

Subject: HLD0039 Corporate Compliance Code of Conduct	Published Date: 11/27/2018
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Responsible Department/Division/Committee:

Office of Compliance and Audit Services

Policy:

Stony Brook University Hospital and its campuses (collectively “SBUH”) has a Corporate Compliance Code of Conduct that will be strictly adhered to by all SBUH representatives (“Hospital Representatives”) in their activities for and on behalf of SBUH. The Corporate Compliance Code of Conduct is an important component of the SBUH Corporate Compliance Program. It is based on the mission, vision, and values of SBUH and defines the basic principles that all Hospital Representatives must comply with. The Corporate Compliance Code of Conduct requires all Hospital Representatives to comply with applicable federal and state laws, rules and regulations, SBUH policies and procedures, and appropriate standards of ethical conduct, and to have a working knowledge of the legal and ethical requirements affecting their SBUH activities.

Definitions:

Hospital Representatives: Employees; volunteers; trainees; medical staff members, including state, research foundation, professional employer organization, personnel employed through contracted agencies; the governing body; contracted or subcontracted agents; vendors or consultants who furnish products or services on behalf of SBUH; and other individuals affiliated with SBUH regardless of whether the individual is paid by SBUH.

Nominal Value: Is considered such a small amount that acceptance could not reasonably be interpreted or construed as intending to influence a state employee or public official. Items of insignificant value, such as food or beverage less than fifteen dollars, are considered nominal. Alcoholic beverages regardless of value are not allowed.

Procedures:

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I. OUR COMMITMENT TO ETHICS AND COMPLIANCE

SBUH is proud of its long tradition of ethical and responsible conduct. Hospital Representatives are expected to adhere to this high standard of conduct whenever acting on behalf of SBUH, whether in dealings with other Hospital Representatives, patients and their families, government regulators or the general public. Violations of legal or ethical requirements jeopardize the welfare of SBUH, Hospital Representatives, patients, and the communities SBUH serves.

Each Hospital Representative is responsible for compliance and fulfilling the Corporate Compliance Code of Conduct. The SBUH Chief Executive Officer and/or designee has authority for compliance with governmental laws and regulations. The Governing Body has ultimate oversight for SBUH's Corporate Compliance Program.

The Corporate Compliance Program is intended to define the standards of conduct expected of all Hospital Representatives, to provide guidance on how to resolve questions regarding legal and ethical issues, and to establish mechanisms for reporting possible violations of law or ethical principles within SBUH. The standards of conduct are designed to assist Hospital Representatives in making the right choices when confronted with difficult situations. The Corporate Compliance Code of Conduct imposes requirements that are often more exacting than those mandated by law, reflecting SBUH's goal of carrying out its mission with the highest level of integrity. The willingness of each Hospital Representative to raise ethical and legal concerns is essential. Responsibility for ethical behavior ultimately rests with each person's exercise of independent judgment.

All Hospital Representatives must abide by the letter and spirit of the Corporate Compliance Code of Conduct, adhere to the highest ethical standards of conduct

in all business activities and act in a manner that enhances SBUH's standing within the community. To this end, SBUH promotes relationships based on mutual trust and respect and provides an environment where individuals may question a practice without fear of intimidation or retaliation.

Appointment and retention of Hospital Representatives and granting of medical staff privileges at any SBUH facility is contingent on acceptance of and compliance with the Corporate Compliance Code of Conduct. Outside colleagues, e.g., vendors, consultants and others, acting on behalf of SBUH are expected to adhere to similar standards in their dealings with us and with others on our behalf.

The Corporate Compliance Program described in this document establishes a framework for legal compliance, particularly compliance with federal and state laws on fraud, waste, and abuse. It is intended to reflect collective good judgment and common sense. It is not intended to replace other compliance practices or rules and regulations as defined in the SBUH Administrative Policies and Procedures Manual. Whenever a Hospital Representative sees a situation that does not appear to comply with the Corporate Compliance Code of Conduct, he or she must bring the concern to the attention of their Supervisor or the Chief Compliance Officer. A Hospital Representative who questions the application or interpretation of the Corporate Compliance Code of Conduct must use the procedure specified in [Section III](#).

Additionally, SBUH recognizes its need to conduct its business and patient care practices in an honest, decent and proper manner, especially as they relate to marketing activities, admissions, transfers, discharges and billings. This requirement of ethical behavior is embodied in the Standards of Conduct, as well as in SBUH's Policies and Procedures.

II. STANDARDS OF CONDUCT

SBUH's activities involve thousands of transactions each day; therefore, SBUH has strict rules to guard against fraud or dishonesty and guidelines to address possible problems.

If you detect or suspect any improper activities on the part of any employee or agent of SBUH or any person with whom SBUH deals, you must immediately report this information so an investigation is initiated (see [Section III](#)).

Withholding knowledge of improper activities is a violation of the Corporate Compliance Code of Conduct. If evidence of a violation of the Corporate Compliance Code of Conduct is established, any involved Hospital Representative is subject to disciplinary action up to and including dismissal, consistent with any applicable collective bargaining agreements. Any such evidence is reviewed by the Chief Compliance Officer, and where appropriate the Office of General Counsel. Hospital Representatives must conduct their activities in a manner to protect the integrity of clinical decision making, regardless of how SBUH compensates or shares financial risks with its leaders, managers, clinical staff and licensed practitioners. Hospital Representatives are expected to:

A. Refrain from Misrepresentations

Honesty based on clear communications is the cornerstone of ethical disclosure of information. Hospital Representatives must make no misrepresentations or dishonest statements in conducting SBUH business. Hospital Representatives must report and record all information accurately and honestly whether on marketing materials, patient records, requests for payment, time sheets, clinical research records, financial reports or otherwise. Marketing materials must accurately reflect accreditation, licensure and services available.

B. Prevent Fraud, Waste, and Abuse; Non-Intimidation and Non-Retaliation (Whistleblower Protections)

Hospital Representatives must comply with the requirements of the Federal and New York State False Claims laws and regulations in preventing and detecting any fraud, waste or abuse in the organization, and are protected as whistleblowers under these laws. (See [HLD0070 Responsibilities for Preventing and Detecting Fraud, Waste and Abuse Related to Federal and State Funded Health Care Programs](#).)

C. Submit Accurate Documentation for all Business Records

All Hospital Representatives are responsible to ensure accurate, transparent and truthful documentation. Falsification of any business record or document (e.g., medical record, timecard, cost report) is a very serious violation of SBUH policies and is strictly prohibited. Falsification of business records with intent to defraud is also a felony pursuant to New York State Penal Law §175.05. Hospital Representatives who falsify documents will be subject to disciplinary action, up

to and including termination, pursuant to the applicable collective bargaining agreement.

D. Submit Accurate Billings and Financial Reports

1. SBUH Billing Activities

SBUH must perform billing activities in a manner consistent with Medicare, Medicaid and other third party payers' regulations and requirements. SBUH must comply with all pertinent Medicare regulations in its billing practices, including but not limited to, the regulations regarding investigative devices, drugs, procedures, proper discharge codes for transfer cases, bad debt reporting, medical necessity, credit balances, outpatient services connected with inpatient days, duplicate billing and appropriate MS-DRG coding. SBUH prohibits several practices related to claims such as false statements, mail fraud, wire fraud or conspiracy to commit fraud. It is the continuing goal of all Hospital Representatives participating in billing to comply with all established legal and regulatory mandates. This expected behavior is reflected in the Corporate Compliance Code of Conduct. In addition, Patient Accounts implemented a Departmental Compliance Plan that is regularly reviewed and updated as needed. It includes written policies and procedures, education and training, communication, auditing and monitoring and corrective action. The Patient Accounts Department Director serves as the Billing Compliance Liaison.

The following conduct is unacceptable by Hospital Representatives when billing patients and third party payers or others, including Medicare and Medicaid:

- Knowingly making any false statement of fact for use in determining rights to a benefit or payment;
- Knowingly making any false statement of fact in any application for payment or benefit;
- Knowingly concealing or failing to disclose an event affecting a right to a benefit or payment with the intent to fraudulently secure the benefit or payment in an amount greater than is due or when no such benefit is authorized;
- Knowingly converting a benefit or payment for a use other than for the use of the person in whose name the application for the benefit was made;
- Knowingly requesting a payment in violation of the terms of an assignment or an agreement with the payer; and

- Knowingly claiming, charging, accepting, or receiving any payments for tests and/or procedures, unless they are medically necessary, and are billed according to applicable regulations.

2. Laboratory Services

It is the continuing goal of all Hospital Representatives participating in billing for laboratory services to comply with all established legal mandates as reflected in the Corporate Compliance Code of Conduct. Laboratory Administration implemented a Departmental Compliance Plan that discourages wrongdoing and utilizes established policies and procedures for monitoring and reporting of any suspected wrongdoing so that any issues or irregularities can be addressed.

The Laboratory Administration Compliance Plan is a dynamic document that is reviewed regularly and updated as needed. It includes written policies and procedures, education and training, communication, auditing and monitoring and corrective action. The Director of Laboratory Administration serves as the Laboratory Compliance Liaison.

3. Medical Staff

All physicians are expected to familiarize themselves with and abide by applicable laws, rules and regulations pertaining to billing. Medical staff is responsible for adequate documentation in the medical record to support the level of services for which any bill is supplied. This responsibility includes following applicable rules on documentation for coding of Evaluation and Management services. The Clinical Practice Management Plan implemented a Corporate Compliance Plan applicable to teaching physicians pertaining to billing.

E. Ensure Proper Use of SBUH's Assets

All managers must use appropriate internal accounting controls over all areas of their responsibility to ensure safeguarding of SBUH's assets and accuracy of financial records and reports. These established accounting practices assure complete and accurate recording of all transactions. SBUH adopts controls in accordance with applicable industry standards and federal and state requirements, including the New York State Governmental Accountability, Audit and Internal Control Act. All Hospital Representatives within their areas of responsibility are expected to adhere to these controls.

All records must be fully and accurately completed and maintained consistent with proper business practices. Creating fully accurate and complete records is a duty of each Hospital Representative. Outside payments must be made only with a check, via an electronic transfer, or with a procurement card. Hospital Representatives must not make or approve any payments on behalf of SBUH without adequate supporting documentation or with the intention or understanding that any part is to be used in any way other than described in the supporting documents.

All accounts must be disclosed and recorded. Proper authorization must be obtained before opening any new account. Every payment must be recorded to SBUH's books promptly, accurately and through normal financial reporting channels.

Hospital Representatives must select vendors solely on their merits, in the best interest of SBUH and in accordance with the New York State Public Officer's Law, New York State Finance Law, and applicable New York State regulations.

F. Ensure Facility Certification

Hospital Representatives must not make false statements with respect to the conditions or operations of any facility for participation in the Medicare or Medicaid Program. Hospital Representatives must not make false statements with respect to information regarding ownership and control of a facility.

G. Obtain Certificates of Need/Licensure

SBUH is licensed by various regulatory and accreditation bodies. Each Hospital Representative is expected to familiarize themselves with the regulations governing his or her area, to stay abreast of new developments and to alert his or her supervisor to possible noncompliance. Hospital Representatives are to refer questions regarding regulatory requirements to the Chief of Regulatory Affairs.

State law may require SBUH to obtain the prior approval of the New York State Department of Health before purchasing major medical equipment, changing the services it provides or making other significant capital expenditures. Additional information is located in [HLD0005 Certificate of Need Applications](#). Hospital

Representatives are to refer any questions regarding certificates of need to the Department of Planning.

H. Prevent Unfair Trade Practices

SBUH complies with all laws pertaining to restraint of trade and unfair competition. Such laws generally forbid any kind of understanding or agreement, whether written or verbal, between competitors to fix or control fees for services, or to engage in any other conduct that results in restraint of competition.

The following conduct is prohibited:

- Attempts to unlawfully monopolize the provision of medical services;
- Fixing or unlawfully controlling fees or prices, including setting unreasonably low fees or prices to drive or keep competitors out of the market;
- Telling a supplier that the decision to purchase goods or services is dependent upon the supplier's seeking medical services at SBUH;
- Engaging in any other antitrust arrangements (e.g. tying arrangements);
- Unlawfully reducing or eliminating competition over price, terms of business or services offered;
- Unlawfully refusing to deal with, or to boycott, suppliers, third party payers or other providers;
- Conducting discussions, conversations or other communications with competitors about the division of either patients, geographic areas, or services; the circumstances under which business will be conducted with suppliers, insurance companies, patients or customers (including boycotts); or marketing efforts;
- Discussing with competitors the future business plans of SBUH or those of any competitors;
- Discussing with competitors such information as pricing, reimbursement or salary levels.

Participation in surveys among competitors regarding information on such things as salaries and fees, are permissible only if (1) the survey is managed by a non-competitor third party; (2) the information provided by survey participants is based on data more than three months old; (3) at least five hospitals participate in the survey; and (4) the information provided is not identifiable. Two competitors should not share this information directly between themselves even

if the information is available through public sources. If you have questions regarding trade practices, contact the Office of General Counsel.

I. Prevent Unlawful Referrals and Kickbacks

Both federal and state laws specifically prohibit any form of kickback, bribe or rebate made directly or indirectly, overtly or covertly, in cash or in kind to induce the purchase, recommendation to purchase, or referral of any kind of health care goods, services or items paid for by a Medicare or Medicaid program. The term "kickback" as defined in these statutes means the giving of remuneration, which is interpreted under the law as anything of value. Federal and state "anti-referral" laws impose substantial penalties relative to billing for services referred by physicians or other health care practitioners who have a contractual or business relationship with SBUH.

SBUH must scrupulously avoid being either the offeror or the recipient of an improper inducement. Care must be taken in structuring relationships with persons not employed by SBUH so as not to create a situation where SBUH appears to be offering an improper inducement to those who may be in a position to refer or influence the referral of patients to SBUH.

As a provider of patient care, SBUH also should not receive any improper inducement from its vendors to influence it in making decisions regarding the use of particular products or the referral or recommendation of patients to other providers of goods and services paid for by Medicare or Medicaid.

Hospital Representatives must not make a referral for a designated health service* to an entity in which he or she or an immediate family member, has a financial relationship**. Hospital Representatives must become familiar with these laws and assure that all activities are conducted in such a manner that no question may arise as to whether any of these laws have been violated. Hospital representatives should direct any questions concerning these statutes or any business arrangement subject to anti-kickback or anti-referral laws to the Office of General Counsel.

*Examples include inpatient and outpatient services, laboratory, physical therapy, occupational therapy, radiology, radiation therapy, durable medical equipment, and home health services, and all outpatient supplies, drugs, and equipment.

**Includes ownership or investment interest in an entity. Also includes any compensation arrangement involving any remuneration to a physician or immediate family member by the entity.

J. Adhere to Tax-Exempt Requirements

SBUH is a tax-exempt governmental entity. In order to comply with the applicable law, SBUH must operate for the benefit of the community and must avoid what the tax law calls "private inurement" and "private benefit". All nonexempt individuals or entities must pay fair market value for use of SBUH services or property. Violation of the tax law can give rise to criminal penalties.

SBUH is to only use its sales tax exemption for legitimate SBUH activities. Hospital Representatives may not purchase personal items through SBUH even if SBUH is reimbursed by the Hospital Representative. SBUH must withhold all appropriate taxes from Hospital Representatives' wages, and SBUH must limit use of a purchase order to compensate individuals to true independent contractors and must comply with New York State Finance Law.

New York State has issued tax-exempt bonds, which are secured by mortgages covering much of SBUH property. These bonds contain restrictions on the use of this property and on other SBUH activities, which, if violated, could jeopardize New York State's ability to borrow money in the future. Questions on these issues should be referred to the Office of General Counsel.

K. Avoid Inappropriate Gifts and Entertainment

Giving or accepting gifts and entertainment can sometimes be construed as an attempt to influence the other party. No personal gifts can be offered or received if the action could raise a reasonable question concerning whether the gift was offered or received to influence a person in the exercise of proper business judgment, as stipulated in the Public Officers Law. One cannot provide or accept gifts of more than Nominal Value. If you have any questions, please contact the Chief Compliance Officer.

L. Engage in Appropriate Fund Raising

SBUH adheres to SUNY policy in that only fund raising or solicitation of funds that results in a benefit to the University is permitted, unless specifically authorized by the President or designee. Such events must be consistent with the missions, goals and mandates of the University.

Hospital Representatives must report all fund raising activities through the Advancement Office of Stony Brook University Hospital and Health Sciences Center at Stony Brook for coordination. In this way, conflict is avoided among fund raising programs while donor solicitation is facilitated and relationships with potential major donors are fostered. Hospital Representatives must not undertake solicitation and fund raising to support student activities and projects within SBUH without appropriate written authorization.

Business or other commercial solicitation not directly related to University operations is permitted on campus only if the vendor, organization, group or individual has obtained a permit. All fund raising activities must be conducted pursuant to the University policy.

M. Prevent Theft

Hospital Representatives must not take, convert, consume or use property or funds belonging to SBUH or any company or private person without the owner's consent or proper authorization. If you suspect a SBUH item is missing due to theft, you must report it to the University Police.

N. Commit To Fairness

The principal rules governing such things as examinations, appointments, promotions, transfers and reinstatements are contained in the "Rules of Classified Service." These rules apply to all employment under the direct jurisdiction of the State Department of Civil Service, including SBUH.

All Hospital Representatives must abide by the rules, regulations, and policies of equal employment and educational opportunity and affirmative action. Affirmative action and equal opportunity affect all employment practices. Students or Hospital Representatives having disabilities that require reasonable accommodations or auxiliary aids may be accommodated through the Office of the Americans with Disabilities Act (ADA) Coordinator.

Hospital Representatives who consider themselves to be victims of discrimination may file a grievance in writing with the Office of Institutional Diversity and Equality within ninety (90) calendar days of the alleged discrimination act. If you choose to file a complaint within the University, you do not lose your right to file with an outside enforcement agency such as the State Division of Human Rights or the Equal Employment Opportunity Commission.

SBUH reaffirms the principle that Hospital Representatives have the right to be free from sexual harassment, which is a form of discrimination based on gender. SBUH also does not tolerate gender harassment, or discrimination against individuals who fall within any protected category, and treats this as a form of misconduct. Sanctions are enforced against individuals engaging in such behavior.

O. Avoid Conflicts of Interest

A conflict of interest arises if a person's judgment and discretion is or may be influenced by personal considerations, or if the interests of SBUH are jeopardized. Please refer to the standards listed in [HLD0101 Conflict of Interest](#) such as:

- Hospital Representatives must promptly disclose any existing or new relationships that may give the appearance of a conflict of interest to the Chief Compliance Officer.
- Substantial ownership in a competitor, supplier or an entity which refers patients may create a conflict of interest. Hospital Representatives should report any doubts or questions about an investment to the Chief Compliance Officer.
- Immediate family members should not supervise or report to each other.
- Other outside employment is prohibited to the extent it interferes with an employee's performance. Hospital Representatives should not use equipment, materials or proprietary information owned by SBUH for any outside employment purpose.

SBUH has a responsibility to preserve and enhance the public's trust in government. The New York State Ethics Commission states that any violation of that trust reflects poorly on employees and some violations can result in the loss of a job, a substantial fine or criminal prosecution. Hospital Representatives are to avoid situations which present the appearance of a conflict of interest, or in which a conflict of interest exists. For a more complete guidance to State policy

on these types of issues, please refer to New York State Ethics: A Guide to Public Law and Public Officer's Law, both published by the New York State Ethics Commission. See also New York State Public Officers Law §73, §74.

P. Comply with Labor and Employment Laws

It is SBUH's policy to comply fully with all applicable labor laws and other statutes regulating the employer-employee relationship and the workplace environment. Under federal and state law, it is illegal for SBUH or a Hospital Representative to pay or to receive any money or other thing of value from any labor organization that represents SBUH employees (this does not include the amount paid in the normal course of business, e.g. union dues, political action committee). No Hospital Representative may interfere or retaliate against another Hospital Representative who seeks to invoke his or her rights under those laws. Hospital Representatives should refer questions regarding the laws governing labor and employee relations to the Director of Labor Relations.

Q. Comply with Immigration Requirements

SBUH only hires persons who are legally authorized to work in the United States, consistent with federal law. SBUH only hires prospective employees who are U.S. citizens or who possess a "green card" or visa, which entitles them to work. Prospective employees must present the Human Resources Office with the appropriate documentation of citizenship status at the time of hire. Prospective Employees or Hospital Representatives should refer questions on immigration issues to the Human Resources Office or to the Office of International Affairs.

R. Provide Emergency Care

SBUH provides medical screening, regardless of ability to pay, to patients who present themselves to its Emergency Department and request examination. SBUH treats and admits all patients with emergency medical conditions, and only transfers the patient after he or she is stabilized. Any such post-stabilization transfer is only allowed in limited circumstances consistent with state and federal law. With respect to any person who is in need of immediate hospitalization, SBUH does not question the patient or any member of his or her family concerning insurance, credit or payment of charges provided that the patient or a member of his or her family agrees to supply such information promptly after the

patient's admission. All Emergency Department personnel must be aware of SBUH's policy in this regard.

S. Comply with Environmental Health and Safety Requirements

All Hospital Representatives encountering hazardous materials and regulated medical waste must comply with environmental laws and regulations, and hospital hazardous material policies and procedures. Hospital Representatives are expected to:

- Comply with all laws and regulations governing the handling, storage and use of hazardous materials, other pollutants and regulated medical wastes;
- Comply with permits that allow SBUH to safely discharge pollutants into the air, sewage systems, water pollution control facilities, or onto or into land;
- Hire licensed/permitted contractors to transport and dispose of hazardous materials/waste and regulated medical wastes; and
- Accurately maintain records required by the environmental laws and regulations.

No one at SBUH may participate in concealing improper discharge or disposal of hazardous materials. Any Hospital Representative who has reason to believe that there have been violations of this or any other aspect of SBUH's environmental compliance procedures should report immediately to the Chief Compliance Officer.

If you are made aware or notice a potential or actual infringement of the laws and rules regarding hazardous materials and waste, immediately advise your Supervisor, the Director of Healthcare Safety & Sustainability or the Chief Compliance Officer.

T. Ensure Proper Control of Medications

SBUH, and therefore its Hospital Representatives, is legally responsible for the proper distribution and handling of pharmaceutical products and preventing unauthorized access to them. The diversion of any prescription drug or controlled substance, including a drug sample, in any amount for any reason to an unauthorized individual or entity is forbidden. It is SBUH's policy that all Hospital Representatives be both diligent and vigilant in carrying out their obligations regarding SBUH's prescription drugs and controlled substances in accordance

with all applicable laws, regulations, and SBUH policies and procedures. The policies and procedures are available in written form in SBUH's Administrative Policy and Procedures Manual. Every authorized professional employee is expected to adhere to the highest professional standards in safeguarding pharmaceuticals; preventing unauthorized use or access; securing and documenting the use of scheduled controlled substances and for their return or disposal.

Hospital Representatives may not use drugs dispensed by SBUH's Pharmacy for their own use, unless prescribed according to SBUH policy. Hospital Representatives should utilize the prescription benefit included in their health coverage when prescription drugs are required.

Any violation of any law or SBUH policy involving prescription drugs or controlled substances will constitute grounds for dismissal. Should you become aware of potential violations of any law, policy or regulation relating to pharmaceuticals, you must immediately advise your Supervisor or the Chief Compliance Officer.

U. Adhere to Research Grant Requirements

Hospital Representatives must submit all grant proposals involving human subjects to the Institutional Review Board (IRB) for review and approval. To assure the integrity of research conducted under the auspices of SBUH, wherever the actual research is carried out, all grant proposals and research must conform to IRB standards and to SBUH's Informed Consent Policy (See Committee on Research Involving Human Subjects [CORIHS] Policy for Investigators). Grant recipients must be certain that funds used are in accordance with the approved research protocol.

The Institutional Animal Care and Use Committee (the "IACUC") has been established in accordance with federal law and the Public Health Service policy to evaluate the University's program of animal use. All proposals for animal care and use must be approved by the IACUC to assure compliance with federal and state laws and guidelines.

Researchers must be vigilant in considering whether grants could involve improper inducements for the referral of patients to SBUH. This may occur, for example, in a study of drug efficacy underwritten by a pharmaceutical company if the protocol were not appropriately designed. If improper, such referral practices

would constitute "kickbacks" in violation of federal and state law. Hospital Representatives should direct any questions concerning whether a research proposal implicates the anti-kickback or other statutes to the Office of General Counsel, or University Office of Research Compliance.

V. Avoid Scientific Misconduct

All Hospital Representatives must adhere to the highest professional standards of scientific integrity and reports of scholarly activities. All allegations brought forward in which it is believed that an individual or individuals are not meeting the level of integrity required in the conduct of research or scholarly activities will be investigated pursuant to SUNY-Stony Brook policy and procedure regarding responsible conduct in scholarly activities. Hospital Representatives must report allegations of scholarly or scientific misconduct to the Vice President of Research or Research Compliance Officer, in compliance with the policy of SUNY-Stony Brook governing scholarly misconduct.

Scientific misconduct is defined as fabrication, falsification, plagiarism or other serious deviation from accepted scientific practices in proposing, carrying out, or reporting results of scholarly activities or research or the retaliation against a person who reported or provided information about suspected or alleged misconduct and who has acted in good faith. The definition is not meant to include actions involving honest error or honest differences in interpretation or judgments of data. Scientific misconduct may also be defined as failure to submit research projects for IRB or IACUC approval to obtain informed consent.

W. Ensure Appropriate Political Participation/Government Relations

Both federal and state laws prohibit organizations from contributing to political candidates or officeholders. In addition, state law makes it a misdemeanor for employees of the state to use their authority or official influence, directly or indirectly, to compel or induce another employee to pay or promise to pay a political assessment, subscription or contribution. Federal law states that no one will be reimbursed for personal political contributions. Personal compensation will not be altered in any way under any circumstances to reflect such contributions.

While SBUH encourages Hospital Representatives to participate in the American political process if they so desire, Hospital Representatives must distinguish between personal and organizational political activities. Unless specifically

requested by SBUH to represent it before legislative or other governmental bodies, Hospital Representatives must clearly label any personal communication with legislators as their own beliefs. If contacted by legislators or regulators regarding SBUH's position on public issues, please refer them to the Office of General Counsel. Any government lobbying activities must comply with applicable lobbying, ethical and other applicable laws. To assure full compliance with these laws and policies, Hospital Representatives are not to engage in lobbying without prior authorization from the Chief Executive Officer.

Hospital Representatives must obtain clearance from Human Resources prior to discussing the employment or possible retention as a consultant of any current or former government representative. No Hospital Representative may provide or pay for meals, refreshments, travel or lodging expenses for government representatives. No Hospital Representative should entertain a public official without authorization from the Chief Executive Officer and/or where appropriate the Office of General Counsel.

X. Ensure Appropriate Use of SBUH Information

1. Safeguarding the Privacy of Our Patients

To protect individuals against misuse of information, SBUH must limit access to patient information to the extent permitted by SBUH policy and state and federal law. Hospital Representatives who engage in unauthorized disclosure, access or misuse of information in violation of the privacy rights of our patients or others are subject to disciplinary action in addition to possible civil or criminal sanctions. Any person who becomes aware of such unauthorized disclosure should report it immediately to their Supervisor or the Chief Compliance Officer.

Legitimate means must be used to collect information. Whenever practical, Hospital Representatives should obtain information directly from the individual concerned. Special confidentiality rules apply to patients in drug and alcohol treatment programs as well as to disclosure of information regarding a patient's HIV status. When release of any information with respect to patients with these illnesses is contemplated, Hospital Representatives must strictly adhere to these rules. Questions on the patient confidentiality rules and other Health Insurance Portability and Accountability Act (HIPAA) Privacy matters should be referred to the Privacy Officer.

2. Confidentiality of SBUH Information

Hospital Representatives must not disclose to others any confidential information obtained during the course of employment. Confidential information includes SBUH's methods, processes, techniques, computer software, equipment, service marks, copyrights, research data, clinical and pharmacological data, marketing and sales information, personnel data, patient lists, patient clinical data, financial data, plans and all other proprietary information which are in the possession of SBUH and which have not been published or disclosed to the public. Hospital Representatives are responsible and accountable for the integrity and protection of business information.

Hospital Representatives must carefully handle and properly secure documents and electronic media containing sensitive information concerning patients and Hospital Representatives. Hospital Representatives must pay particular attention to the security of data stored on computer systems. If you observe employee misuse of confidential information or individuals whom you do not recognize using terminals in your area, immediately report this to your Supervisor and/or to the Security Officer.

3. Information Owned by Others

Disclosure of confidential information (e.g. software, data, reports) received from outside organizations for the benefit of SBUH must not take place unless the terms of its use have been formally agreed to by SBUH and the other party. If Hospital Representatives have information in their possession that could possibly be confidential to a third party or may have restrictions placed on its use, they should consult with the Office of General Counsel. A written agreement must be approved by the Office of General Counsel. Once obtained, Hospital Representatives must not use, copy, distribute or disclose that information unless done in accordance with the terms of the agreement.

Software is an intellectual property which is protected by copyright laws and may also be protected by patent trade secret laws or as confidential information. Before accepting software or signing a license agreement which must have been approved by the Office of General Counsel, Hospital Representatives must follow [HIM0044 Security of Information Technology Resources](#) . Hospital Representatives must strictly follow the terms and conditions of license agreements such as provisions not to copy or distribute software. The exception

is a copy for backup purposes. If you acquire software for your personally-owned equipment, you should not copy any part of such software in any work you do for the SBUH or for backup purposes, place such software on any SBUH-owned computer system, or bring such software onto SBUH premises.

4. Records Retention/Destruction

Hospital Representatives are expected to comply fully with the records retention and destruction schedule for the department in which they work. If Hospital Representatives believe that documents should be saved beyond the applicable retention period, their supervisor should be consulted. This supervisor should contact the Records Access Officer, Health Information Management Department, Risk Management Department, Office of General Counsel, Chief Compliance Officer, or the Finance Department depending on the nature of the documents in question.

5. Government Investigations

Hospital Representatives must adhere to the following procedures and as detailed in SBUH Administrative Policies and Procedures Manual [HLD0038 Policy and Procedure for an Employee Responding to Governmental Investigations](#) to ensure SBUH responds in a proper manner to all government investigations. Any Hospital Representative who is approached by any federal or state law enforcement agency seeking information about any aspect of the operations of SBUH or the job-related activities of any of the SBUH's Officers or Hospital Representatives must call the Office of General Counsel or the Chief Compliance Officer before turning over any information.

Some agencies are entitled by statute to immediate access to information; they include the Office of the Inspector General of the United States Department of Health and Human Services, State Medicaid Fraud Control Units, and New York State Department of Health. Officials of these agencies must present proper identification before access can be provided. In virtually all cases, when a request by personnel of a federal or state agency is made, access to the requested information should be delayed pending notification of the Office of General Counsel and the Chief Compliance Officer. Such notification should occur simultaneously with the requested access. Notification ensures that the organization is aware of the inquiry, properly responds to it, and takes whatever action is necessary with regard to it. If, under extraordinary circumstances only,

access cannot be delayed pending notification of the Office of General Counsel and the Chief Compliance Officer, then the Hospital Representative should contact the Office of General Counsel and the Chief Compliance Officer immediately thereafter.

Other governmental agencies may look at SBUH documents and other materials only with SBUH's consent or by proper legal process. To ensure that government agencies are provided with the information to which they are entitled on a timely basis and, at the same time to prevent the improper disclosure of private information, it is imperative that Hospital Representatives contact the Office of General Counsel and the Chief Compliance Officer as promptly as possible after receipt of, any request for information. In addition, please be certain to (1) obtain the name and organizational affiliation of all persons from whom a request for access to information is received or to whom access is permitted before any access is allowed, (2) maintain a written record of each and every document to which access is given, (3) keep a detailed record of all telephone contacts made, including specifically the name and affiliation of the parties to each conversation, the information requested and the response given during the conversation.

Specific federal and state confidentiality laws relating to medical records pertaining to AIDS and substance abuse (controlled drugs and alcohol), to psychiatric records, and to students' "education records" may limit the general authority of government investigators. Hospital Representatives should be certain that any disclosure of such records complies with the policies and procedures of SBUH and where applicable, of SUNY, federal and state law.

III. COMPLIANCE WITH THE CODE

A. Questions Regarding the Code

SBUH's Chief Compliance Officer is responsible for implementation of SBUH's Corporate Compliance Program, including the Corporate Compliance Code of Conduct. The Chief Compliance Officer works with others in SBUH, as necessary, with respect to elements of implementation, including training and enforcement of this Corporate Compliance Code of Conduct.

Hospital Representatives should direct any questions regarding the applicability or interpretation of the Corporate Compliance Code of Conduct to the Chief Compliance Officer in person, in writing, or by telephone. Hospital Representatives should address any correspondence relating to the Corporate

Compliance Code of Conduct to Chief Compliance Officer's attention marked "CONFIDENTIAL."

B. Reporting of Suspected Violations

Hospital Representatives must report suspected violations. As a matter of policy, no Hospital Representative will be disciplined or subjected to retaliatory action because he or she made a report in good faith. Where possible, SBUH protects the confidentiality of the Hospital Representative making the report.

To report a compliance concern or to make a compliance inquiry contact the Chief Compliance Officer, Lori Strauss, at (631) 444-5864.

Reporting of compliance concerns or inquiries can also be made to:

- your Supervisor who is then required to report the suspected violation to the Chief Compliance Officer;
- the Office of Compliance and Audit Services (631) 638-4349;
- the Corporate Compliance Helpline (866) 623-1480 or <https://www.compliance-helpline.com/sbuh.jsp> (which is available 24 hours a day, seven days a week) to report anonymously or by name;
- via fax (631) 444-5791 with correspondence marked "CONFIDENTIAL" or
- by mail to the Office of Compliance and Audit Services located at 7 Flowerfield, Suite 36, St. James, New York 11780-1514.
Internal zip 6062.

A Hospital Representative need not be absolutely certain that a violation has occurred before making a report; reasonable belief that a violation may have occurred is sufficient. Hospital Representatives are required to come forward with any information, without regard to the identity or position of the suspected offender. All compliance inquiries and reports of potential violations are promptly investigated and reported to SBUH Governing Body.

C. Investigation of Suspected Violations

SBUH promptly investigates all reports of suspected violations of the Corporate Compliance Code of Conduct and maintains confidentiality to the extent consistent with SBUH's interests and legal obligations. If an investigation of an alleged violation is undertaken and the Chief Compliance Officer believes the integrity of the investigation is at stake because of the presence of Hospital Representatives

under investigation, the Hospital Representative(s) allegedly involved in the misconduct is removed from his/her current work activity until the investigation is completed, consistent where applicable with the appropriate collective bargaining agreement. In addition, steps are taken to prevent the destruction of documents or other evidence relevant to the investigation.

While it is SBUH's policy to cooperate with any government investigation, SBUH must only act with the advice of its legal counsel, therefore the Office of General Counsel must coordinate all cooperation with the government in these matters. Clinical services and divisions are not authorized to engage external consultants, auditors, or legal counsel in connection with compliance matters except with the advance approval of the Chief Compliance Officer.

D. Discipline for Violations

Any discipline applicable to union members is taken in accordance with the appropriate collective bargaining agreement. Disciplinary actions may be taken for:

- Authorization of or participation in actions that violate the Corporate Compliance Code of Conduct.
- Failure to report a violation of the Corporate Compliance Code of Conduct or to cooperate during an investigation.
- Failure by a violator's supervisor(s) to detect and report a violation of the Corporate Compliance Code of Conduct if such failure reflects inadequate supervision or lack of oversight.
- Retaliation against an individual for reporting a violation or possible violation of the Corporate Compliance Code of Conduct, as required by New York Healthcare Whistleblowers Act.

Disciplinary action may, when appropriate, include dismissal. Disciplinary decisions are reported to SBUH Governing Body.

Forms: (Ctrl-Click form name to view)

None

Policy Cross Reference: (Ctrl-Click policy name to view)

[HLD0005 Certificate of Need Applications](#)

[HLD0038 Policy and Procedure for an Employee Responding to Governmental Investigations](#)

[HLD0070 Responsibilities for Preventing and Detecting Fraud, Waste and Abuse Related to Federal and State Funded Health Care Programs](#)

[HLD0071 Reporting of Compliance Violations or Suspected Violations and Non-Retaliation Non-Retribution \(5728\)](#)

Relevant Standards/Codes/Rules/Regulations/Statutes:

Title 19 NYCRR Part 934; New York State Public Officers Law §73, §74

References and Resources:

None