Dear University Hospitals Colleagues:

University Hospitals is a unique and remarkable health care system, bringing together America’s finest health care facilities, services and professionals. For more than 145 years, the people of UH have cared for patients, discovered new and innovative therapies and trained generations of health care professionals – all with a singular focus on improving the quality of human life. Throughout our history, we have served our patients and our community and, in the process, earned a reputation for honor and integrity. Our success is apparent in the unsolicited praise we receive from patients and their families, as well as in objective surveys that confirm our leadership in quality and patient satisfaction.

Every person at UH plays a role, directly or indirectly, in the patient experience and our reputation is based on how we conduct ourselves on a daily basis. Our expertise brings hope to patients who trust us to deliver the most advanced care and attracts people with the highest integrity to seek employment or an affiliation with us.

In each of our various roles, we are part of a team with the common mission of serving the health care needs of our patients and our community. The privilege of supporting this noble mission carries with it significant responsibilities.

To help you with the legal and ethical questions you may encounter in your daily work, we have prepared the UH Code of Conduct (Code). The Code provides a framework for making the right decisions and taking appropriate action in your daily work. As an organization, we must lead with integrity because we care about the well-being of our patients, fulfilling our mission and preserving our reputation.

Each of us – including all UH Board members, employees, volunteers, physicians and others who provide care to our patients – will be asked to sign a certification stating that we understand the Code and our individual commitment to compliance. If you have questions regarding this Code or encounter any situation that you believe violates this Code, you should immediately report the issue to your supervisor, contact your facility or entity’s Compliance Officer, call our Compliance Hotline (1-800-227-6934) or access the web-based reporting option. Each of us has the responsibility to report any concerns we may have, and you can rest assured that there will be no retaliation or retribution for asking questions or raising concerns in good faith about potential improper conduct.

Trust is something we earn and maintain every day. Through each of our actions we can demonstrate to our patients and communities that UH embraces a set of core values...excellence, diversity, integrity, compassion and teamwork. Thank you for your ongoing commitment to our patients, our communities and UH’s continued reputation for excellence and integrity in carrying out our Mission: To Heal. To Teach. To Discover.

Thomas F. Zenty III
Chief Executive Officer
University Hospitals
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UH Mission, Values, Vision

The Code of Conduct is a vital part of how we achieve our mission and vision. As an organization we define ourselves by our values. The Code helps us make decisions that support those values.

Mission
Why we are here.

To Heal. To Teach. To Discover.

Core Values
What we believe in.

- **Excellence.** We have a continuous thirst for excellence and are always seeking ways to improve the health of those that count on us.
- **Diversity.** We embrace diversity in people, thought, experiences and perspectives.
- **Integrity.** We have a shared commitment to do what is right.
- **Compassion.** We have genuine concern for those in our community and treat them with respect and empathy.
- **Teamwork.** We work collaboratively as an integrated team to improve patient care and performance.

Vision
Where we are going.

We will lead our industry in developing and delivering the next generation of consumer-driven health care.

- **Superior Quality.** We will pursue breakthrough medical advancements and practices to deliver superior clinical outcomes.
- **Personalized Experience.** Our care will focus on our patients as individuals. We will provide every patient an experience customized to their medical, emotional, social and spiritual needs.

Essential Behaviors
How we will succeed.

- **We will have a talented and inspired workforce.** We must attract, develop, engage and empower the right people who are motivated to fulfill their potential and the UH vision.
- **We will work together as an integrated team.** Information, best practices and results will be shared openly and honestly.
- **We will be accountable.** Each individual associate will have a responsibility to achieve our organizational and financial goals so that we accomplish our vision.
- **We will pursue continuous improvement.** Superior results will be achieved by improving our processes, eliminating barriers to success and measuring our progress.

Compliance and Ethics Program
Mission and Vision
While the Compliance and Ethics Department oversees and guides the organization with regard to compliance matters, we all share the following mission and vision of the Compliance and Ethics Program:

- **Mission** Through diligent consultation and collaboration, create a culture committed to the highest standards of ethics, professionalism and excellence in the workplace.
- **Vision** To be a leader in compliance management by requiring participation of all and by utilizing education, open communication and internal monitoring that promote ethical and legal practices.
# Pledge of Commitment

## Guiding Principles of this Code
We are committed to delivering the highest quality health care and superior clinical outcomes while advancing research and education in accordance with this Code. We are guided by the following principles and affirm the following commitments:

<table>
<thead>
<tr>
<th>To Our Patients</th>
<th>We treat our patients with respect and dignity and provide the highest quality health care services in a professional, compassionate, courteous and cost-effective manner, compliant with laws and regulations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>To Our Employees</td>
<td>We provide a work environment that is characterized by open and honest communication, respect, fairness, pride and camaraderie, professional ethics and integrity, and ample opportunities for professional growth and development.</td>
</tr>
<tr>
<td>To Our Volunteers</td>
<td>We recognize the time and talent provided by our volunteers as a vital component of our mission in assisting and attending to the nonmedical needs of patients and their families. We ensure that our volunteers feel a sense of meaningfulness from their volunteer work and receive recognition for their efforts.</td>
</tr>
<tr>
<td>To Our Medical Staff Members</td>
<td>We provide a work environment that has state-of-the-art facilities, advanced technology, outstanding professional support and an atmosphere that advances high quality patient care, medical education and research.</td>
</tr>
<tr>
<td>To Our Board of Directors</td>
<td>We follow high standards of professional and ethical management by providing strong leadership to pursue strategies that meet the mission and vision of the organization.</td>
</tr>
<tr>
<td>To Our Third-Party Payors</td>
<td>We work with our third-party payors in a way that demonstrates our commitment to contractual obligations and compliance with laws and regulations, and that reflects our shared goal of providing quality health care in an efficient and cost-effective manner.</td>
</tr>
<tr>
<td>To Our Regulators</td>
<td>We provide an environment in which compliance with rules, regulations (including the federal health care program requirements), ethical business practices and our Code of Conduct is woven into the corporate culture. We accept the responsibility to diligently self-govern and monitor adherence to the requirements of applicable laws and to our Code.</td>
</tr>
<tr>
<td>To the Communities We Serve</td>
<td>We understand the particular needs of the communities we serve and provide these communities high quality, cost-effective health care. As a charitable organization, we recognize our responsibility to assist those in need. In addition, we support charitable organizations and events whose missions are consistent with that of UH.</td>
</tr>
<tr>
<td>To Our Joint Venture Partners</td>
<td>We perform our responsibilities to manage our jointly owned operations in a manner that reflects the terms of our affiliation.</td>
</tr>
<tr>
<td>To Our Suppliers</td>
<td>We support fair competition among prospective suppliers and act in an ethical manner in selecting and maintaining our business relationships. We manage our supplier relationships in a fair and reasonable manner.</td>
</tr>
</tbody>
</table>
Purpose

University Hospitals is committed to maintaining the highest professional and ethical standards in the conduct of its business. We all must follow this Code and its supporting UH policies. This Code informs us about what we must do (compliance) and what we should do (ethics). As an organization that is guided by ethics, we must all follow the organization’s mission, vision and core values. This Code provides the standards we have agreed that we should do. Our ethical values set us apart from other organizations.

We must each do our part to achieve and sustain these standards. All individuals maintain integrity in business conduct and avoid any activities that could harm the reputation of UH, its officers, directors or other employees.

The standards described in this Code are covered in more detail in our corporate policies, available on the UH intranet (Intranet). This Code is subject to change and may be updated periodically to respond to changing conditions and to reflect changes in the law.

As a member of the UH team, you must follow and support the mandatory standards set forth in this Code. Therefore, please keep this Code for future reference. We comply with the requirements of federal health care programs (as defined by federal law).

Employees who ignore or disregard the principles of this Code will be subject to appropriate disciplinary actions. In addition, if an individual or UH fails to comply with such requirements and policies, civil or criminal penalties or possible exclusion from the federal health care programs may result. If you have any questions or uncertainty regarding these standards, it is your responsibility and obligation to seek guidance from a member of management, your facility or entity’s Compliance Officer, a Human Resources representative or the Chief Compliance Officer.

Leadership Responsibilities

While all UH employees follow this Code, our management team sets the example and acts as a role model in every respect. Our managers help their team members understand what is expected of them under the Code and other applicable laws, regulations and policies. Managers create an environment that promotes the highest standard of ethics and compliance. We always adhere to ethical and compliant behavior in the pursuit of business objectives. Managers maintain an open-door policy and encourage employees to raise concerns, while ensuring that no one who reports a suspected violation of law or UH policy in good faith is subject to retaliation. Managers must take prompt, appropriate action when a potential violation of law or UH policy arises. A member of management should seek assistance from the Chief Compliance Officer in addressing questions or concerns.

The Code is a critical component of our Compliance and Ethics Program. The standards apply to all of us. This means you will:

• Read the Code and understand how it applies to you
• Refer to the Code and UH Policies to guide your daily work activities
• Ask questions or report issues
• Complete annual training
• Certify your commitment to the Code

Transparency is an important aspect of the UH culture. We communicate with each other and the public in an open and honest manner. Our decisions must stand up to scrutiny and be understood by others. We support our values by promoting a culture of transparency.
Patient Care and Patient Rights

Our primary mission is to provide quality health care services to all of our patients in a safe, healing environment. We treat all patients with respect and dignity and provide care that is both necessary and appropriate. In the admission, transfer or discharge of patients, and in the care we provide, we do not discriminate based on gender, race, color, creed, national origin, ancestry, sexual orientation or source of payment for care. While we strive to render care in an efficient manner, clinical care decisions are not based on patient financial means or business economics.

UH has a comprehensive program to promote the quality of patient care and measure its effectiveness. UH monitors quality in numerous ways, including review of patient outcomes, implementing national initiatives related to patient safety and quality, and through patient satisfaction surveys. UH also compares the quality of its services against national standards and benchmarks in an effort to identify ways to continually improve the quality of care we provide and to establish standards of care that reflect best practices. UH maintains an active and continuous patient safety program to identify and mitigate risks to our patients, and to promote the prevention, reporting and reduction of health care errors. All UH caregivers must make patient safety paramount and ask for help or report issues to ensure that we fulfill our commitment to the highest quality standards.

Each patient receives a statement of Patient Rights and Responsibilities and a Notice of Privacy Practices. These statements explain the right of patients to make decisions regarding their medical care, the right to refuse or accept treatment, the right to informed decision making and the right to privacy of their health information maintained by any UH facility or entity. These statements conform to applicable state and federal laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH).

Commitment to Quality Care

No matter what our role at UH we all play a part in ensuring that quality patient care is at the core of everything we do and every decision we make. The commitment to quality of care and patient safety is everyone’s responsibility.

At UH, we provide a treatment environment where patients and their families understand their individual illnesses and make informed decisions concerning their medical care. Each patient or patient representative receives a clear explanation of care, including diagnosis, treatment plan, and an explanation of the risks and benefits associated with each available treatment option or with no treatment. Patients receive care from appropriately licensed and credentialed professionals. In addition, patients have the right to request transfers to other facilities. In such cases, we give the patient an explanation of the benefits, risks and alternatives to the transfer. We inform patients of their right to make advance directives regarding treatment decisions, financial considerations and the designation of a surrogate decision maker for healthcare. We honor patient advance directives or wishes regarding resuscitation within the limits of the law and the organization’s capabilities.
Patients and their representatives will be given appropriate confidentiality, privacy, opportunity for resolution of complaints, and pastoral or spiritual care. Any restrictions on a patient’s visitors, mail, telephone or other communications must be evaluated for therapeutic effectiveness or necessity to protect the patient, other patients or UH staff, and must be fully explained to the patient or the patient’s representative.

We also strive to provide health education, health promotion and wellness programs as part of our efforts to improve the quality of life of our patients and communities.

Confidentiality of Patient Information

HIPAA and HITECH create national standards for maintaining the privacy and security of patients’ protected health information (PHI). Consistent with HIPAA, we only use, disclose or discuss patient-specific information with others when it is necessary for treatment, payment or health care operations purposes, or when such disclosure is authorized by the patient or is required or authorized by law. We protect the confidentiality of PHI, whether that information exists in oral, written or electronic form. UH maintains and safeguards both paper and electronic medical and financial records to ensure that PHI is not shared with anyone except the patient; the patient’s validly designated personal representative, surrogate or executor; or other third parties who present a valid written authorization signed by the patient; or as required or authorized by law.

UH employees, workforce members, affiliated physicians and third-party business associates access patient information only as necessary to perform their UH roles. Unless authorized by law or by the patient, only individuals who require patient information to provide care, perform quality control activities, bill or collect payments for services, or perform other administrative services are permitted access to PHI.

Emergency Treatment

UH complies with the Emergency Medical Treatment and Labor Act (EMTALA) in providing a medical screening examination and (if necessary) stabilizing treatment to all patients who come to the hospital for emergency treatment, regardless of an individual’s ability to pay. In an emergency situation or if the patient is in labor, we will not delay the medical screening and necessary stabilizing treatment to seek financial and demographic information. We do not admit or discharge patients with emergency medical conditions based simply on their ability (or inability) to pay or any other discriminatory factor.

Patients with emergency medical conditions will be transferred to another facility only if the transfer is in compliance with UH EMTALA policies, state and federal requirements. UH personnel and physicians who work in a UH facility Emergency Department must be knowledgeable about the EMTALA rules and applicable UH policies.

Commitment to Quality Care (continued)
Security of Patient and Business Information
Because so much of UH’s clinical and business information is created and stored in our numerous electronic systems, it is essential that each UH colleague review and follow our information security policies and standards. As required by HIPAA and HITECH, UH has implemented significant safeguards to maintain the confidentiality, integrity and availability of patient information. UH’s information security standards are designed to protect electronic systems, and the patient and business information contained in them. These standards apply to all UH electronic systems containing patient and business information including workstations, devices and terminals; networks and servers and their supporting infrastructure; software and applications (such as email); and databases and storage devices. UH also has information security standards for colleagues’ personal devices that contain UH information for a legitimate business purpose (such as a personal cell phone containing a colleague’s UH email).

Any UH colleague who knows or suspects confidential information to have been compromised must report the potential security breach to the UH Privacy Officer, or Information Security Officer.

Colleagues shall never use tools or techniques to break or exploit UH information security measures or those used by other companies or individuals.

We take steps to prevent identity theft by protecting Social Security numbers and other personal patient and employee data. We maintain and update our numerous security measures to prevent unauthorized access to UH data systems.

Our patients trust us with their confidential medical and financial information. All UH personnel have a role to play in following UH’s privacy and information security policies and maintaining the confidentiality of PHI. This means:
• Only accessing information needed to do your job
• Getting permission from your supervisor before removing patient information from UH and keeping it secure until it is returned or appropriately destroyed
• Keeping passwords confidential and not sharing them with others
• Securing and encrypting mobile devices, such as laptops, flash drives, external hard drives and personal devices (cell phones and tablets) that contain PHI or confidential UH information
• Not posting passwords on a computer monitor or your name badge
• Reporting any lost or stolen patient information immediately to the UH Privacy Officer by calling 800-227-6934
• Reporting any potential security breach of UH electronic systems to the UH Information Security Officer by calling 216-844-3327
Research and Education

UH’s institutional mission includes the continued discovery and pursuit of innovative medical excellence. UH is committed to conducting research responsibly and to proactively investing in educational programs that prepare researchers, students and staff for the challenges of the future. Research undertaken by our physicians and professional staff is conducted within legal and ethical standards. We are committed to research integrity in disseminating appropriate, valid scientific results in accordance with applicable regulations and guidelines.

All patients who are asked to participate in a research project are given a full explanation of alternative treatment services that might prove beneficial to them. Such patients are also fully informed of potential discomforts and are given a full explanation of the risks and expected benefits. The patients are fully informed of the procedures to be followed, especially those that are experimental in nature. Refusal of a patient to participate in a research study will not compromise his or her access to services.

All human subject research proposals must be approved by the Institutional Review Board (IRB) that has oversight responsibility for the research project. Any employee or physician engaging in human subject research must do so in conjunction with IRB approval and consistent with UH policies and procedures governing human subject research.

Relationships With Physicians

Business arrangements with physicians must be pursuant to signed, written contracts and appropriately structured to comply with legal requirements. All transactions with physicians require review and approval by the appropriate UH leader for the contracting UH entity and approval as to form by the Law Department and, in some arrangements, the Compliance and Ethics Department in accordance with the UH physician transaction policies.

UH does not pay for referrals. We accept patient referrals and admissions based solely on the patient’s clinical needs and our ability to render the needed services. We do not pay or offer to pay anyone – employees, physicians or other persons – for the referral of patients. UH does not accept payment for referrals that the organization makes. No employee or any other person acting on behalf of UH is permitted to ask for or receive anything of value, directly or indirectly, in exchange for the referral of patients. When
Our first priority in the responsible conduct of research is to protect the patients and human subjects, and to respect their rights and welfare during research and clinical trials. Physicians participating in research activities involving human subjects fully inform patients of their rights and responsibilities related to participating in the research or clinical trial. All personnel applying for or performing research of any type are responsible for maintaining the highest ethical standards in any written or oral communications regarding their research projects as well as following appropriate research regulations and guidelines. As in all record keeping, we submit only true, accurate and complete costs related to research grants.

We conduct our training programs, including residency and fellowship programs, in accordance with applicable requirements for supervision, billing and evaluation of the trainees. The attending physician or supervisor has both an ethical and legal responsibility for the overall care of the individual patient and for the supervision of the trainees involved in patient care and clinical research activities. The supervisory staff, including attending physicians, must ensure that the level of responsibility given to a trainee is appropriate based on each trainee’s skills and ability, and that the documentation of such supervision is consistent with all applicable requirements.

We prohibit offering, accepting or giving bribes, kickbacks or something of value as a reward or thank you for patient referrals. This includes services, gifts, entertainment or anything that has value to the recipient. UH colleagues must consult UH policies prior to extending any business courtesy or token of appreciation to a potential referral source.

Research misconduct is not tolerated. This includes activities such as:

- making up or changing results;
- copying results from other studies without performing or citing the applicable research;
- failing to identify and deal appropriately with conflicts of interest;
- failing to strictly follow study protocol;
- failing to actively protect the rights of research subjects; or
- proceeding without IRB approval.

making patient referrals to other health care providers, we do not take into account the volume or value of referrals or other business that the provider has made to us. Referrals to physicians, health professionals or other health care facilities are made based solely on what is best for the person seeking treatment.

All UH personnel who interact with physicians, particularly those in a position to approve financial arrangements with physicians or process payments to physicians, must be aware of the legal requirements and UH policies that address relationships between UH entities and physicians. UH, including UH-employed physicians shall not provide “professional courtesy” discounts to members of the medical staff or their families. UH does not allow hospital charges owed by an affiliated physician to be waived, in whole or in part.
Accurate Billing and Coding of Services

UH takes great care to assure that all billings to the government, third-party payors and patients are accurate and conform to all applicable federal and state laws and regulations. We prohibit any employee or agent of UH from knowingly presenting or causing to be presented claims for payment or approval that are false, fictitious or fraudulent.

Strict federal and state laws and regulations govern third-party billing of our insured patients. UH is committed to full compliance with federal health care program requirements, including preparing and submitting accurate claims consistent with such requirements. We monitor and verify that claims are submitted accurately and appropriately.

For hospital or physician billing or coding questions, consult the contact names and phone numbers included in this Code.

Accuracy of Records and Reports

Each UH employee is responsible for the integrity and accuracy of our organization’s documents and records to ensure that records are available to support our business practices and actions. No one may falsify information on any record or document or make alterations to such information except in accordance with UH policy.

Medical records must be as accurate and complete as possible. Personnel may correct errors in medical records only according to the appropriate procedures. Any changes or entries made out of time sequence should be clearly dated and initialed. All UH supporting documentation (e.g., medical records) related to our coding and billing of patient care services to third-party payors must be accurate, timely, reliable and properly maintained in accordance with UH’s document retention policy.

We have coding and billing policies to ensure our bills are accurate and comply with all applicable laws. This means:

- We bill for only those services actually provided. We provide medically necessary services that are ordered by a physician or other appropriately licensed individual;
- The medical record contains proper, timely, appropriate and legible documentation of all physician and other professional services prior to billing; and
- We correct billing errors prior to submitting a bill or if already submitted we correct the underlying problem and make appropriate refunds.
Financial Reporting and Records

We maintain a high standard of accuracy and completeness in the documentation and reporting of all financial records. These records serve as a basis for managing our business and are important in meeting our obligations to patients, employees, suppliers and others. These records also are necessary for compliance with tax and financial reporting requirements.

All financial information must fairly represent actual business transactions and conform to generally accepted accounting principles or other applicable rules and regulations. UH maintains a system of internal controls to provide reasonable assurances that all transactions are executed in accordance with management’s authorization and are recorded in a proper manner so as to maintain accountability for the organization’s assets. Anyone with knowledge of inaccurate or false financial records must promptly report them to his or her supervisor, the Chief Financial Officer, the Chief Compliance Officer or the compliance hotline (1-800-227-6934).

As a Medicare and Medicaid provider, we must submit certain reports of our operating costs and statistics. We comply with federal and state laws, regulations and guidelines relating to all cost reports. All issues related to the preparation, submission and settlement of cost reports must be addressed by or coordinated with our Finance/Reimbursement Department.

Retention and Disposal of Documents and Records

Medical and business documents and records are retained or destroyed in accordance with the law and our corporate record retention policy. Medical and business documents include paper documents such as letters and memos, computer-based information such as email or computer files on the UH network or stored in a portable format (disk, tape, DVD, USB drive, etc.) and any other medium that contains information about the organization or its business activities.

Records of any type must never be destroyed, altered or concealed in an effort to deny governmental authorities or appropriate persons information that may be relevant to an investigation, inquiry or litigation.

UH employees are responsible for knowing and following the record retention requirements for the documents they create or maintain on UH’s behalf. No one may remove or destroy records prior to the specified date without first obtaining permission as outlined in the UH records retention policy.

Billing Inquiries

UH responds timely and truthfully about any billing inquiries. We answer requests for information with complete, factual and accurate information. We cooperate with and are courteous to all government inspectors, their agents (e.g., Medicare Administrative Contractors) and other third parties, and we will provide them with the information to which they are entitled during an inspection or inquiry. UH maintains documentation in support of patient care services billed to government and third-party payors in accordance with our document retention policy.
Diversity and Equal Employment Opportunity

UH recognizes people as our greatest asset. The organization's ability to deliver quality patient care is directly related to the skills and abilities of our employees, medical staff and volunteers. A diverse workforce enables us to meet the needs of our diverse patient population.

UH will not tolerate acts of discrimination. This policy applies to recruitment, placement, promotions, transfers, retention, compensation, benefits, training, reduction in workforce, attendance, discipline, discharge, retirement, pension policies, human resources programs and activities, policies and conditions of employment, and the granting or renewal of clinical privileges.

UH leaders are responsible for assuring that this policy is followed at all times and that all employees know about and understand this policy.

We provide an inclusive work environment where everyone is treated with fairness, dignity and respect. We embrace the diversity of our patients, coworkers, physicians and vendors. UH is an equal opportunity workforce and does not allow harassment or discrimination against any individual with regard to race, ethnicity, religion, gender, age, national origin, sexual orientation, disability, veteran status or any other characteristic protected by law.

Harassment and Workplace Violence

Each of us has the right to work in an environment free of harassment, intimidation and workplace violence. Accordingly, we prohibit any behavior that creates an intimidating, hostile or offensive work environment.

If you observe or experience any form of harassment or violence, you should report the incident immediately.

If you have concerns that you or a fellow employee may be a potential target of physical violence by a third party (spouse, former spouse, family member, boyfriend, girlfriend, etc.), or concerns that a patient or visitor may act violently, you must report these concerns to your supervisor or to Protective Services. If you have obtained a domestic violence or other type of restraining order against any third party, you must provide a copy of that order to your direct supervisor and to Protective Services.
Drug-, Alcohol- and Smoke-free Environment

The health and safety of our employees and patients is our primary concern. We are committed to an alcohol-, drug- and smoke-free work environment. UH hospitals, facilities and properties, including all parking lots, sidewalks and green space areas, are entirely smoke-free.

UH recognizes that individuals may be directed by a physician to take prescription drugs that could impair judgment or other skills required to do one’s job. If you believe a medication, either prescribed or over-the-counter, may impair your judgment or job performance, you must notify your supervisor. If you observe an individual who appears to be impaired, immediately consult with your supervisor.

The Human Resources Department can arrange for confidential counseling and treatment for drug and alcohol dependence problems through the Employee Assistance Program. No employee with an alcohol and/or drug abuse problem will have his or her job jeopardized by a request for counseling or treatment if the individual requests help prior to an event or incident subjecting the employee to disciplinary action.

We have a safe and drug-free workplace.

• All colleagues must report for work free of the influence of alcohol and illegal drugs.
• Immediate termination may result if you report to work under the influence of any illegal drug or alcohol; have an illegal drug in your system; use, possess or sell illegal drugs while on UH work time or property.
• We may use drug testing to enforce this policy.
Workplace Conduct and Employee Practices (continued)

Controlled Substances
Some employees routinely have access to prescription drugs, controlled substances and other medical supplies. We access and handle these substances only as authorized and administer them only by physician order. If you become aware of inadequate security of drugs, theft of drugs from the organization or diversion of drugs from their intended purpose, you must report this immediately to your supervisor.

Health and Safety
All UH facilities comply with all government regulations and rules, UH policies and required practices that promote the protection of workplace health and safety. Our policies protect colleagues from potential workplace hazards. To ensure workplace safety:

• Know how UH health and safety policies apply to your specific job responsibilities;
• Seek advice from your supervisor or your facility’s Safety Officer (if applicable) whenever you have a question or concern; and
• Notify your supervisor about a safety hazard, broken piece of equipment, any workplace injury or any situation presenting a danger of injury so that timely corrective action may be taken.

Licensure and Certification
Credentials communicate to our patients that we are qualified to do our jobs. Employees and independent contractors requiring professional licenses, certifications or other credentials to perform their job duties maintain the status of their credentials and provide a copy of his or her current license, certification or other required credentials to the Human Resources Department. UH requires independent contractors to maintain all required credentials. Caregivers with lapsed or revoked credentials will not be allowed to provide care to patients.

Responsible Use of UH Assets
We all have a responsibility to use our resources responsibly and only for UH business purposes. These assets include, but are not limited to, employee time, materials, supplies, equipment, information, reports and records, computer software and data, trademarks and service marks, other intellectual property and UH-provided services.

Any community or charitable use of organizational resources must be approved in advance by your supervisor. We do not allow any use of organizational resources for personal financial gain of any individual or entity.

As a general rule, we permit the occasional, reasonable personal use of items, such as telephones, where the cost to UH is insignificant.
Nonemployment or Retention of Sanctioned Individuals

UH does not hire, contract with or bill for services rendered by an individual or entity that:

• Has been convicted of a criminal offense related to health care;
• Has been convicted of a criminal offense that disqualifies an individual from employment;
• Is excluded from participating in federally funded health care programs; or
• Is a suspected terrorist as determined by the federal government.

UH will conduct the necessary background checks and take appropriate action if an individual or entity is named on an exclusion or debarment list in accordance with UH policy.

Cooperation in Government Investigations

UH cooperates fully with government inquiries. If any employee receives an inquiry, subpoena or other legal document regarding UH business, whether at home or in the workplace, from any governmental agency, the employee must notify his or her supervisor and a member of the Law Department immediately.

We are always clear and truthful in responding to those who make inquiries. We never conceal, destroy or alter any documents, lie or make misleading statements to a government representative. Employees are not obligated to speak to or answer any nonroutine questions from a government representative without first consulting the Law Department.

Environmental Compliance

UH promotes sound environmental practices that prevent damage to the environment, enhance human and community resources and reduce or avoid exposure to environmental liabilities. We comply with applicable environmental laws and operate our facilities with the necessary permits, approvals and controls. We properly handle and dispose of hazardous and bio-hazardous waste.

In helping UH comply with these laws and regulations, you need to know how your job duties impact the environment and follow all requirements for the proper handling of hazardous, bio-hazardous and nuclear materials. Immediately tell your supervisor about any situation regarding contamination by a hazardous substance, improper disposal of medical waste or any situation that may be potentially damaging to the environment or create a hazard to personnel. If you are uncertain of the correct procedures for handling or disposing of any such material, you should consult your supervisor for assistance.

Your Human Resources representative is the most appropriate person to contact if you have concerns about your specific work situation.

You should make every effort to resolve workplace conduct and employment practice issues through your supervisor and your Human Resources representative.
Our Business Activities

Employees may not use internal communication channels or access the Internet at work to post, store, transmit, download or distribute any material that is:

- threatening
- discriminatory
- obscene
- knowingly, recklessly or maliciously false

These channels of communication may not be used to:

- send chain letters
- broadcast personal messages
- forward copyrighted documents that are not authorized for reproduction
- conduct a job search
- open misaddressed mail

Compliance with Tax-Exempt Requirements

UH is a charitable, tax-exempt entity. The organization provides health care services, medical training, education, research and community outreach activities, all of which benefit the community. UH also provides significant free and discounted care to indigent patients and participates in federal and state medical assistance programs. UH regularly pursues activities in support of its charitable purpose and ensures that its resources are used to further the public good. UH and its employees avoid compensation arrangements in excess of fair market value, accurately report required information to appropriate taxing authorities, and file all tax and information returns in a manner consistent with applicable laws.

Communication Systems and Electronic Media

All communication systems are the property of UH and are used for business purposes. This includes: computers, electronic mail, the intranet, Internet access, fax machines, telephones and voice mail.

UH permits reasonable and extremely limited personal use of UH communication systems; however, these communications are not private. UH reserves the right to access, monitor and disclose the contents of Internet, email and voice mail messages or other communications made through UH communication systems, consistent with UH policies. Employees may not use UH communication systems for a purpose that would constitute or encourage a criminal offense, give rise to civil liability or otherwise violate any laws. Users who abuse UH communication systems or use them for unauthorized, nonbusiness purposes may lose these privileges and be subject to disciplinary action, up to and including termination.

Employees are prohibited from using personal computers to make illegal copies of licensed software or from using unlicensed software. Failure to observe this policy may result in serious consequences to the employee, such as termination of employment or legal action by the software or the licensing company. Any questions regarding this policy should be directed to the Chief Information Officer.
Confidential Business Information

Confidential information about our organization’s strategy and operations is a valuable asset. Although you may use confidential information to perform your job, you must protect it from unauthorized use. You can share confidential information with others outside of UH or your department only if the individuals have a need to know to perform their specific job duties or are authorized to know. We require business partners who may receive confidential information to safeguard UH information through a written confidentiality agreement or through other agreements required by law for certain types of information (e.g., a HIPAA business associate agreement for recipients of PHI).

Confidential information covers anything related to UH’s operations that is not publicly known, such as: personnel lists and data; patient lists and clinical information; patient financial information; passwords; pricing and cost data; information pertaining to acquisitions, divestitures, affiliations and mergers; financial data; research data; strategic plans; marketing strategies; techniques; supplier and subcontractor information; and proprietary computer software. To maintain the confidentiality and integrity of patient and confidential information, such information may be sent through the Internet only in compliance with UH Information Security policies and standards, which require that certain information be encrypted. Because UH increasingly creates and maintains confidential information within our computer systems, all users must protect our computer systems and the information stored therein by following our Information Security policies and guidance.

Computer passwords and other means of identification that may be used by UH are confidential and personal to the user. Such passwords or identifiers allow authorized users access to specific applications related to their UH responsibilities. Sharing or failing to protect your unique user IDs, passwords or identification is a breach of internal security and grounds for immediate termination.

If an individual’s employment or relationship with UH ends for any reason, the individual is still bound to maintain the confidentiality of information viewed, received or used during the course of his/her relationship with UH. Such individuals will not be permitted access to confidential information after termination, and copies of any confidential information in the individual’s possession must be returned at the end of the individual's employment or relationship with UH.

We are all required to:
• Use UH email for all electronic communication
• Protect UH confidential business information
• Get permission to copy material that is copyrighted

Copyrights

UH personnel obtain the express permission of the copyright holder before making copies of copyrighted materials unless UH is licensed under an agreement to do so. Copying copyrighted works, even for internal distribution, can lead to substantial organizational and personal liability for copyright infringement. Copyrighted works include, but are not limited to, printed articles from publications, magazines, books, television and radio programs, videotapes, musical performances, photographs, training materials, manuals, documentation, surveys, software programs and databases. In general, the laws that apply to printed materials are also applicable to all other media, including visual and electronic media such as diskettes, CD-ROMs, DVDs and Internet pages.

Marketing, Advertising and Communication

UH engages in marketing and advertising activities to educate the public, provide information to the community, increase awareness of our services and to recruit employees. We present only truthful, informative and nondeceptive information in these materials and announcements. We comply with applicable federal and state laws and, as relevant, professional ethical guidelines related to marketing, advertising and communication activity. Third parties (e.g., vendors) may not use or associate UH’s name, symbols, logos or trademarks in an advertisement, press release or marketing material without the prior consent of the UH Marketing & Communications Department. Any media inquiries should be referred to the UH Marketing & Communications Department.
Conflicts of Interest and Business Relationships

We must disclose potential conflicts of interest and seek approval before pursuing the activity. Potential conflicts include:

- Employment with a company that competes, contracts with or is a supplier of UH
- A financial or ownership interest in an entity that competes with UH
- Financial relationships that could appear to influence the independence of patient care decisions
- Using UH property, information or resources for non-UH purposes
- Outside jobs or positions that conflict with or distract you from your work at UH
- Making business decisions that involve or could benefit family or friends
- Having a supervisory or reporting relationship to family or someone you are close to

Conflicts of Interest

In our work, we have a duty to put the interests of UH before our own. The term “conflict of interest” refers to situations in which financial or other personal considerations may compromise, or have the appearance of compromising, an individual’s ability to make objective decisions in the course of the individual’s UH job responsibilities. We avoid conflicts of interest where someone might question whether we are acting for UH’s benefit or for personal gain. Because reports of conflicts based on appearances can undermine public trust in ways that may not be adequately restored, even the appearance of a conflict may be as serious and potentially damaging as an actual conflict. For that reason, employees should avoid even the appearance of a conflict of interest.

Employees must disclose all possible conflicts of interest involving themselves or their immediate family members (spouse, parents, brothers, sisters and children). If you believe a conflict of interest exists or if you have any question about whether an outside activity might constitute a conflict of interest, you must obtain the approval of the UH Office of Outside Interests before pursuing the activity. You should refer to the UH policies on conflicts of interest for more detailed requirements.
General Policy Regarding Business Courtesies

The policies set forth in the following three sections of the Code govern activities with those outside UH, such as vendors, subcontractors, suppliers, independent physicians and others. These sections do not apply to actions between the organization and its employees or actions among UH employees themselves. Nothing in these sections of the Code should be considered in any way as an encouragement to make, solicit or receive entertainment or gifts.

UH has policies regarding vendor relations and business courtesies that provide detailed guidance. You should review these policies and be familiar with the requirements for advance approval and with prohibited activities before accepting or offering any business courtesy.

Receiving Business Courtesies

Meals and Business Entertainment

We recognize that there will be times when you receive from a current or potential business partner an invitation to attend an event with representatives of the business partner (e.g., a local theater performance or sporting event) in order to further develop UH’s business relationship. Business partners include contractors, customers, suppliers or anyone with whom you do business on behalf of UH. A UH employee may accept such invitations so long as the requirements described in this section and UH policies are followed. These requirements do not apply to business meetings at which food may be provided. Certain exceptions to these requirements may be made with the prior written approval of a supervisor in the requester’s chain of command, who must be at least a UH Vice President. Any approval must be copied to the Chief Compliance Officer.

Gifts

UH employees may accept a personal gift from any individual or organization with a current or potential relationship with UH as long as all gifts from such business partner in a calendar year are $150 or less. A business partner may not extend a gift more than quarterly to a UH employee. You may not accept a gift if there is a business transaction, or renewal or expansion of an existing relationship under negotiation. Perishable or consumable gifts given to a department or group are not subject to any specific limitation, but the benefit per recipient should be modest. Neither you nor any member of your family may accept cash or cash equivalents, such as stocks, bonds or gift certificates, from any individual or organization with a current or potential relationship with UH. Under no circumstances may a UH employee solicit a gift. Prior to accepting a gift valued over $150, you should consult our policies and seek appropriate approvals.

Training and Education

Business partners may extend training and educational opportunities that include travel and overnight accommodations at no cost to you or UH. Similarly, there may be some circumstances where you are invited to an event at a vendor’s expense to receive information about new products or services. Prior to accepting any such invitation, you must receive approval to do so by a UH Vice President or higher-level manager in your chain of command. Any approval must be copied to the Chief Compliance Officer.

Meals and business entertainment offered by a UH vendor or business partner may be accepted if:

- The cost associated with the event is reasonable and appropriate, which, generally means the cost is less than $150 per person
- No expense is incurred for travel costs or overnight lodging
- Such invitations from the business partner are not more than quarterly
- There are no business transactions or renewals of an existing relationship currently under negotiation
Extending Business Courtesies to Nonreferral Sources

This section of the Code does not apply to physicians and certain other health care providers in a position to make referrals of patients or patient services to a UH facility. Such business courtesies are addressed in the section of this Code entitled “Relationships with Physicians” and related UH policies.

Meals and Entertainment

There may be times when you may wish to extend to a current or potential business partner an invitation to attend a social event in order to further or develop UH’s business relationship. The purpose of the entertainment must never be to induce any favorable business action. During these events, topics of a business nature must be discussed and the UH host must be present. These events must not include expenses paid for any travel costs or overnight lodging. Under no circumstances may anyone offer direct, indirect or disguised payments or anything of value in exchange for the referral of patients. In addition, the organization will under no circumstances allow participation in any business entertainment that might be considered lavish.

If you anticipate an event will exceed $150 or be more frequent than quarterly, you must obtain advance approval from your supervisor, who must be at least a UH Vice President, and who may consult with the Chief Compliance Officer. Any approval must be copied to the Chief Compliance Officer.

Sponsoring Business Events

UH may sponsor local events with a legitimate business purpose (e.g., hospital Board meetings or retreats). UH may provide reasonable and appropriate meals, entertainment, transportation and lodging, provided that such events are for business purposes. However, all elements of such events, including these courtesy elements, must be consistent with UH policies.

Gifts

We must avoid the appearance of impropriety when giving gifts to individuals who do business or are seeking to do business with UH. We will never use gifts or other incentives to improperly influence relationships or business outcomes. Gifts to business partners must not exceed $150 per year per recipient and should not be given more frequently than quarterly. You may never give cash or cash equivalents, such as stocks, bonds or gift certificates, to business partners. The corporate policy on business courtesies may from time to time provide modest flexibility in order to permit appropriate recognition of the efforts of those who have spent meaningful amounts of volunteer time on behalf of UH.
Business Courtesies and Entertainment of Government Officials

Both federal and state governments have strict rules and laws regarding the giving of gifts, meals and other business courtesies to their elected officials and employees. UH does not offer or give anything of value, including gifts, gratuities, favors, entertainment or anything else of value to any elected official, employee or representative of a government agency.

In a limited number of circumstances, UH may provide refreshments (only up to $10 in value) in connection with business discussions between UH and government officials, but only if doing so is permitted by law and done in accordance with all applicable rules and regulations pertaining to the government agency in question. You must determine the particular rules applying to any such person and carefully follow them. Any other gift to a government official may only be made with the approval of and in coordination with the Office of Government Relations.

Relationships with Subcontractors and Suppliers

We manage our consulting, subcontractor, supplier and vendor relationships in a fair and reasonable manner, free from conflicts of interest and consistent with all applicable laws and good business practices. We promote competitive procurement to the maximum extent practicable. We always employ the highest ethical standards in business practices in source selection, negotiation, determination of contract awards and the administration of all purchasing activities. We comply with contractual obligations not to disclose vendor confidential information unless permitted under the contract or otherwise authorized by the vendor or required by law. In addition, we encourage our suppliers to adopt their own set of comparable ethical principles consistent with their industry's best practice.

Sharing Information with Competitors

UH employees may not discuss certain subjects regarding UH business with a competitor. These topics include: how prices are set, the terms of supplier/payor or vendor relationships, the types of services we provide, cost information (such as labor costs or supplies) and marketing plans. Our competitors are other health systems and facilities in markets throughout Northeastern Ohio where we provide services.

If a competitor raises a prohibited subject, you must end the conversation immediately and notify the Law Department of the incident.

In general, UH personnel must avoid discussions with competitors or suppliers about sensitive topics unless they have received the advice of legal counsel.

Gathering Information about Competitors

General business information about competitors is important in our efforts to maintain and improve upon our competitive position both in terms of services and technology. It is acceptable to obtain information about other organizations, including our competitors, through legal and ethical means. Full use may be made of competitive information available in public documents, public presentations, journal and magazine articles, and other published and spoken information. You are not permitted to obtain proprietary or confidential information about a competitor through nonpublic means or in violation of a contractual agreement, such as a confidentiality agreement with a prior employer. Do not ask a fellow employee to disclose any confidential information of a previous employer. Although all employees can and are expected to make full use of the skills, experience and general knowledge learned in their previous employment, any confidential or trade secret information of a former employer should not be disclosed.

We select consultants, subcontractors, suppliers and vendors on the basis of objective criteria, such as quality, technical excellence, price, delivery, adherence to schedules, service and maintenance of adequate sources of supply. We make purchasing decisions on the basis of the supplier's ability to meet our needs and not on personal relationships and friendships.
Discharge Planning

Employees involved in discharge planning, in particular, must help each patient make decisions based solely on the patient’s choice in accordance with the patient’s needs and the quality of services available. An integral part of the discharge planning process is educating patients and their families as to choices and options available to them.

Hiring Former or Current Government Employees

There are specific rules and regulations governing the conditions of employment of current or former federal government employees that may affect the duties they can perform as UH employees. Hiring employees directly from a fiscal intermediary or Medicare Administrative Contractor requires certain regulatory notifications. Employees who previously were government employees may be affected by regulations concerning conflicts of interest. Employees should consult with the Human Resources Department or the Law Department regarding such recruitment and hiring.

Political Activities and Contributions

As a tax-exempt organization, all UH employees and others acting on behalf of UH must refrain from engaging in any activity that may jeopardize the tax-exempt status of the organization, such as partisan political activity. No UH funds or resources may be used to benefit or contribute to individual political campaigns, political parties or any of their affiliated organizations. This includes both financial and nonfinancial resources. Affected organizational resources that may not be used in political activities include, but are not limited to, financial and nonfinancial donations such as using work time, paper, envelopes, secretarial time, postage meters or telephones to solicit for a political cause or candidate, or the loaning of UH property for use in the political campaign.

While employees may personally participate in political affairs, contribute to political organizations or campaigns, and stay informed on public issues and on the positions and qualifications of candidates for public office, you must do so on your own time and with your own funds. You cannot seek to be reimbursed by UH for any personal contributions for such purposes. In order to comply with the appropriate rules and regulations relating to lobbying or attempting to influence government officials, it is essential that you separate personal and corporate advocacy activities. You may not give the impression that you are speaking on behalf of or representing UH in these activities, unless you are expressly requested to do so by UH management.

At times, UH may ask employees to contact government officials during regular working hours to present our position on specific issues. Examples include making personal contact with government officials, making phone calls to them, or sending them letters, faxes or emails using UH resources. In some cases, it is part of the role of UH management and other requested employees to interface on a regular basis with government officials. If you are making these communications on behalf of the organization, be certain you are familiar with any regulatory constraints and observe them. All such contacts and transactions shall be conducted in an honest and ethical manner. Any attempt to influence the decision-making process of governmental bodies or officials by an improper offer of any benefit is absolutely prohibited. Guidance regarding this policy is available from the Office of Government Relations or Law Department as necessary.
Compliance and Ethics Program

Program Structure
The UH Compliance and Ethics Program demonstrates in the clearest possible terms the absolute commitment of the organization to the highest standards of ethics and legal compliance. The Compliance and Ethics Department, along with the Compliance Executive Oversight Committee and the Audit and Compliance Committee of the Board of Directors, provide direction, guidance and oversight in creating the standards set forth in this Code.

Each UH facility/entity has a Compliance Officer who plays a key role in implementing the Compliance and Ethics Program by communicating program standards, ensuring that training is conducted, overseeing monitoring and audit activity, investigating and resolving compliance reports, and generally by providing oversight of the program at the facility/entity. Each UH facility and entity has a Compliance Committee to assist in the implementation and operation of the program. Your Human Resources representative(s) is another important resource who can address issues arising out of this Code of Conduct. Your HR representative is knowledgeable about many of the compliance risk areas described in this Code that pertain to employment and the workplace. Human Resources representatives often assist in investigating and resolving compliance hotline cases, workplace conduct and employment practice issues.

Personal Responsibility to Report without Fear of Retaliation
We are committed to ethical and legal conduct that is compliant with all relevant laws and regulations. We correct wrongdoing wherever it may occur in the organization. Each employee has an individual responsibility to report any activity by an employee, physician, subcontractor, consultant or vendor that appears to violate applicable laws, regulations (including the federal health care program requirements), this Code or UH policies. We are committed to providing an environment that allows reporting in good faith without fear of retaliation. When someone raises a good faith concern, we prohibit retaliation against that person.

• Your Human Resources representative is the most appropriate person to contact if you have concerns about your specific work situation.
• You should make every effort to resolve workplace conduct and employment practice issues through your supervisor and your Human Resources representative.

We do not tolerate retaliation. UH takes reports of retaliation very seriously. If you feel that you have experienced retaliation, immediately report it to your manager or to your Compliance Officer.
Resources for Guidance and Reporting Concerns

Individuals may obtain guidance on a compliance or ethics issue or report a concern using several resources. We encourage the resolution of issues, including human resources-related issues (e.g., payroll, fair treatment and disciplinary issues), at a local level. Employees should contact their Human Resources representative at their facility or entity to resolve such issues. We encourage you to raise compliance concerns first with your supervisor. If this is uncomfortable or inappropriate, you may discuss the situation with the facility or entity Human Resources representative, a member of management or the Chief Compliance Officer. Finally, you may always contact the compliance hotline at 1-800-227-6934 or electronically at http://uh.myethicsline.com, where you may make an anonymous report. If you believe that your compliance report was given insufficient attention, you should report the matter to higher levels of management, the Chief Compliance Officer or the compliance hotline. If you observe criminal or illegal activity presenting an immediate risk to the safety of any person, you should first report it to Protective Services or the local police.

Compliance Hotline

You may contact the compliance hotline (1-800-227-6934) to report violations or suspected violations of the law (including federal health care program requirements), UH policy or this Code, and to ask questions or report concerns regarding compliance issues. The hotline is intended to supplement, not replace, other channels for communicating questions and concerns within the organization. It should be used when you have exhausted other avenues of communication or are uncomfortable with disclosing your identity when reporting a concern. It is staffed by a company independent of UH. Your call will not be traced or recorded, and your anonymity will be protected up to the limits of the law if you wish to remain anonymous.

UH will make every effort to maintain, within the limits of the law, the confidentiality of the identity of any individual who reports possible misconduct. UH will not allow any retribution, retaliation or discipline of anyone who reports a possible violation in good faith. However, any employee who makes up facts to get someone else in trouble will be subject to disciplinary action.

In certain instances, we may be required by law to disclose a matter reported to us to the proper authorities.

Education and Training Programs

UH provides education and training programs to ensure that all employees understand this Code and the standards that apply to them. Certain individuals take additional compliance training in high-risk areas such as documentation, coding, billing, physician transactions and business practices of the organization.

No education and training program can anticipate every situation that may present compliance issues. Each UH employee is responsible for compliance with this Code and the Compliance program. You should seek guidance from supervisors, the Law Department, and the Compliance and Ethics Department when in doubt.
Measuring Program Effectiveness

We are committed to assessing the effectiveness of our Compliance and Ethics Program through various efforts. UH routinely conducts internal audits, including compliance-related audits that are conducted with input from the Chief Compliance Officer and oversight from the UH General Counsel, if required. Such audits evaluate the organization’s compliance with laws, regulations and UH policy. Individual UH facilities and entities conduct self-monitoring activities to assess compliance with UH policies and applicable laws and regulations. In addition, the Compliance and Ethics Department conducts compliance process reviews that identify and share best practices throughout the organization.

Most of these auditing and monitoring activities result in reports of findings and corrective action plans by departments or facilities that are reviewed. Through these reviews, we continuously assess the effectiveness of the Compliance and Ethics Program and find ways to improve it.

Internal Investigations of Reports

UH investigates all reported concerns promptly and confidentially to the extent possible. In most cases, we will initiate an investigation of the reported concern within one (1) business day of receiving the compliance hotline call or report. Please keep in mind, however, that we may be unable to effectively and thoroughly investigate concerns unless the reporter’s identity is revealed or additional information is provided. The Chief Compliance Officer, along with legal counsel (if required), will coordinate any findings from the investigations and immediately recommend corrective action or changes that need to be made. All employees cooperate with investigational efforts.

Corrective Action

When an internal investigation determines that a violation of the law, UH policy or this Code has occurred, the organization will initiate corrective action. Corrective action may include, as appropriate, making prompt restitution of any overpayment amounts, notifying the appropriate governmental agency, instituting whatever disciplinary action is necessary and implementing systemic changes to prevent a similar violation from occurring in the future at any UH facility or entity.

Discipline

Anyone who fails to comply with this Code will be subject to disciplinary action. Appropriate disciplinary measures will be determined on a case-by-case basis, depending upon the nature, severity and frequency of the violation, up to and including employee suspension or termination, if necessary. Such actions will be determined in accordance with the UH policy on progressive discipline. In addition, individuals or employees who have engaged in criminal activity may be reported to appropriate law enforcement authorities.

Employee Evaluation

Participation in and adherence to the Compliance and Ethics Program and related activities will be an element of each employee’s annual personnel evaluation. As such, it will affect decisions concerning compensation, promotion and retention for all employees and candidates.

Acknowledgment Requirement

All employees are required to sign a certification statement confirming they have read this Code and agree to follow its standards as well as UH policies and practices. New employees will be required to sign this acknowledgment as a condition of employment. Employees will be provided training on this Code and must certify that they will cooperate with and participate in compliance-related activities and training.

Updates to the Code of Conduct

If you have any questions or comments regarding this Code, please contact your Compliance Officer or the Compliance and Ethics Department. Any revisions or clarifications to this Code will be communicated through the Intranet as well as through organization-wide communications and annual training.
“As an organization, we must lead with integrity because we care about the well-being of our patients, fulfilling our mission and preserving our reputation.”

Thomas F. Zenty III
Chief Executive Officer

UH Compliance Hotline

800-227-6934 or http://uh.myethicsline.com
“Through each of our actions we can demonstrate to our patients and communities that UH embraces a set of core values... excellence, diversity, integrity, compassion and teamwork.”

Thomas F. Zenty III
Chief Executive Officer

**If you have questions** or encounter any situation that you feel violates this Code, immediately consult your supervisor, another member of management, your Human Resources representative, your facility or entity’s Compliance Officer or the Chief Compliance Officer (see insert). You also may report compliance concerns anonymously to the UH compliance hotline.

**University Hospitals Compliance Hotline**
800-227-6934 or http://uh.myethicsline.com

intranet.uhhs.com/compliance
compliance@UHhospitals.org