Gwinnett Health System

Code of Conduct and Principles of Ethical Business Practices
Compliance Resources to:

- Report concerns when you believe Gwinnett Health System’s ethical standards are not being upheld
- Help when you get answers to questions not covered in this document
- Report concerns when you are not comfortable discussing those concerns with your manager
- Request guidance for regulatory issues

Compliance Hotline: 1-888-696-9881

Ethics Point: gwinnetmedicalcenter.ethicspoint.com

Chief Compliance and Privacy Officer: 678-312-4388

Associate Relations Director: 678-312-2642

Risk Management Director: 678-312-3264

Notes:

- This Code of Conduct is effective January 1, 2007; revised June 2008; revised January 2009, revised September 2012, revised May 2015.
- All references to “GHS” or the “organization” refer to Gwinnett Health System, Inc., and/or its affiliates, as applicable.
- The use of the term “colleagues” in this document is intended to include officers, associates, medical and affiliated staff, volunteers, vendors, agents and anyone else affiliated with GHS. This document contains references to various GHS policies and procedures. All policies and procedures are available on the GHS intranet site.
Dear Associates, Valued Health Care Providers, and Business Partners:

As a leading health care provider to our community, Gwinnett Health System (GHS) has an obligation to promote the highest ethical standards and compliance in all our activities. These values and standards are an important part of our Corporate Compliance Program. For this reason, we have made and will continue to make a significant and sincere effort to ensure that every GHS associate is aware of our commitment to follow the laws and regulations that pertain to us. The Code of Conduct and Principles of Ethical Business Practices, adopted by the GHS Board of Directors, is an important resource to help you understand and follow the major compliance requirements in your day-to-day work and achieve high ethical standards.

Although not all inclusive, the Code of Conduct and Principles of Ethical Business Practices is a guide and offers answers to some common questions and issues we face most often during the workday. For additional compliance support and resources, you may contact your supervisor, manager or director, the Compliance Office, the Compliance Hotline at 1-888-696-9881 or Ethics Point at gwinnettmemicalcenter.ethicspoint.com. The Compliance Hotline and Ethics Point are available 24 hours per day 7 days a week. The Compliance Hotline is staffed by an independent third party where you may remain anonymous and report concerns or ask questions. You may also remain anonymous and report concerns through the web based Ethics Point site.

Together, we can create an environment of integrity for our co-workers, our patients and our guests.

Sincerely,

Philip R. Wolfe, FACHE
President & Chief Executive Officer

C. Norwood Davis
Board Audit and Compliance Committee Chairman
## Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission, Vision and Values</td>
<td>5</td>
</tr>
<tr>
<td>Using Your Compliance Program</td>
<td>6</td>
</tr>
<tr>
<td>Our Patients</td>
<td>7</td>
</tr>
<tr>
<td>Fraud, Waste and Abuse Laws (FWA)</td>
<td>8</td>
</tr>
<tr>
<td>What You Need to Know and Why</td>
<td>8</td>
</tr>
<tr>
<td>The FWA Laws</td>
<td>9</td>
</tr>
<tr>
<td>How GHS Complies with the FWA Laws</td>
<td>10</td>
</tr>
<tr>
<td>Other Applicable Laws and Regulations</td>
<td>11-14</td>
</tr>
<tr>
<td>Information and Private Security</td>
<td>15</td>
</tr>
<tr>
<td>GHS Standards of Ethical Business Practices</td>
<td>16-19</td>
</tr>
<tr>
<td>GHS Behavioral Standards of Conduct for All Colleagues</td>
<td>20-21</td>
</tr>
<tr>
<td>Frequently Asked Questions</td>
<td>22</td>
</tr>
<tr>
<td>Receipt and Acknowledgement of:</td>
<td>23</td>
</tr>
<tr>
<td>The Gwinnett Health System, Inc. Code of Conduct and Principles of</td>
<td></td>
</tr>
<tr>
<td>Ethical Business Practices</td>
<td></td>
</tr>
</tbody>
</table>

Office of Corporate Compliance and HIPAA Administration

Revised May 2015
Gwinnett Health System’s Mission, Vision and Values

MISSION:
We exist to provide quality health services to our community.

VISION:
To be the Health System of choice in our community by enhancing the health of our patients and other customers.

VALUES:
We all have basic values by which we live. At GHS, we have organizational values by which all associates should live.

Our values are:

• Safety first and foremost
• The patient is at the center of everything we do
• Respect for the individual
• The pursuit of excellence
• Promotion of positive change
• Service to the community
Using Your Compliance Program

The Code of Conduct and Principles of Ethical Business Practices
Gwinnett Health System (GHS) has an established Corporate Compliance Program led by the Chief Compliance Officer (CCO). The Corporate Compliance Program includes a Code of Conduct and Principles of Ethical Business Practices (referred to as the Code of Conduct) which provides all colleagues of GHS (officers, associates, medical and affiliated staff, residents, students, volunteers, vendors, agents and anyone else affiliated with GHS associates) with guidelines on conducting business within appropriate moral, ethical and legal standards. Not every situation can be covered in this Code of Conduct; however, it is intended to assist you in making the right decisions and asking questions when you are unsure of the right decision.

Your Duty to Know and Comply
It is the duty of all colleagues of GHS to know and understand legal and ethical standards and company policies that are applicable to their job function. The Corporate Compliance Program provides compliance training and communication at orientation and annual mandatory compliance training. Additional compliance training is provided as needed.

It is the duty of all Colleagues of GHS to comply with all applicable Federal and State laws, rules, regulations, accreditation standards of medical practice, federal healthcare conditions of participation and GHS policies and procedures. A failure to comply may result in disciplinary and/or corrective action.

Your Duty to Report Any Actual or Suspected Violations
It is the duty of every individual to report any activity that appears to violate applicable laws, rules, regulations and accreditation standards of medical practice, federal healthcare conditions of participation, GHS policies and procedures or the Code of Conduct.

How to Report
While managers typically offer the best and quickest response to situations, you may report a suspected or actual violation at any time to the Compliance Hotline at 1-888-696-9881 or on the Ethics Point website at gwinnettmddicalcenter.ethicspoint.com. You may also report a concern directly to the Office of Corporate Compliance & HIPAA Administration or to the Associate Relations Director in Human Resources.

The Compliance Hotline is available 24 hours per day 7 days a week and is staffed by an independent third party where you may remain anonymous. You will be provided a report and pin number to follow up and get additional information. Additionally, the Ethics Point website is available 24 hours per day 7 days a week where you can also remain anonymous. The Office of Corporate Compliance & HIPAA Administration investigates all reports of suspected or actual violations.
Our Patients

Quality of Care and Patient Safety
GHS is committed to providing high quality care and delivering services that are responsible, appropriate, safe and cost-effective. Delivering nationally recognized quality health care starts the moment a patient comes to GHS. From registration to discharge, and at all points in between, we continuously strive for quality, patient safety and service excellence.

It is the duty of every individual to report any actual or perceived quality or patient safety issue to management, the Office of Corporate Compliance and HIPAA Administration, Human Resources or the Compliance Hotline until the issue is satisfactorily addressed and resolved. Individual colleagues (colleagues refers to associates, physicians, residents, volunteers and students) may also request intervention or review by external quality partners including the Joint Commission (JC), the Centers for Medicare and Medicaid Services (CMS) and the Georgia Department of Human Resources (DHR).

Patient Rights
GHS respects the rights of all our patients and provides each patient with a written statement of Patient Rights and Responsibilities upon admission. The statement summarizes our commitment to respecting their rights while receiving services in any of our facilities. Patients will be provided with high-quality services and access to treatment or accommodations that are available and medically indicated, regardless of race, color, sex, religion, national origin, age, physical or mental disability, citizenship status, culture, language, sexual orientation, gender identity or expression, or sources of payment for care. Patients will receive considerate and respectful care with recognition of their dignity and right to privacy. For further information regarding patient rights, see the GHS Patient Care Policy #500-02, Patients Rights and Responsibilities located on the GHS intranet under Policies.

Confidentiality of Patient Information
GHS is committed to maintaining the confidentiality of patient information in accordance with the Health Insurance Portability and Accountability Act (HIPAA). HIPAA is a federal law with provisions to protect patient privacy and define what health care information is confidential and when we can share that information. GHS has privacy policies in place to guide associates, physicians, residents, volunteers, students and vendors in the protection of patient confidentiality and health care information. These policies are maintained on the GHS intranet under Policies in the HIPAA Privacy Policy Manual.
Fraud, Waste and Abuse (FWA) Laws:
What You Need To Know And Why

What is Fraud, Waste and Abuse?

**Fraud** in healthcare refers to receiving or obtaining a benefit by an intentional misrepresentation or concealment of material facts. Examples of fraud include:
- Billing for services or supplies not furnished
- Duplicate billing: Billing for services already covered by another claim
- Unbundling: Billing separately for services that should be a single service
- Billing for services not supported by documentation in the medical record
- Falsely reporting diagnoses or procedures to maximize or increase payment
- Falsifying information on records
- Offering or accepting bribes, payment or incentives in exchange for healthcare referrals

**Waste** includes incurring unnecessary costs as a result of deficient management, practices or internal controls.

**Abuse** is similar to fraud but there is no evidence that the act was intentional. Abuse includes excessive or improper use of government resources. Examples of abuse include:
- Providing services that are not medically necessary
- Providing services that do not meet professionally recognized standards
- Providing services that are not fairly priced

Why Do I Need to Know About Fraud, Waste and Abuse Laws?

GHS is required to provide annual training to all associates and written policies on FWA laws to comply with Section 6032 of the Deficit Reduction Act of 2005. This training is provided during orientation and through annual mandatory compliance training.

Question:
I work in the billing department and noticed that we billed for a service that is not documented in the medical record. What should I do?

Answer:
Report the concern to your manager. If you do not feel your manager has appropriately resolved the concern or do not feel comfortable reporting to your manager, contact the Office of Corporate Compliance & HIPAA Administration through the reporting tools identified in How to Report.
### The FWA Laws (FACES)

<table>
<thead>
<tr>
<th>THE LAW</th>
<th>WHAT THE LAW MEANS</th>
<th>PENALTIES FOR VIOLATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>False Claims Act (FCA): Federal and State</strong></td>
<td>The FCA prohibits the submission of false or fraudulent claims for payment to Medicare or Medicaid. You can be punished if you act with deliberate ignorance or reckless disregard of the truth. This means you cannot hide your head in the sand and avoid liability.</td>
<td>Fines for FCA violations can be up to three times the program’s loss, plus $11,000 per claim. Penalties for violating the State FCA can be up to three times the amount of damages the Georgia Medicaid program sustains plus $5,500 to $11,000 for each false or fraudulent claim.</td>
</tr>
<tr>
<td><strong>Anti-Kickback Statute (AKS)</strong></td>
<td>The AKS prohibits asking for, offering or receiving anything of value in exchange for referrals of federal healthcare program business. The AKS applies to both payers and recipients of kickbacks. Just asking for or offering a kickback could violate the law. A kickback can be anything of value, not just cash! Examples include free game tickets, meals or other items of value.</td>
<td>Criminal penalties and administrative sanctions such as fines (civil monetary penalties), criminal convictions and jail terms, and exclusion from participation in Medicare and Medicaid.</td>
</tr>
<tr>
<td><strong>Civil Monetary Penalties (CMP) Law</strong></td>
<td>A CMP is a fine that the government may seek for any fraudulent, wasteful and abusive conduct.</td>
<td>Penalties range from $10,000 to $50,000 per violation. Penalties can be assessed on an individual or an organization.</td>
</tr>
<tr>
<td><strong>Exclusion Statute</strong></td>
<td>Under the Exclusion Statute, individuals and entities can be excluded from participation in the federal healthcare programs. We do not contract with, employ or bill for services rendered by an individual or entity that is excluded or ineligible to participate in federal healthcare programs.</td>
<td>See the FCA for penalties. Some refer to exclusions as a “financial death sentence” because excluded persons and entities may not receive payment for treating any Medicare and Medicaid beneficiaries.</td>
</tr>
<tr>
<td><strong>Stark – Physician Self Referral Statute</strong></td>
<td>The Physician Self-Referral Statute or Stark Law prohibits physicians from referring Medicare or Medicaid patients to entities for designated health services where they have a financial relationship, unless an exception applies. Financial relationships covered by this law include ownership/investment interests, as well as compensation relationships. Stark Law applies to physician financial relationships and those of their immediate family members.</td>
<td>Payment denials and refunds, monetary fines and exclusion from participation in Medicare and Medicaid.</td>
</tr>
</tbody>
</table>
How GHS Complies with the FWA Laws

All colleagues of GHS have a duty to comply with the FWA laws and are required to report any perceived or suspected violation. Additionally, all colleagues of GHS are required to report to us if they become excluded, debarred or ineligible to participate in federal healthcare programs; or have been convicted of a criminal offense related to the provision of health care items or services.

• **In compliance with the False Claim Act,** GHS works hard to ensure that we create accurate and truthful patient bills. GHS works to ensure that we submit accurate claims for payment to any payor, including Medicare and Medicaid, commercial insurance or our patients. It’s the right thing to do, and federal and state laws require accuracy in health care billing.

• **In compliance with the Anti-Kickback Statute,** GHS does NOT pay for referrals. GHS accepts patient referrals and admissions based solely on the patient’s medical needs and our ability to render the needed services. We do not pay or offer to pay anyone — associates, physicians or other persons or entities — for referral of patients. As a GHS associate, you may not ask for, offer or take anything of value in exchange for patient referrals.

• **In compliance with the Anti-Kickback Statute,** GHS does NOT accept payments for referrals we make. No GHS associate or any other person acting on behalf of the organization is permitted to offer or receive anything of value, directly or indirectly, in exchange for the referral of patients. Similarly, when making patient referrals to another health care provider, we do not take into account the volume or value of referrals that the provider has made (or may make) to us. **GHS policy is to inform patients of their options and promote patient choice for providers and services.**

• **In compliance with the Anti-Kickback Statute and Stark Law,** GHS does NOT account for the volume or value of referrals by physicians when considering business relationships with physicians.

• **In compliance with Stark Law,** all agreements will be in writing. All agreements with an actual or potential patient referral source will be in writing and approved by management to ensure compliance with applicable laws and regulations. Gwinnett Health System’s Office of General Counsel and Office of Corporate Compliance and HIPAA Administration review GHS relationships with physicians on a case-by-case basis.

• **In compliance with Stark Law and Fair Market Value,** contract payments or other benefits provided to clinicians and referral sources must be for the services defined in the written contract and compensated at fair market value. These agreements must be specifically approved by management. Every payment must be supported by proper documentation that the contracted services were provided.

• **In compliance with Stark Law, Commercial Reasonableness** is a required element. When entering into an arrangement with physicians, the arrangement must make commercial sense if a reasonable health care entity/provider of a similar type and size would enter into the arrangement/relationship with a reasonable physician of a similar specialty and scope even if the two parties had NO potential for business referrals between them.

For more information on FWA laws, see Corporate Compliance Policies #9510-04-10, Charging, Coding and Billing Compliance; #9510-04-06, Fair Market Valuation of Physician Services; #9510-04-05, Screening of Ineligible Persons, and Medical Staff Policy #520-52, Medical Staff Office Screening for Ineligible Persons.
Other Applicable Laws and Regulations

Emergency Medical Treatment and Active Labor Act (EMTALA)
GHS follows the Emergency Medical Treatment and Active Labor Act (EMTALA) in providing an emergency medical screening examination and necessary stabilization to all patients, regardless of their ability to pay. Provided we have the capacity and capability, anyone with an emergency medical condition is provided with, at minimum, the screening examination and stabilizing treatment. In an emergency situation or if the patient is in labor, we will not delay the medical screening and necessary stabilizing treatment in order to obtain financial and demographic information. We do not admit, discharge or transfer patients with emergency medical conditions simply based on their ability to pay or any other discriminatory factor. Patients are admitted, discharged and transferred in strict compliance with State and Federal EMTALA regulatory and statutory requirements (see also Medical Staff Policy #520-40, Transfer of Patients).

Question:
A patient in the ED had their medical screening examination but was still receiving stabilizing treatment. I was told to get their insurance information and collect their co-pay before the treatment was completed. Is that ok?

Answer:
No, we cannot delay the stabilizing treatment to obtain financial or demographic information. Once the patient has been stabilized, the hospital is permitted to collect this information.

Whistleblower Protection
State and federal governments permit private citizens to file lawsuits on behalf of the government when fraud is suspected. This is the qui tam or “whistleblower” provision which prohibits retaliation against the whistleblower. GHS does not retaliate against any colleague who files a qui tam action or other lawful acts such as assisting in a False Claims Act investigation.

Additionally, GHS has a non-retaliation policy which means no action of retaliation or reprisal will be taken against anyone who in good faith makes a report, complaint or inquiry with management, Human Resources, the Office of Corporate Compliance and HIPAA Administration, the Compliance Hotline or any outside agency (such as the JC, CMS or a state regulatory body). However, contact with those individuals or offices will not protect colleagues from appropriate disciplinary action regarding their own performance or conduct.

GHS encourages colleagues to report suspected fraud internally so that we can investigate and immediately correct any problems.
Accreditation, Surveys and Inspections
In preparation for, during and after surveys, GHS will interact with all accrediting bodies in a direct, open and honest manner. No action should ever be taken in relationships with accrediting bodies that would mislead the accrediting body or its survey teams, either directly or indirectly.

From time-to-time, government agencies and other entities will conduct surveys and/or inspections in our facilities. We respond with open and accurate information. In preparation for or during a survey or inspection, we never conceal, destroy, delay producing or alter any documents, lie or make misleading statements to any agency representative. For further information see the Corporate Compliance Policy #9510-01-14, Government Investigations.

Environmental Compliance
It is GHS policy to comply with all environmental laws and regulations as they relate to GHS operations. GHS will immediately report any improper disposal or release of a hazardous substance or medical waste. The GHS Safety Committee coordinates system-wide environmental compliance efforts. The Safety Committee has developed specific policies and procedures to ensure compliance with environmental laws and regulations. These policies can be found in the GHS Safety Manual on the GHS intranet under Policies.

Marketing, Advertising and Antitrust
GHS may use marketing and advertising activities to educate the public, provide information to the community, increase awareness of our services, for fundraising and or other recruitment purposes. These materials and announcements will contain truthful, fully informative and non-deceptive information. GHS will not engage in agreements or practices that limit free trade, including price fixing; boycotting suppliers or customers; market allocation; pricing intended to run a competitor out of business; disparaging, misrepresenting or harassing a competitor; stealing trade secrets, bribery and kickbacks.

Intellectual Property Rights and Obligations
Any work product (e.g., authorship including policies and procedures, invention, software program or other creation) created by an associate during the scope of the associate’s employment with GHS shall be considered the property of GHS, including any patent, trademark, copyright, trade secret or other intellectual property right of the work product. Intellectual property is proprietary information and used to perform our job responsibilities. GHS will not share such information with others unless the individuals and/or entities have a legitimate need to know the information and disclosure is not prohibited by law or regulation. GHS respects the intellectual property rights of others, and will comply with requirements of software copyright licenses. Associates must disclose any works or inventions created by the associate prior to employment with GHS before employment commences.
Proprietary Information
Proprietary information covers virtually anything related to GHS that is not publicly known, such as associate data maintained by the organization, patient lists and clinical information, patient financial information, passwords and internal business information (GHS financial data, strategic plans, marketing strategies, etc.). Colleagues will use proprietary information only to perform our job responsibilities. Colleagues will not share such information with others unless the individuals and/or entities have a legitimate need to know the information and disclosure is not prohibited by law or regulation.

If an individual’s employment or contractual relationship with GHS ends for any reason, the individual is still bound to maintain the confidentiality of information viewed, received or used during the employment or contractual business relationship with GHS. Individuals and entities are required to surrender copies of any confidential information in their possession at the end of their employment or contractual relationship.

Government Relations and Political Activities
GHS will comply with all federal, state and local laws governing participation in government relations and political activities. GHS may not contribute funds and/or resources (including but not limited to GHS email accounts) directly to individual political campaigns, political parties or other organizations which intend to use the funds primarily for political campaign objectives.

Colleagues may, of course, participate in the political process on their own time and at their own expense. While doing so, they must not give the impression they are speaking on behalf of or representing GHS in these activities. GHS does not reimburse individuals for any personal contributions. At times, GHS may ask colleagues to make personal contact with government officials or to write letters to present our position on specific issues. In addition, it is a part of the role of some GHS associates to interface on a regular basis with government officials.

Anyone who makes communications on behalf of the organization must be certain to be familiar with any regulatory constraints and observe them. Guidance is always available from Human Resources or the Office of Corporate Compliance and HIPAA Administration.

Accuracy, Retention and Disposal of Documents and Records
GHS has many types of records, beyond the patient’s chart. Medical and business documents include paper documents such as letters and memos, computer-based information such as email or computer files on disk or tape, imaging films and any other medium that contains information about the organization or its business activities.

Each of us is responsible for the integrity and accuracy of our documents and records, not only to comply with regulatory and legal requirements but also to ensure records are available to support our business practices and actions. It is never acceptable to alter or falsify information on any record or
authorities information which may be relevant to a government investigation. We will never use patient, associate or any other individual’s or entity’s information to personally benefit (e.g., perpetrate identity theft).

These common rules apply to all documents:

- Do not falsify facts or make false records.
- Create only those records that are necessary and required by law.
- Only give records, with proper authorization, to people who have a legal right to know the information.
- Preserve patient confidentiality and only use records for their intended purpose.
- Retain, store and dispose of all records and media consistent with Administrative Policy #100-42, Record Retention and Information Security Policy #9530-102, Disposal of Media Containing Sensitive Information.
Information Privacy and Security

Privacy

Gwinnett Health System has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information.

Workforce members may not access their own records, those of their family members, nor those of any other person other than as required by their job. Other safeguards include: when communicating health information, share the minimum amount of information necessary to accomplish the task; maintain a lowered voice level when discussing patients in a public setting; close charts when unattended; and replace them into their appropriate rack or cabinet when finished.

If you suspect that a patient's information privacy has been breached or improperly disclosed, it is your duty to contact your manager, the Office of Corporate Compliance and HIPAA Administration or the Corporate Compliance Hotline to report the breach.

Information Security

All GHS communication systems, including but not limited to computers, electronic mail, Intranet, Internet access, telephones and voicemail are GHS property and are to be used primarily for business purposes. Limited reasonable personal use of GHS communication systems is permitted; however, users should assume these communications are not private.

Users of computer and telephonic systems should presume no expectation of privacy in anything they create, store, send or receive on the computer and telephonic systems. GHS reserves the right to monitor and/or access communications usage and content.

Workforce members shall not post work-related information (events, patient information of any kind, pictures, etc.) on social media, blogs, departmental websites, nor any other publicly accessible online resource. They also may not access, post, store, transmit, download or distribute any threatening materials; knowingly, recklessly or maliciously false materials; obscene materials; or anything constituting or encouraging a criminal offense, giving rise to civil liability, or otherwise violating any laws.

Also, these channels of communication may not be used to send chain letters, personal broadcast messages or copyrighted documents that are not authorized for reproduction. Anyone who abuses our communication systems or uses them excessively for non-business purposes may lose these privileges and be subject to disciplinary action. Communication system users will use only their assigned system access; passwords or other access devices must never be shared or disclosed. Users must never use tools or techniques to break or exploit GHS information security measures or those used by other companies or individuals. Information security administrative requirements, computer user guidelines, and data security policies and procedures are detailed in the Information Security section of the online HIPAA Manual on the GHS intranet.
GHS Standards of Ethical Business Practices

Charging, Coding and Billing for Services

GHS is committed to honesty, accuracy and integrity in all its charging, billing, coding and documentation activities. Colleagues have a duty to report any actual or perceived false claim, misrepresentation, inaccuracy or problem in billing, coding or documentation to management, the Office of Corporate Compliance & HIPAA Administration or the GHS Compliance Hotline or Ethics Point website. To ensure accurate charging, coding and billing, GHS will:

- Use codes that accurately describe the services that were ordered by physicians or physician extenders and actually provided to patients.
- Submit bills for payment that are properly coded, documented and billed in accordance with applicable laws and regulations.
- Ensure that claims for payment or reimbursement are accurate and that services were medically necessary.
- Take immediate action to correct any observed billing errors, alert the payor and promptly refund any payments not due GHS.
- Maintain honest and accurate records of all services provided to patients.
- Ensure that diagnoses or clinical indications used for billing are for the current episode of care.
- Require that any subcontractor engaged to perform billing or coding services will comply with these guidelines.

In accordance with our Corporate Compliance program, all charging, coding and billing activities are subject to review by the Office of Corporate Compliance and HIPAA Administration.

Question:
I work in Patient Accounts and have noticed that for certain services, GHS is getting paid more than expected. I don’t think this is right, what should I do?

Answer:
Report your concerns to your manager. If you do not feel your manager has appropriately resolved the concern or do not feel comfortable reporting to your manager, contact the Office of Corporate Compliance & HIPAA Administration through the reporting tools identified in How to Report.
Research, Investigations and Clinical Trials
GHS complies with federal and state laws and regulations governing research, investigational and clinical trials. GHS does not tolerate intentional research misconduct or improper business practices. Research misconduct includes making up or changing results or copying results from other studies without performing the clinical investigation or research. GHS utilizes external Institutional Review Board(s) that are responsible for the review, prospective approval and continued oversight of all research involving human subjects at GHS facilities. This process is coordinated by GHS’s Office of Research.

Members of the medical staff who conduct research, investigational and clinical trials are expected to fully inform patients of their rights and responsibilities related to their participation in the research or clinical trial in accordance with the Office of Research Policy #8700-001, Research Informed Consent.

Financial Reporting and Records
GHS has established and maintains high standards of accuracy and completeness in documenting, maintaining and reporting financial information. Our financial information will reflect actual transactions and conform to generally-accepted accounting principles. All funds or assets will be properly recorded. A system of internal controls provides reasonable assurances that transactions are executed with management authorization, and are recorded properly to maintain accountability of the organization’s assets. We diligently seek to comply with all applicable auditing, accounting and financial disclosure laws. We are required by federal and state laws and regulations to submit reports of our operating costs and statistics. We comply with federal and state laws, regulations and guidelines relating to all cost reports. These laws, regulations and guidelines define what costs are allowable and outline how businesses may claim reimbursement for the cost of services provided to program beneficiaries.

Conflicts of Interest
GHS colleagues are expected to avoid any relationship, influence or activity that might impair, or even appear to impair, their ability to make objective and fair decisions when performing their job duties. Here are some ways a conflict of interest could arise:

- Holding another job if doing so either prohibits or distracts an associate from effectively meeting the performance standards of the present job with GHS or is prohibited by a personal employment contract.
- Working at GHS through any personnel agency unless approved in advance by management.
- Being in a position to affect the work, pay or promotion of a relative.
- Acceptance of gifts, payment or services from those seeking to do business with GHS. GHS associates should not give or receive gifts or items that may appear to influence a situation or raise questions about a conflict of interest (see gifts, below).
- Placement of business with a firm owned or controlled by a GHS associate or their family.
- Ownership of, or substantial interest in, a company which is a competitor or supplier.
• Acting as a consultant to a GHS competitor, customer or supplier.
• Serving as an expert witness in any case or proceeding if doing so would conflict with the best interests of GHS.

Any questions about whether an outside activity might be, or appear to be, a conflict of interest, should be directed to management, Human Resources, the Office of Corporate Compliance & HIPAA Administration or the Compliance Hotline (see Human Resources Policy #300-510, Conflicts of Interest).

**Gifts, Business Courtesies and Other Personal Gratuities from Patients, Visitors and Vendors**

GHS prohibits the solicitation and/or acceptance of tips, gifts, business courtesies, hospitality or personal gratuities from patients, visitors and vendors. The acceptance of small tokens of appreciation from a patient and/or family such as candy or flowers is permitted when given to a unit, department or practice only.

For guidance as to the appropriateness of receiving any gift, contact GHS management, Human Resources, the Office of Corporate Compliance & HIPAA Administration or the Compliance Hotline (see also Human Resources Policy #300-506, Gratuities, Tips and Gifts. Human Resources Policy #300-510, Conflicts of Interest).

**Question:**
A patient sent me a check for $100 in appreciation for the care I provided to him at GHS. What should I do?

**Answer:**
Say thank you, but you can’t accept; perhaps he would like to make a donation to the Foundation so we can help others in the community.

**Extending Business Courtesies to Possible Referral Sources**

GHS will comply with applicable laws, regulations and rules that address extending entertainment or gifts to physicians or other persons who are in a position to refer patients to our facilities. Consult the Office of Corporate Compliance for assistance prior to extending any business courtesy or non-monetary compensation to a potential referral source. For more information see Corporate Compliance Policy #9510-04-08, Physician Non-Monetary Compensation and Incidental Benefits.
Vendor Relationships
All vendors are required to register and be credentialed per the GHS vendor credentialing and compliance monitoring system. Every vendor representative who interacts with GHS is required to create a profile. All vendors and colleagues have a duty to comply with the Corporate Compliance Policy #9510-04-11, Vendor Access and Activity and follow the guidelines that govern our relationships with vendors or potential vendors (see also Materials Management Policy #9300-710-09, Vendor Solicitation, Services, and Visitation).

GHS colleagues:
• Do not solicit personal gifts, favors or hospitality.
• Refrain from accepting gifts, favors or hospitality that might create an actual or perceived conflict of interest in the decision making process.
• Do not accept bribes, kickbacks or payoffs. We never accept cash or financial instruments (e.g., checks, stocks) as business courtesies.
• Must obtain approval from the Office of Corporate Compliance and HIPAA Administration, and the appropriate director or administrative officer prior to any associate accepting any loan, payment, honorarium, trip or travel reimbursement, service, product, entertainment, prize or award. The CEO must obtain approval from the Board chair.

Question:
A vendor contacted the department and wants to tell us about their services during our meal break. Can the vendor bring lunch for the associates when they are discussing their services?

Answer:
No. There are very specific rules related to vendor lunches. If the department manager wishes to allow a marketing visit, no lunches or other items such as pens, pads, etc. may be provided. All vendor lunch and learns must be approved by the Office of Corporate Compliance and HIPAA Administration.

Subcontractor and Supplier Relationships
GHS manages consulting, subcontractor and supplier relationships in a fair and reasonable manner, free from conflicts of interest and consistent with all applicable laws and good business practices. Selection of consultants, subcontractors, suppliers and vendors will be made on the basis of objective criteria including quality, technical excellence, price, delivery, adherence to schedules, service and maintenance of adequate sources of supply. Purchasing decisions will be made on the supplier's ability to meet our needs and not on personal relationships and friendships (see Materials Management Policy #9300-710.26, Product Evaluation Process and Corporate Compliance Policy #9510-04-15, Contractor Access and Activity).
GHS Behavioral Standards of Conduct for All Colleagues

Health care facilities like those owned and operated by GHS are the product of collaboration between those who are part of GHS and those who have been credentialed and privileged to practice in GHS facilities. All colleagues (officers, associates, medical and affiliated staff, residents, students, volunteers, vendors, agents and anyone else affiliated with GHS) will commit to conducting themselves in a professional and cooperative manner and to practice the following behaviors:

- Work together professionally regardless of interpersonal or professional differences that may currently or previously exist
- Remain open-minded and listen to and consider others’ points of view
- Immediately attend to problems that may disrupt the work environment
- Display common courtesy toward each other, staff and employees
- Verbalize disagreements with discretion and in the appropriate settings
- Address issues with each other in a direct, prompt, yet sensitive manner
- Take time to give positive feedback, as well as constructive criticism in an appropriate setting. We will adhere to the principle of *Praise in public, criticize in private.*
- Address dissatisfaction with policies through appropriate grievance channels
- Respond to questions and clarify information in a prompt and timely a manner
- Recognize and acknowledge the individual expertise of all team members
- Respect cultural differences
- Speak to all colleagues’ and patients in a respectful manner, both in person and on the telephone
- Use email and other forms of written documentation in a thoughtful and professional manner, paying attention to tone and content

**Disruptive Behaviors**

Disruptive behaviors are a negative style of interaction that interferes with patient care and staff morale creating harm to the work environment. Disruptive behavior is not tolerated at GHS and all colleagues will NOT participate in disruptive behaviors. Examples of disruptive behaviors include, but are not limited to, the following:

- Threatening or abusive language directed at any individual
- Degrading or demeaning comments regarding patients, families, associates, physicians, contractors or other individuals
• Threatening, intimidating or otherwise inappropriate behaviors that may be overt (blatant or intentional), but may also be expressed through more passive actions that include, but are not limited to, reluctance or refusal to answer questions, reluctance or refusal to return phone calls or pages, condescending language or vocal intonation, impatience with questions, gestures, or physical posturing. All intimidating behaviors, overt or passive are unprofessional and are not tolerated
• Rude or abusive behavior
• Disregard of currently accepted and/or mandated standards of privacy
• Sexual Harassment or discrimination as defined under both state and federal law and described in Human Resources Policy #300-103, Harassment

Enforcement
The Board of Directors holds system management accountable for effectively addressing disruptive behavior by all colleagues. The Board of Directors will hold the medical staff accountable for effectively addressing disruptive behavior by physicians and other allied health practitioners with privileges consistent with this Code of Conduct. Physicians are subject to the Medical Staff Bylaws and The Disruptive Physician policy as well as Medical Staff Policy #520-01, Administrative Discipline of Medical Staff Members.

Human Resources’ policies address matters involving associates, volunteers and contracted employees who fail to conduct themselves appropriately. Their behavior is guided by the Standards of Performance and they are subject to Human Resources Policies #300-504, Discipline and #300-103, Harassment.

Individuals with unresolved concerns about the conduct of any colleagues may report their concerns to management or through the following venues:

• Compliance Hotline 1-888-696-9881
• Ethics Point gwinnettmedicalcenter.ethicspoint.com
• Chief Compliance and Privacy Officer 678-312-4388
• Associate Relations Director 678-312-2642
• Risk Management Director 678-312-3264
Frequently Asked Questions:

Question:
How can a colleague determine if they are doing the right thing?

Answer:
If you are uncomfortable about what you are doing or have to rationalize what you are doing because everyone else does it or all other hospitals are doing the same thing then you may be violating the Code of Conduct and should contact your manager, Human Resources or the Office of Corporate Compliance & HIPAA Administration for guidance.

Question:
How do I report a concern even if I am not sure it is a problem?

Answer:
First you can contact your manager. If you are not comfortable contacting your manager, you can contact Human Resources or the Office of Corporate Compliance & HIPAA Administration. You may also contact the Compliance Hotline at 1-888-696-9881 and remain anonymous or you may go to the Ethics Point website at gwinnettmedicalcenter.ethicspoint.com and enter your concern. You may also remain anonymous when entering concerns on the website. No concern is too small and all concerns are investigated.

Question:
What if someone finds out I reported something I thought was wrong?

Answer:
GHS policy prohibits retaliation or reprisal against anyone who in good faith makes a report, complaint or inquiry with management, Human Resources, the Office of Corporate Compliance and HIPAA Administration, the Compliance Hotline or any outside agency (such as the JC, CMS or a state regulatory body). However, contact with those individuals or offices will not protect colleagues from appropriate disciplinary action regarding their own performance or conduct.
Receipt and Acknowledgement of:


By signing below:

• I acknowledge that I have read and received my personal copy of the Gwinnett Health System, Inc. (GHS) Code of Conduct and Principles of Ethical Business Practices via the GHS intranet and/or the computerized based learning module.
• I understand that I am responsible for knowing and following the Code of Conduct and Principles of Ethical Business Practices as a condition of my continued affiliation with GHS.
• I also understand that I am responsible for reporting any actual or perceived violations of the Code of Conduct and Principles of Ethical Business Practices, including any departmental policies, and state or federal law to the appropriate management representative:
  • Compliance Hotline 1-888-696-9881
  • Ethics Point gwinnetmedicalcenter.ethicspoint.com
  • Chief Compliance and Privacy Officer 678-312-4388
  • Associate Relations Director 678-312-2642
  • Risk Management Director 678-312-3264

Printed Name: ________________________________________________________________
Signature: _________________________________________________________________
Date: _____________________________________________________________________
Your affiliation with GHS: ___________________________________________________
Associate – Department: _____________________________________________________
Medical or Affiliate Staff – Practice Name: _____________________________________
Physician Resident Name: _____________________________________________________
Volunteer – Facility: __________________________________________________________
Contractor or Agency: _________________________________________________________
Other: ____________________________________________________________________