



## **Business Ethics**

### *COMPLIANCE / PRIVACY AGREEMENTS & CERTIFICATION STUDENTS / VOLUNTEERS*

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Please note: This document applies to the following entities: Fayette Regional Health System, Uniontown Hospital, Fayette Medical Associates, Fayette Specialty Associates, Fayette Home Care & Hospice, Uniontown Hospital Auxiliary. It is your responsibility to report any violations or suspected violations of FRHS's established Code of Conduct and the HIPAA Patient Privacy and Information Security regulations. This document is applicable to individuals associated with and representing the above entities. Please refer to the contents of this handout for the Business Ethics Department and Hotline phone numbers.

## FRHS BUSINESS ETHICS

# Code of Conduct

*At FRHS and Subsidiaries ("FRHS"), our mission is to strive to improve the health status of the people we serve. We will provide high quality patient services while being guided by a balanced health care philosophy of access, clinical experience, and fiscal responsibility. Working toward this goal, we are also committed to upholding unquestionable ethical standards in all of our business activities.*

*The FRHS Business Ethics **Code of Conduct** provides guidance to all individuals associated with FRHS and assists us with ensuring all work is carried out in a legal and ethical manner. These obligations apply to FRHS's relationships with patients, employees, physicians, third-party payors, contractors, and vendors. The policies that are set forth in this **Code of Conduct** are required by our clear commitment to the Business Ethics Plan.*

*If you have any questions regarding this **Code of Conduct**, or encounter any situation which you believe violates a provision of this code, you should immediately contact your Supervisor or the Compliance Officer. However, if you need confidential advice, you may call our toll-free **BE Hotline at 1-888-220-LINE**.*

*Thank you for your efforts in helping FRHS and Subsidiaries achieve its mission.*

**Steven Handy**  
**Senior Vice President**



### **Business Conduct**

As a nonprofit system, FRHS is a charitable organization that is organized and operated exclusively for charitable purposes, where no part of the net earnings inures to the benefit of any private individual. All of FRHS's business affairs must be conducted with honesty, fairness, and integrity. All associated individuals should display good judgment and high ethical standards as evidenced by truthfulness, and the absence of deception or fraud.

### **Patient Care and Rights**

At FRHS, we are committed to providing quality care that is sensitive, compassionate, promptly delivered, and cost effective. Ethical relationships with patients and their families are described in detail in the Patient Rights policy (#2000) and other related policies. In addition, each patient and his or her representative will be accorded appropriate confidentiality, privacy, and security as reflected in the Notice of Privacy Practices and the HIPAA and Patient Privacy brochure.

### **EMTALA**

FRHS will follow the Emergency Medical Treatment and Active Labor Act ("EMTALA") policy (#2222) in providing emergency medical treatment to all patients regardless of ability to pay.

### **Regulatory Compliance / Patient Referrals**

As a health care provider, FRHS is subject to numerous federal and state regulations. FRHS is committed to complying with these regulations and expects the same commitment from everyone.

In particular, FRHS will comply with Fraud and Abuse laws and other laws pertaining to Medicare, Medicaid, and other federal programs. These laws prohibit the payment of remuneration in return for the referral of a Medicare or Medicaid patient. FRHS does not pay for referrals. FRHS accepts patient referrals and admissions based solely on the patient's clinical need and FRHS's ability to render the needed services. In addition, FRHS does not accept payment for referrals made to another provider. Violations of this policy may have grave consequences for FRHS including civil and criminal penalties and possible exclusion from participation in federally funded health care programs. These laws also prohibit making false claims for Medicare or Medicaid reimbursement.

### **False Claims Act**

The False Claims Act prohibits any individual from submitting or causing the submission of a false or fraudulent claim for payment to the government or from using false records to get a claim approved. FRHS is committed to following federal and state laws and we have established anti-fraud policies, as well as appropriate auditing and monitoring, to ensure compliance. Our "Non-Retaliation Policy" (#BE126) outlines how we support the whistleblower protection rights afforded to employees who legitimately register a complaint about suspected violations of the law.

### **Sanctioned Individuals**

FRHS has policies and procedures in place to ensure that it does not employ or contract with any individual or entity that is excluded from participating in any federally funded healthcare program.

### **Financial Records**

FRHS has established and maintains a high standard of accuracy and completeness in its financial records. It is FRHS's policy to ensure that financial activities are recorded in accordance with generally accepted accounting principles.

### **FRHS Property**

FRHS property should not be used for personal reasons. FRHS assets such as equipment and supplies should not be taken off of the FRHS property except for purposes of performing your job, and should be returned when no longer needed for those purposes.

### **Advertising/Marketing/Antitrust**

Marketing practices are conducted with truth, accuracy, and fairness. FRHS will not engage in any business transactions with customers or competitors that may produce an unreasonable restraint of trade or substantial lessening of competition.

### **Health and Safety**

FRHS must comply with all government regulations and FRHS Safety Program policies in order to promote the protection of workplace health and safety. All associated individuals should seek advice from their Supervisors or the FRHS Safety Officer whenever there is a safety related question or concern.

### **Environment and Laws**

FRHS is committed to promoting sound environmental practices that will prevent damage to the environment, enhance human and community resources, and avoid exposure to environmental liabilities.

### **Political Activity**

No payment, gift or contribution may be made or authorized to be made with FRHS funds or resources to any candidate for public office, campaign, fund, political party or organization, unless such contribution is expressly permitted by state and federal law.

## **EMPLOYEES**

FRHS is committed to providing and maintaining an environment of honesty and integrity and thus, has an expectation that employees will communicate any deficiencies that hinder their ability to fulfill their obligations with regards to this Code of Conduct or the Compliance Program. It is critical that employees understand federal and state regulations and FRHS policies and procedures related to their job functions and help create processes that ensure compliance with those rules and regulations.

### **Business Relationship Disclosure**

A conflict of interest occurs if an employee's private activities influence or appear to influence the business decisions required of them. These activities may be detrimental to the business of FRHS or result in illegal gain for the employee or third party. Certain Management employees must sign a Business Relationship Disclosure form on an annual basis (policy #BE104). It is also against FRHS policy (policy #BE122) to accept, or give, substantial gifts or favors from or to anyone who may influence a business decision.

### **Equal Employment Opportunity**

No person may be discriminated against concerning recruitment, employment, promotion, termination of employment, or any other term or condition of employment because of such person's race, color, creed, religion, sexual orientation, age, handicap, national origin, ancestry or marital status, or any other bias prohibited by federal, state, or local law (policy #HR401). Also, no employee of FRHS shall engage in any type of conduct that could be construed as sexual harassment.

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## **OVERSIGHT**

FRHS's compliance activities will be coordinated by the Compliance Officer. The Steering Committee has overall responsibility for the FRHS Business Ethics Plan.

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## **MEDICAL STAFF**

At FRHS, we are committed to providing our physicians a work environment with excellent facilities and competent professional support while maintaining an atmosphere of utmost integrity.

As such, any business arrangement with our physicians must be structured to ensure precise compliance with legal requirements. All physicians should maintain current knowledge of federal and state laws regarding medical necessity and proper documentation in order to protect both themselves and FRHS from potential liability. These laws include, but are not limited to, Medicare and Medicaid regulations, the Centers for

Medicare and Medicaid Services regulations, Office of the Inspector General regulations, and Local Medical Review Policies.

Physicians should only order those tests and/or services they believe are medically necessary for the diagnosis and treatment of their patients. Appropriate documentation should be provided by the physician sufficient to support all tests and/or services ordered.

All physicians with admitting privileges are required to sign a Medicare Physician Acknowledgement form upon the granting of admitting privileges.

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### **THIRD PARTY PAYORS**

FRHS will take great care to assure that all billings to government and to private insurance payors reflect truth and accuracy and conform to all pertinent federal and state laws and regulations. FRHS only bills for medically necessary services that are actually rendered.

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### **CONTRACTORS AND VENDORS**

FRHS will manage its contractor and supplier relationships in a fair and reasonable manner, consistent with applicable laws and good business practices. FRHS is committed to fair competition with respective suppliers and the sense of responsibility required of a good customer. The effectiveness of FRHS's Business Ethics Plan depends upon the willing and complete participation of individuals who, while not employees, are nevertheless contractors working for or on behalf of FRHS or who are FRHS suppliers. As such, all independent contractors and vendors are held to the same standards as outlined in this Code of Conduct. Contracts should include compliance-related language requiring this commitment.

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### **DISCIPLINE**

Because of the significant legal and ethical consequences of non-compliance with this Code, the Steering Committee will take enforcement action with respect to not only those who violate the Code but those who fail to detect or respond appropriately to violations or suspected violations of the Code of Conduct.

## **HELP AND RESOURCES ARE A PHONE CALL AWAY**

### **BUSINESS ETHICS HOTLINE**

FRHS wishes to assist and encourage prompt and full reporting of suspected violations of the Code of Conduct without fear of retribution. If you are more comfortable reporting on an anonymous basis, please call our toll-free independent **BE Hotline (1-888-220-LINE)**.

### **POLICE ASSISTANCE**

FRHS is dedicated to providing a safe and secure environment and our UH Police Department is available 24/7 to respond to requests for assistance through our **Emergency Number 724-430-5911**.

## THE HIPAA PRIVACY RULE

The HIPAA Privacy Rule is part of the Health Insurance Portability and Accountability Act of 1996. The Privacy Rule establishes a national set of standards to protect the confidentiality of “*protected health information*” while permitting the flow of information required to provide high quality health care. Protected health information is defined as individually identifiable health information that is maintained or transmitted in any form whether paper, electronic, or oral. Individually identifiable health information is information, including demographics, that relates to the individual’s past, present, or future physical or mental health or condition; the provision of health care to the individual; or the payment for health care; and that identifies, or there is a reasonable basis to believe can be used to identify, the individual. Examples include: name, medical record number, and diagnosis.

As permitted in the Privacy Rule, the entities of FRHS are designated as “Affiliated Entities” which allows these legally separate entities to act as a single entity for the purpose of compliance with the standards. The Uniontown Hospital and its privileged physicians and health care providers are identified as an “Organized Health Care Arrangement” which is a clinically integrated care setting in which individuals typically receive care from more than one provider.

### **Permitted Uses and Disclosures of Protected Health Information and the Use of Authorizations**

The Privacy Rule *permits* the use and disclosure of protected health information:

- To the individual;
- For treatment, payment, and health care operations (However, Pennsylvania state law requires an authorization for disclosure of health information for some treatment and payment purposes);
- With a valid authorization;
- As required by law or certain other emergency or specific circumstances;
- In a few specific situations if the individual has an opportunity to verbally agree or object as discussed below; or
- Incidental to a permitted use or disclosure if adequate safeguards are in place.

The only disclosures *required* by the Privacy Rule are to:

- The individual as requested and as granted in the Privacy Rule under patient rights; and
- The Secretary of the Department of Health and Human Services to determine the organization’s compliance with the Privacy Rule.

An authorization from the individual is required for any disclosure that is not for the purpose of treatment, payment, health care operations, or one of the above reasons. (However, Pennsylvania state law requires an authorization for disclosures of health information for some treatment and payment purposes.) This authorization must meet the requirements set forth in the Privacy Rule.

**It is your responsibility to determine if an authorization is needed before releasing health information about a patient. (Refer to the HIPAA policies for assistance). Do not release information if in doubt of the validity of an authorization or the identity of the person presenting the authorization.**

### **VERBAL AUTHORIZATION**

There are certain situations when the HIPAA Privacy Rule allows a verbal authorization from the patient and a written authorization is not needed. These include: publication of name, location, and general one-word condition (fair, critical, etc.) in the facility directory; for disclosures to family, friends, or others involved in the patient’s care; and to name an emergency contact. These choices will be validated at registration.

If a patient does not want his or her name placed in the directory, the organization cannot even confirm that the patient is in our facility. If the patient allows publication in the directory, the patient must be asked for by their full name before releasing their location or general condition. **If more specific**

**information is desired about the patient (other than a one-word condition) it is always best to check with the patient before releasing information. In addition, it is very important to take proper safeguards to verify the identity of a person seeking release of a patient's health information.**

### MINIMUM NECESSARY

The Privacy Rule states that the organization must make reasonable efforts to use, disclose, or request only the minimum amount of health information needed to accomplish the intended purpose of the use, disclosure, or request. The minimum necessary standard does not apply to:

- Use, disclosure or requests for health information for treatment purposes;
- Disclosures to the individual who is the subject of the information;
- Use or disclosures made with a valid authorization;
- Use or disclosure required by law; or
- A few other specific circumstances listed in the regulation.

**It is your responsibility to use, disclose, or request protected health information only when necessary to perform your assigned duties.**

### NOTICE OF PRIVACY PRACTICES

The HIPAA Privacy Rule requires the organization to provide patients a "Notice of Privacy Practices" that includes mandatory elements that describe the organization's uses and disclosures of protected health information and the patient's rights. The organization is required to distribute this notice at the point of first service delivery to all patients with whom there is a direct treatment relationship and to make a good faith effort to obtain the individual's signed acknowledgement of receipt of the notice. A copy of the notice must be posted at each service delivery site in a clear and prominent location.

### PATIENTS' RIGHTS

The Privacy Rule grants certain rights to individuals. These rights include:

- **Access** – the patient has a right to inspect and obtain a copy of his or her own protected health information (with a few exceptions). If a patient is on-site and wishes to review their medical record, inform the physician and always make sure a clinical employee is present to answer questions.
- **Request Amendment** – the patient has a right to request an amendment to their health information. The organization is not required to grant the request.
- **Accounting of Disclosures** – the patient may request a listing of the disclosures of their health information for the previous 6 years (but not prior to April 14, 2003) except for those disclosures made for treatment, payment, or health care operations purposes.
- **Request Confidential Communications** – the patient has the right to request communication of health information by alternate means or at an alternate location.
- **Request Restrictions** – the patient has a right to request further restrictions on uses or disclosures beyond those already mandated by the Privacy Rule. The organization is not required to grant these requests.

**Please be familiar with these Patient Rights. If you have any questions on these rights please contact Medical Records personnel or the Privacy Officer.**

### ADMINISTRATIVE REQUIREMENTS

The Privacy Rule sets forth certain administrative requirements for the organization. These include:

- **Privacy Personnel** – the organization must appoint a Privacy Officer and a contact person or office to receive complaints and provide further information about privacy as requested. Christa Ebbert is the organization's Privacy Officer. Privacy questions or complaints will be addressed through the Business Ethics department or the **Business Ethics Hotline at 1-888-220-LINE.**

- **Privacy Policies and Procedures** – the organization must develop and implement written policies and procedures that are consistent with the Privacy Rule. Please become familiar with the HIPAA related policies and procedures in the organization’s Administrative manual.
- **Safeguards** – the organization must put into place safeguards to protect the privacy of a patient’s health information and prevent uses or disclosures in violation of the Privacy Rule. Please be aware of these safeguards which include: proper verification of ID before release of health information, proper storage and location of records, and proper faxing, shredding, and use of e-mails. In addition, avoid discussing protected health information in public places and maintain an awareness of your voice level as well as other general safeguards.
- **Auditing and Monitoring** – the Business Ethics department must establish a process for auditing and monitoring to ensure compliance with the Privacy Rule and internal policies. Please cooperate with all auditing and monitoring that may involve your work area.

**PRIVACY AND SECURITY AGREEMENTS**

All employees, contractors, volunteers, students, and privileged physicians of FRHS are required to sign these agreements initially at the implementation of the Privacy regulations, or upon hire, and then annually at their performance evaluation or upon re-credentialing, as appropriate. If you have not done so, please contact your Director or the Privacy Officer.

**STATE LAW PRE-EMPTION**

Whenever possible, the organization is to follow both the federal Privacy Rule and any State laws relating to the privacy of health information. However, if the organization is unable to comply with both the federal Privacy Rule and State law, the federal Privacy Rule will take precedence over the State law unless the State law is more stringent. **If you are aware of any State laws that are contrary to the Privacy Rule, please notify the Privacy Officer.**

**BUSINESS ASSOCIATES**

The Privacy Rule requires the organization to establish Business Associate Agreements with entities that perform a service or function on our behalf that involves the use of protected health information. These Agreements must include certain provisions mandated by the Privacy Rule. **If you are aware of anyone who might be considered a Business Associate, please notify the Privacy Officer.**

**MARKETING AND FUNDRAISING**

Specific rules apply to the use of protected health information for the purposes of marketing and fundraising. These rules will be observed by the departments responsible for those activities.

**REPORTING**

Please direct all privacy-related concerns to your Director, Business Ethics department, or to the **Business Ethics Hotline at 1-888-220-LINE.**

**SANCTIONS**

Because of the significant legal and ethical consequences of non-compliance with the HIPAA Privacy Rule, the Steering Committee will take enforcement action with respect to not only those violating the regulations, but those who fail to detect or respond appropriately to violations or suspected violations of the regulations.

**BUSINESS ETHICS DEPARTMENT**

*We are Leading the Way to BE*





## **FAYETTE REGIONAL HEALTH SYSTEM PRIVACY AGREEMENT**

I acknowledge that the FRHS entity in which or for whom I work, volunteer, or provide services has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their patients' health information. Additionally, the Company must assure the confidentiality of its Human Resources, payroll, fiscal, internal reporting, strategic planning, communications, and management information (collectively, with patient identifiable health information (PHI), "Confidential Information").

In the course of my employment/assignment at FRHS, I understand that I may come into contact with and/or possession of Confidential Information. I will use and disclose this information only when it is necessary to perform my assigned job duties (a "need to know" basis) in accordance with FRHS's Privacy and Information Security policies and in particular, the "Minimum Necessary" policy. I further understand that I must sign and comply with this Agreement in order to obtain authorization for access to Confidential Information.

- 1) I will respect the privacy and policies/procedures governing the use of Confidential Information and will only use/disclose information necessary for the performance of my job.
- 2) I understand that the rules regarding the privacy of confidential information apply to Confidential Information regardless of whether it is oral, written, or computerized.
- 3) I agree that I will only access those designated record sets that I am officially authorized to access.
- 4) I will not disclose or discuss any Confidential Information with others who are not authorized to use/disclose this information, including friends or family, who do not have a need to know it, or for personal gain or with malicious intent.
- 5) I will not discuss Confidential Information in public places or where others who are not authorized can overhear the conversation. When discussing Confidential Information I will maintain an awareness of the level of my voice so that others not authorized cannot overhear.
- 6) I will follow all policies regarding the proper safeguarding of Confidential Information such as the proper use of fax machines, shredders, emails, etc. in order to properly protect Confidential Information.
- 7) I will not, in any way divulge, copy, release, sell, loan, alter, or destroy any Confidential Information except as properly authorized.
- 8) I understand that anyone discovered violating this agreement, or alleged to have violated information privacy or confidentiality rules regarding the use or disclosure of Confidential Information, whether done intentionally or negligently, may be subject to disciplinary action up to and including termination, and/or suspension and loss of privileges.
- 9) I will contact the FRHS Privacy Officer if I observe or suspect any activity that violates this Agreement or any other incident that could have an adverse impact on privacy or confidentiality.
- 10) I agree that my obligations under this Agreement will continue after termination of my employment, expiration of my contract, or my relationship ceases with FRHS.
- 11) Upon termination, I will immediately return any documents or media containing Confidential Information to FRHS.

**FAYETTE REGIONAL HEALTH SYSTEM**  
**INFORMATION TECHNOLOGY SECURITY AGREEMENT**

As an employee/volunteer/service provider/privileged physician of the FRHS, I understand the organization's privacy policies and have executed, under separate cover, a PRIVACY AGREEMENT to abide by those policies. In addition, as the requirements of the PRIVACY AGREEMENT relate to the use of the computer systems, those requirements are incorporated by reference into this SECURITY AGREEMENT. I further understand that I must sign and comply with this Agreement in order to obtain authorization for access, as applicable, to the Confidential Information via the computer.

- 1) I will not make any unauthorized transmissions, inquiries, modifications, or purging of Confidential Information.
- 2) I will respect the ownership of proprietary software. I will not make unauthorized copies of such software for my own use, even when the software is not physically protected against copying.
- 3) I will not operate any non-licensed software on any FRHS computer.
- 4) I agree that I will only access those systems that I am officially authorized to access, and will not demonstrate the operation or function of systems or devices to unauthorized individuals.
- 5) I understand that I should have no expectation of privacy when using FRHS information systems. FRHS may log, access, review, and otherwise utilize information stored on or passing through its systems, including e-mail, in order to manage systems and enforce security.
- 6) I will practice good workstation security measures such as locking up diskettes when not in use, using screen savers, and positioning screens away from public view.
- 7) I further understand that my password is the equivalent of my legal signature and is binding.
- 8) I further understand that my computer User-ID and password are confidential. As such, I agree that I will never share or disclose it.
- 9) I agree that I will never leave the computer terminal in a mode where it can be used without entering a password and will always sign off when I have completed my task.
- 10) I agree that confidential listings and reports resulting from the use of FRHS's Information Systems will be stored or destroyed in a secure manner. I also agree that I will not leave such listings or reports unattended or otherwise accessible to anyone who is not authorized to use them.
- 11) I understand that anyone discovered violating this agreement, or reported violating computer security or manipulating data for which he or she is not authorized, whether done intentionally or negligently, may be subject to action in accordance with FRHS policies.
- 12) As a UH employee, I will contact the UH IT Help Desk at Ext. 7777 if my User ID and/or Password is forgotten. As an FMA or FSA employee, I will contact the Administrative Director at (724) 430-5797 and for FHC I will contact the Administrative Director at (724) 430-6830.
- 13) I will contact the Director of IT (or designated person for FMA, FSA or FHC) if my password has been seen, disclosed, or otherwise compromised, and will report activity that violates this Agreement or any other incident that could have an adverse impact on computer security.
- 14) I agree that my obligations under this Agreement will continue after termination of my employment, expiration of my contract, or my relationship ceases with FRHS.
- 15) Upon termination, I will immediately return any documents or media containing Confidential Information to FRHS.

# FRHS AND SUBSIDIARIES (“FRHS”) FISCAL BUSINESS ETHICS STUDENT AND VOLUNTEER CERTIFICATIONS

## ***COMPLIANCE CERTIFICATION***

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- AGREE**            I certify that I will review all materials provided to me and will abide by the principles outlined in the FRHS Code of Conduct. I certify that I am not aware, at this time, of any deficiencies that hinder my ability to fulfill my obligations with regards to the Code of Conduct.
- DISAGREE**

## ***PRIVACY CERTIFICATION***

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- AGREE**            I certify that I will review the Privacy materials and will abide by the principles outlined in the FRHS Privacy Agreement on Page 9 of the FRHS Business Ethics Certification Packet.
- DISAGREE**

## ***INFORMATION TECHNOLOGY SECURITY CERTIFICATION***

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- AGREE**            I certify that I will review the Information Security materials and will abide by the principles outlined in the FRHS Information Technology Security Agreement on Page 10 of the FRHS Business Ethics Certification Packet as applicable to my role.
- DISAGREE**

## ***SIGNATURE***

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position

\_\_\_\_\_  
Department

## ***COMPLIANCE DISCLOSURE***

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If you have any Compliance or HIPAA Privacy or Security related issues you would like to disclose, please list the details below.

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**Certifications will be reviewed and, in the event any individual disagrees with any of the above Certifications, refuses to sign the above, or notes a Compliance or Privacy issue, the Business Ethics Department should be contacted to address concerns.**

**BUSINESS ETHICS DEPARTMENT**  
*Leading the Way to BE*