We will not engage in unfair and unethical business practices, such as basing business decisions on personal relationships or biases.
B. Confidentiality and Security

We understand that the New Hanover Regional Medical Center (NHRMC) facility for which we work, volunteer or provide services has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their patients’ health information, as well as proprietary business information (such as Social Security numbers, financial accounting, or credit card information). Proprietary business information and patient identifiable health information are considered “confidential information.”

While employed by, working on behalf of or studying within the New Hanover Regional Medical Center organization (including an Affiliated Covered Entity):

General Rules

1. We will act in accordance with the organization’s Code of Conduct and its policies and procedures with regard to access and/or release of patient health information.

2. We understand that we should have no expectation of privacy when using NHRMC information systems. NHRMC may log, access, review, and otherwise utilize information stored on or passing through its systems, including email, in order to manage systems and enforce security.

3. We understand that violation of this Agreement may result in disciplinary action, up to and including termination of employment, suspension, and loss of privileges, and/or termination of authorization to work within the organization, in accordance with NHRMC policy. In addition, persons violating confidentiality and security practices may be subject to civil and criminal liability.

Protecting Confidential Information

4. We will not verbally or in any written form disclose any type of confidential patient health information (including electronic patient health information) to any unauthorized person (including friends or family) or permit any unauthorized person to examine or duplicate any patient’s records, reports, other documents, or data files prepared, controlled, or accessible by us at any time during or after my employment or work at NHRMC or an affiliate.

5. We will not examine, use, or disclose confidential information except as needed to perform the duties of our jobs.

6. We will not discuss patient health information with persons in locations where other staff or visitors may overhear the discussion (even if the patient name is not used). These locations may include but not be limited to elevators, dining areas, lounges, and hallways when others are present. We will apply reasonable safeguards to protect conversations from unauthorized listeners.
7. We understand that we will have limited access to information and we will not access or utilize information beyond that scope. We also understand that all patients’ health information is the property of NHRMC or its affiliate and this information may not be audio taped, photographed, videotaped, photocopied or taken off the property (in hard copy or electronic form) without appropriate release by the Health Information Management Department, unless specifically authorized to do so as part of our jobs. (This also applies to students and instructors.)

8. We will not publish or disclose any confidential information to others using personal email, or through Internet blogs or sites such as Facebook or Twitter. We will only use such communication methods when explicitly authorized to do so in support of business for the organization and within the permitted uses of confidential information as governed by regulations such as HIPAA.

9. We will not in any way divulge, copy, release, sell, loan, alter, or destroy any confidential information except as properly authorized. We will only reuse or destroy electronic removable media (such as thumb drives, CDs, DVDs, or disks) by purging confidential information after processing or turning in to Information Services for appropriate destruction. All hard copies containing confidential information should be placed in the nearest shred bin at time of disposal.

10. We will not make any unauthorized transmissions, inquiries, modifications, or purging of confidential information.

11. We will not transmit confidential information outside the NHRMC network unless we are specifically authorized to do so as part of our job responsibilities. If we do transmit confidential information outside of the organization using fax, email or other electronic communication methods, we will ensure proper precautions are taken, which include encrypting emails, verifying fax numbers, and using fax cover sheets, in accordance with policies and procedures.

12. We understand that any information about the business, customers, and patients of the organization is confidential and is not to be discussed with persons outside of the system, except within the scope of our job duties.

Additional expectations are included in the Confidentiality and Security Agreement.

C. Conflict of Interest

• North Carolina Conflict of Interest Statute prohibits us from awarding a contract (written or not) for materials or services to be furnished or used in connection with any hospital facility to another business entity if a trustee, employee, spouse of trustee or employee, has any direct interest, except an employment contract for an employee. (This rule does not apply if the trustee or employee is not involved in making or administering the contract.)
• No member of the Board of Trustees, employees, or their spouses may acquire any interest, direct or indirect, in any hospital facility or in any property included or planned to be included in a hospital facility. (This rule does not apply if the trustee or employee is not involved in making or administering the contract.)

• Employees will not be permitted to use the time, facilities or resources of the organization to conduct business associated with an external employer.

• We shall maintain policies and procedures that prohibit members of the same immediate family from working in direct supervisory positions in the organization.

D. Equal Employment Opportunity

• We will not deny employment to anyone on the basis of race, color, national origin, religion, age, sex, or disability. We will base the employment of individuals solely on the requirements of the job and their abilities to perform the job with or without reasonable accommodations. We will treat all staff members with fairness, dignity and respect.

• We will perform reference and background checks for all individuals being considered for employment. We will not employ individuals who have been excluded from federal healthcare programs or who have been suspended by a federal agency. Individuals charged with criminal offenses relating to health care will immediately be removed from functional areas associated with federally funded healthcare programs. Employment of such individuals will be terminated should they be convicted.

E. Harassment

• We will ensure that the workplace environment is free of any form of harassment or discrimination.

• We will not tolerate any form of physical, verbal or sexual harassment, whether by a manager, co-worker, physician, or other non-employees.

• Our managers will educate and assure their subordinates that they are not required to endure insulting, degrading, or exploitative physical, verbal or sexual treatment. This includes unwelcome sexual advances associated with employee advancement.

F. Workplace Violence

• We will strive to maintain a safe and secure environment free from violence and intimidation.

• Violent acts or threatening behavior displayed by an employee will result in disciplinary action, up to and including termination. Workplace violence includes but is not limited to abusive language, intimidation, assaults, fighting, or other violence displayed by employees, management, patients, visitors or other parties.
G. Care of Assets and Property

- We shall comply with all relevant laws and regulations pertaining to formal and informal bidding and property disposition.

- We have a responsibility to preserve the organization’s assets, property, facilities, equipment and supplies.

- We are accountable for the proper expenditure of funds and for the proper use of property. We will not tolerate the theft of property, embezzlement of money, or the unauthorized use of the organization’s equipment or property.

- We shall protect the assets of others entrusted to us, including physical property and propriety information, against loss, theft and misuse.

- We shall ensure that disposal of obsolete, damaged or unusable property will be in accordance with policies and state law. Unauthorized disposal of property is considered a misuse of assets. The disposal of property includes any type of transfer, leasing, selling, donating, or exchanging of property.

VIII. SAFETY

A. Controlled Substances

- We report to work free of impairment from drugs and alcohol.

- We will act promptly when a violation occurs regarding impairment or substance abuse. Staff members who violate policies and procedures regarding alcohol and drug abuse will be subject to disciplinary action, up to and including termination. Physicians who violate policies and procedures regarding alcohol and drug abuse will be subject to disciplinary action under Medical Staff rules and regulations. Employees and physicians shall report any sign of impairment to their immediate supervisor, including the diversion or misuse of drugs from the organization. It is important that prescription drugs, controlled substances, and medical supplies are handled properly by authorized employees in order to minimize risk to patients and the organization.
B. Environmental Compliance

- We will make every effort to provide all employees and others at our organization with the best possible work environment. The standards for the workplace will comply with the requirements of the Occupational Safety and Health Administration, the Center for Disease Control, and other agencies and applicable laws and regulations.

- We follow practices that reduce the spread of infection, such as washing hands, wearing personal protective equipment, and following isolation procedures.

- We will ensure that all infectious and hazardous waste is disposed of in accordance with federal and state laws and regulations.

IX. CORPORATE COMPLIANCE PROGRAM

A. Program Structure

The purpose of the Corporate Compliance Program is to demonstrate the commitment of the Board of Trustees, senior management and staff to provide quality health services based on sound business principles of integrity and compliance. The program structure includes the Audit Committee of the Board of Trustees, the Compliance Officer, Compliance Department staff, the Corporate Compliance Committee at the senior management level, and ad hoc compliance work groups at the staff level.

B. Procedure For Reporting Compliance Concerns

We believe that the Corporate Compliance Program can be effective only if there is active participation by all employees, and that mandatory reporting, thorough investigation and uniform and fair remedial action are necessary components of an effective program.

Any employee who has knowledge of an actual or potential violation of the law, regulation, policy or procedure, and/or the Code of Conduct should report the matter to management through the established chain of command. If the matter is not resolved promptly, employees are encouraged to contact the Compliance Office.

We have implemented a Compliance Hotline for individuals who wish to report ethical violations, violations of the law, or any other information they feel they cannot otherwise report through their chain of command or to management.

The Compliance Hotline number is 800.348.9847.
When our policies and procedures do not provide the guidance and assistance you need, or the Code of Conduct does not address your question, we urge you to call the Compliance Office or the anonymous Compliance Hotline. Calls to the Compliance Hotline will not be traced and will be handled confidentially. You may remain anonymous when you place a call to the hotline. When you report a violation through the hotline, you will be given a case number and a date to call back for an update. Within the constraints of legal requirements, we pledge to protect the identity of anyone who makes a good faith report or inquiry.

C. The Corporate Compliance Office

If you feel uncomfortable about reporting via the Compliance Hotline, you may report online via www.MyComplianceReport.com (password: NHR), call the Compliance Officer at 910.667.5331, or call a member of the Compliance Department, or send a written report to:

Compliance Officer
New Hanover Regional Medical Center
P.O. Box 9000
Wilmington, NC 28402

Whether reporting by telephone or in writing, please provide as much detail as possible. Please include, if possible, names, dates, times, location and the specific conduct you feel may violate the law or policy of the organization. If writing, please try to include copies of all relevant documents, if applicable. There shall be no retaliation against any employee making a good faith report of a suspected violation. However, if someone purposely falsifies or misrepresents a report of wrongdoing – whether to protect him or herself or to hurt someone else – that person will not be protected under the policy.

All supervisors and managers are charged with ensuring that all subordinates receive compliance training. Any employee who raises concerns or allegations of possible violations of the Code of Conduct, policies or procedures, laws or regulations will be received openly and courteously. There will be no direct or indirect retaliation or retribution against anyone who in good faith raises problems.

The Compliance staff will investigate all allegations and reported violations as quickly as possible with the sole intent of correcting any violations. It is the responsibility of the Compliance Officer to ensure that corrective action is initiated. Corrective action, although case specific, may include notifying the appropriate governmental agencies, returning any overpayments, taking disciplinary action, and changing system processes to prevent future occurrences of the same violation.
D. External Investigations

In the event we are investigated, we will cooperate and treat all government officers with courtesy at all times. We will respect and fulfill all court-ordered requests. We will not conceal, destroy or alter any documents or lie to government representatives. We will provide and will not prevent others from providing accurate documentation relating to suspected violations of law.

E. Disciplinary Action

The disciplinary action initiated for individuals found guilty of violating laws and regulations or policies and procedures will depend on the severity, frequency and intent of the violation. Measures taken may include:

- A verbal or written warning
- Final written warning or suspension
- Prosecution
- Termination

F. Auditing and Monitoring

Ongoing auditing and monitoring systems are established and are necessary to measure the effectiveness of the program and to identify and modify areas that need improvements. Auditing may be conducted by internal staff and/or external agencies. Ongoing monitoring of compliance with policies and procedures will be coordinated with various departments throughout the organization. It will be the policy and practice of the Compliance Office to regularly review the Corporate Compliance Program.
X. QUESTIONS AND ANSWERS

Compliance with Laws and Regulations

1. Question: It is your job to educate patients on their options for home health care. Your friend is the manager of XYZ Home Health Care, and he promises you dinner if you send him some business. You refer your patients to XYZ Home Health Care. Are you in violation of the Code the Conduct?

Answer: Yes. It is against the law and the organization's policy to accept bribes in return for patient referrals.

2. Question: A hospital or practice manager instructs the billing clerk to waive the deductible and copay for her mother. What should the billing clerk do?

Answer: The billing clerk should not waive these payments. It is a violation of the Medicare program to do so.

3. Question: The organization or an affiliate has been notified that it will be audited for fraudulent activities. Your supervisor asks you to review some documents and fill in some missing information or signatures. What should you do?

Answer: Don't do it! It is always wrong to sign for someone else. It does not matter who asks you to do it. You should contact a member of senior management, the Corporate Compliance Department or call the Compliance Hotline at 1.800.348.9847 immediately.

Workplace Conduct and Behavior Practices

4. Question: Your neighbor or fellow employee is in the hospital, and you want to know why. Is it ok to retrieve this type of information using the computer access granted to you for your job?

Answer: No. It is a violation of patient confidentiality.

5. Question: What are some practical reminders for maintaining patient privacy and confidentiality?

Answer: • Respect patient privacy by controlling traffic. Do not use other departments as walkthroughs to get to your area (shortcuts). If you see others doing this remind them that it affects patient privacy.

• If you hear or see something while doing your job, it is not a violation. If you repeat it and it was not information needed to do your job it is a violation.

• Patients trust and count on you to protect their privacy; don’t violate that trust.
• Respect patient confidentiality by utilizing more private workspace and areas when sharing sensitive information with physicians and co-workers.

• You are accountable for your own actions. If it is information that is not necessary to perform your job, it is safer not to talk about it at all.

• If you have log books, maintain them in a safe area. Reassess who has access to this information and the reason why.

6. **Question:** A highly respected physician or employee has been harassing me, both verbally and physically. What should I do?

   **Answer:** No forms of harassment will be tolerated. Report this issue to your chain of command, Human Resources, the Corporate Compliance Department or the Compliance Hotline.

7. **Question:** Am I allowed to accept a cake from a frequent patient who wants to show appreciation?

   **Answer:** Yes, as long as it is shared with the department.

8. **Question:** Is it ethical to accept Christmas gifts from vendors?

   **Answer:** Holiday gifts of cookies, cakes, pies, candies, fruit, popcorn and other perishable items are permitted during holidays, but must be shared with the entire department.

9. **Question:** A vendor offers to buy an employee’s lunch. Should the employee accept?

   **Answer:** No. Employees are not permitted to accept food or meals from vendors unless it is part of a formal educational program and is not solely for the benefit of NHRMC.

10. **Question:** A vendor offers to pay for an employee(s) to attend a conference or educational event. Should the employee(s) accept the offer?

    **Answer:** No. Employees are only allowed to accept advertising items or souvenirs of nominal value ($100 or less) from a vendor. Employees may also accept unsolicited meals and/or beverages served during documented educational sessions, including seminars, conferences and grand rounds presentations. Employees should advise the vendor to contact the NHRMC Foundation for ways to support staff education.

11. **Question:** Are employees allowed to solicit and/or receive contributions from vendors for hospital-sponsored charitable events?
Answer: It is permissible for employees to solicit or receive donations from vendors for hospital-sponsored charitable events, such as the American Heart Walk, JDRF, March of Dimes, etc. Checks should be written directly to the charitable organization, and there is no dollar limit.

Corporate Compliance Program

12. Question: If I report a suspected violation in my department, do I have to give my name?

Answer: No. You are not required to give your name when making a report.

13. Question: What if I suspect a violation and it turns out to be wrong. Will I get in trouble for reporting it?

Answer: No. Our policy protects employees who make good faith reports of suspected violations from being reprimanded or disciplined. However, any employee who knowingly makes false allegations shall be subject to disciplinary action in accordance with policy.

14. Question: If I report a violation through the Compliance Hotline, how do I know it is being addressed?

Answer: When you report a violation through the hotline, you will be given a case number and a date to call back for an update.

15. Question: What if I report a violation to my supervisor and it continues?

Answer: If the matter is not resolved in a timely manner, employees are encouraged to contact the Corporate Compliance Office or call the Compliance Hotline.
XI. CONFIDENTIALITY AND SECURITY AGREEMENT
(Includes Code of Conduct Acknowledgment)

I understand that the New Hanover Regional Medical Center (NHRMC) facility for which I work, volunteer or provide services has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their patients’ health information, as well as proprietary business information (such as Social Security numbers, financial accounting, or credit card information). Proprietary business information and patient identifiable health information are considered “confidential information.”

While I am employed by, working on behalf of or studying within the New Hanover Regional Medical Center organization (including an Affiliated Covered Entity):

General Rules

1. I will act in accordance with the organization’s Code of Conduct and its policies and procedures with regard to access and/or release of patient health information.

2. I understand that I should have no expectation of privacy when using NHRMC information systems. NHRMC may log, access, review, and otherwise utilize information stored on or passing through its systems, including email, in order to manage systems and enforce security.

3. I understand that violation of this Agreement may result in disciplinary action, up to and including termination of employment, suspension, and loss of privileges, and/or termination of authorization to work within the organization, in accordance with NHRMC policy. In addition, persons violating confidentiality and security practices may be subject to civil and criminal liability.

Protecting Confidential Information

4. I will not verbally or in any written form disclose any type of confidential patient health information (including electronic patient health information) to any unauthorized person (including friends or family) or permit any unauthorized person to examine or duplicate any patient’s records, reports, other documents, or data files prepared, controlled, or accessible by me at any time during or after my employment or work at NHRMC or an affiliate.

5. I will not examine, use, or disclose confidential information except as needed to perform the duties of my job.

6. I will not discuss patient health information with persons in locations where other staff or visitors may overhear the discussion (even if the patient name is not used). These locations may include but not be limited to elevators, dining areas, lounges, and hallways when others are present. I will apply reasonable safeguards to protect conversations from unauthorized listeners.
7. I understand that I will have limited access to information and I will not access or utilize information beyond that scope. I also understand that all patients’ health information is the property of NHRMC or its affiliate and this information may not be audio taped, photographed, videotaped, photocopied or taken off the property (in hard copy or electronic form) without appropriate release by the Health Information Management Department, unless specifically authorized to do so as part of my job. (This also applies to students and instructors.)

8. I will not publish or disclose any confidential information to others using personal email, or through Internet blogs or sites such as Facebook or Twitter. I will only use such communication methods when explicitly authorized to do so in support of business for the organization and within the permitted uses of confidential information as governed by regulations such as HIPAA.

9. I will not in any way divulge copy, release, sell, loan, alter, or destroy any confidential information except as properly authorized. I will only reuse or destroy electronic removable media (such as thumb drives, CDs, DVDs, or disks) by purging confidential information after processing or turning in to Information Services for appropriate destruction. All hard copies containing confidential information should be placed in the nearest shred bin at time of disposal.

10. I will not make any unauthorized transmissions, inquiries, modifications, or purging of confidential information.

11. I will not transmit confidential information outside the NHRMC network unless I am specifically authorized to do so as part of my job responsibilities. If I do transmit confidential information outside of the organization using fax, email or other electronic communication methods, I will ensure proper precautions are taken, which include encrypting emails, verifying fax numbers, and using fax cover sheets, in accordance with policies and procedures.

12. I understand that any information about the business, customers, and patients of the organization is confidential and is not to be discussed with persons outside of the system, except within the scope of my job duties.
Following Appropriate Access

13. I will only access or use systems or devices I am officially authorized to access, and will not demonstrate the operation or function of systems or devices to unauthorized individuals.

14. I will only access software systems to review patient records or other information when I have a business need to know, as well as any necessary consent. By accessing a patient’s record or organization information, I am affirmatively representing to the organization at the time of each access that I have the requisite business need to know and appropriate consent, and the company may rely on that representation in granting such access to me.

Using Portable Devices, Removable Media and Online File Storage

15. I will not copy or store confidential information on removable media or portable devices such as laptops, tablets, smartphones, CDs, thumb drives, external hard drives, etc., unless specifically required to do so by my job. If I do need to copy or store confidential information on removable media, I will contact IS Security for instructions on proper encryption.

16. I will not copy or store confidential information in unapproved applications. Only NHRMC approved applications can be used. Online file storage applications such as Dropbox and Google Drive are not approved for the storage of files containing confidential information such as patient health information. Other uses of such file storage applications must be approved by IS Security.

17. I understand that it is prohibited to create, store, receive, or transmit any form of media to include, but not limited to, photos, texts, videos, voice memos that contain confidential information unless through the use of authorized and approved NHRMC devices and applications.

18. I understand that any mobile device (smartphone, tablet, etc.) that synchronizes organization data may contain confidential information and as a result, must be protected. If it is required that I have mobile device access, I will follow the Mobile Device Security Policy to gain secured access to approved data and applications.

Doing My Part – Personal Security

19. I understand that I will be assigned a unique identifier (e.g., User ID) to track my access and use of confidential information and that the identifier is associated with my personal data provided as part of the initial and/or periodic credentialing and/or employment verification processes.

20. I will:
   a. Use only my officially assigned User-ID and password.
   b. Use only approved licensed software.
   c. Use a device with virus protection software.
21. I will never:
   a. Disclose passwords, PINs, or access codes.
   b. Use tools or techniques to break/exploit security measures.
   c. Connect unauthorized systems or devices to the NHRMC network.
   d. Use NHRMC’s network, email or internet resources for any purpose that is unlawful, threatening, libelous, defamatory, obscene, scandalous, inflammatory, pornographic, misleading, tortuous, profane, infringing, damaging or in any manner that could give rise to any civil or criminal liability under the law.

22. I will practice good workstation security measures such as securing any hard copies of confidential information when not in use, using screen savers with activated passwords and positioning screens away from public view.

23. I will immediately notify my manager, Compliance/Privacy Officer, Chief Security Officer (CSO), IS Help Desk or the Compliance Hotline if:
   a. My password has been seen, disclosed, or otherwise compromised;
   b. Media with confidential information stored on it has been lost or stolen;
   c. I suspect a virus infection on any system;
   d. I am aware of any activity that violates this agreement, the Code of Conduct, privacy and security policies; or
   e. I am aware of any other incident that could possibly have any adverse impact on confidential information or systems.

Upon Termination

24. I agree that my obligations under this Agreement will continue after termination of my employment, expiration of my contract, or my relationship ceases with NHRMC or its affiliate.

25. Upon termination, I will immediately return any documents or media containing confidential information to NHRMC or its affiliate.

26. I understand that I have no right to any ownership interest in any confidential information accessed or created by me during and in the scope of my relationship with NHRMC or its affiliate.
Code of Conduct Acknowledgment

I certify that I have received the **Code of Conduct** (either through training or via access to the organization’s Intranet) and understand that compliance with the Code of Conduct & this **Confidentiality and Security Agreement** is a condition of my employment. I understand that the Code of Conduct is to be used as a guide and that more detailed instructions can be found in the organization’s policies and procedures. I accept this responsibility and understand that a violation of any policy can result in disciplinary action, up to and including discharge. I certify that I have been briefed on the content and importance of the **Non-Retribution/ Non-Retaliation Policy**.

______________________________  _________________________________
Print Name                        Date

______________________________  _________________________________
Signature                        Social Security Number (first 3 digits & last 2)

______________________________  _________________________________
Department                       Position
There shall be no retaliation against any employee making a good faith report of suspected violation.