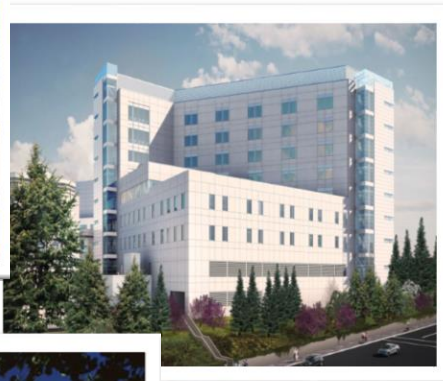




# Alameda Health System Code of Conduct

Compliance Department

*A guide for employees,  
affiliated physicians  
and contractors*



# Message from AHS Officers

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## *Introductory letter from the CEO*

Alameda Health System (AHS) is committed to conducting business with integrity and in full compliance with all applicable laws and regulations. The Code of Conduct is a vital part of how we achieve our mission and vision. It provides guidance to ensure that our work is accomplished in an ethical and legal manner. It emphasizes our common culture of integrity and our responsibility to operate with the highest principles and ethical business standards and respect each other through our values of commitment, teamwork, excellence, respect, integrity and compassion.

It is an essential element of our Compliance Program. The Compliance Program is a partnership among all of us to make the right choices and demonstrate our commitment to conducting business with integrity. Each of us has a role to ensure compliance with our Code of Conduct.

At Alameda Health System, we value your dedication, commitment and integrity as we serve the citizens of Alameda County.

**Delvecchio Finley, Chief Executive Officer**

## *Message from the Chief Compliance Officer*

Dear Workforce Members,

This Code of Conduct provides you with guidance on the standards and principles we all must follow to ensure ethical and legal conduct. It also provides you with resources to help resolve questions or concerns about appropriate conduct in the workplace.

Do not hesitate to ask questions if something does not seem right. We each have personal responsibility to report any activity that appears to violate applicable laws, rules, regulations or the Code of Conduct. You are protected from retaliation for reporting a suspected violation in good faith. Be assured that AHS will investigate all reported violations and will take appropriate corrective and disciplinary action.

Please thoroughly review this important document and refer to it when you are unsure about appropriate conduct. If you have questions about the Code of Conduct or the Compliance Program, please contact your supervisor, the System Compliance Department or the Compliance Hotline at (844) 310-0005.

Thank you for helping to maintain an organization of the highest standards of compliance in promoting a commitment to conduct our business with integrity.

**Rick Kibler, Chief Compliance Officer**



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# Our Mission and Values

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## Mission Statement

Caring, Healing, Teaching, Serving All

## Values

### Commitment

We take our obligations to our Mission seriously and pledge our dedication to it.

### Teamwork

Together we collaborate in order to achieve the best possible outcomes for our patients, their families and the community.

### Excellence

We seek continuous improvement in order to achieve the highest standards possible in everything we do.

### Respect

We understand, appreciate and honor the differences and unique perspectives of others.

### Integrity

We do the right thing, all the time, even when no one is looking.

### Compassion

We understand the needs and concerns of others and respond with care, mercy, and kindness.



### AIDET

**Acknowledge:** Great people with a friendly smile to put others at ease.

"Good Morning/Afternoon Mr. Williams. Welcome to AHS".

**Introduce:** Give your name and your role.

"My name is Amy. I'm from laboratory services".

**Duration:** Tell them how long it will take.

"It should only take me about 15 minutes to register you."

**Explanation:** Explain what you will be doing and why.

"I'll make sure we go through each step and we won't move forward until you're comfortable. Sounds okay?"

**Thank you:** Thank the person for giving you an opportunity to help.

"Thank you for choosing AHS. It has been a privilege to care for you."

# Expectations of Workforce Members

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## *Workforce Members*

All workforce members are expected to follow the Code of Conduct. Workforce members include employees, contract employees, volunteers, providers and others engaged in our work environment or acting on behalf of AHS.

Employees, contracted staff, volunteers and providers must sign an acknowledgment confirming that they have received the Code of Conduct and will abide by its terms. Executives, directors, managers and supervisors are expected to set an example and support a culture that promotes the highest standards of ethics and compliance. Directors, managers and supervisors at all levels are responsible for ensuring that their staff acts consistently with the Code of Conduct and with the laws and regulations that govern AHS.



## *Addressing Issues and Concerns*

Employees are encouraged to discuss questions or concerns with their immediate supervisor. If this is not practical, or issues of conflict arise that cannot be resolved between the employee and the immediate supervisor, the employee should raise the concern through the department hierarchy or contact the Compliance Hotline at 844-310-0005.

Adherence to and support of the Code of Conduct and participation in compliance related activities will be factors to be considered in the evaluation of employee's performance. Failure to comply with the Code of Conduct may result in disciplinary action.

{ “The time is always right to do what is right.”  
— Martin Luther King, Jr }

# The Compliance Program

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## *Compliance Program*

The primary goal of the AHS Compliance Program is to establish an organizational culture that promotes the prevention, detection and resolution of instances of conduct that do not conform to AHS policies, Federal and State laws, and health plan program requirements. The objectives of the Compliance Program are to prevent and detect misconduct, promote an ethical culture, meet regulatory requirements, and protect AHS' reputation by:

1. Implementing compliance and practice standards through well publicized policies and procedures;
2. Responding appropriately to detected noncompliance and promptly taking corrective action to mitigate the risk to AHS;
3. Educating and training employees on all applicable laws and AHS policies;
4. Auditing and monitoring functions to measure compliance with all applicable laws and AHS policies;
5. Ensuring that all workforce members take their compliance responsibilities seriously through consistent enforcement and appropriate disciplinary action; and
6. Promoting open lines of communication.

## *Compliance Hotline*

The compliance hotline was established to report suspected compliance violations. Calls to the Hotline may be made anonymously. Report compliance related issues or concerns by using one of the following options:

1. Phone: English 844-310-0005, Spanish 800-216-1288
2. Website: [www.lighthouse-services.com/alamedahealthsystem](http://www.lighthouse-services.com/alamedahealthsystem)
3. Email: [reports@lighthouse-services.com](mailto:reports@lighthouse-services.com) (must include company name with report)
4. Fax: (215) 689-3885 (must include company name with report)

“Do your little bit of good where you are;  
it’s those little bits of good put together  
that overwhelm the world.”

— **Desmond Tutu**

# Code of Conduct

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## *General - Obey the Rules*

All workforce members must strictly observe all applicable laws, regulations, contractual obligations and ethical and professional standards. Examples include Medicare and Medi-Cal regulations, The Joint Commission (TJC), CAL-OSHA and infection control policies.

All workforce members are expected to be familiar with, and in compliance with, all laws, regulations and policies governing their duties. If you need assistance in understanding your obligations, contact the Compliance Department, your supervisor or department head for guidance.

## *False Claims Act and Deficit Reduction Act*

The Federal and State False Claims Act (FCA) and the Deficit Reduction Act (DRA) protect government programs such as Medicare and Medicaid from fraud and abuse. It is a violation of the FCA to knowingly submit, or cause another person or entity to submit, false claims for payment of government funds. Additionally, the FCA contains a provision that allows individuals with actual knowledge of alleged false claims to sue on behalf of the government, as well as provide protections against retaliation for individuals taking a false claims action.

It is illegal to submit claims for payment to government programs that we know or should know are false or fraudulent. No specific intent to defraud the government is required for a claim to qualify as a false claim. The FCA defines “knowing” to include not only actual knowledge, but also instances of deliberate ignorance or reckless disregard of the truth or falsity of a claim. Filing false claims may result in damages of up to three times the amount of the government program’s loss, fines, imprisonment, entering into a Corporate Integrity Agreement and exclusion from participation in Federal and State health care programs.

AHS will take appropriate action if you believe a potential fraud is occurring. You should contact the Compliance Department promptly by one of the following methods:

- Send an email via AHS global address “Compliance AHS”
- Call the Compliance Department at 510-535-7788; or
- Call the Compliance Hotline 844-310-0005, including reporting concerns anonymously.

Failure to notify the Compliance Department may lead to disciplinary action, up to and including termination.

Refer to Compliance Policy, False Claims Policy.

## *Coding and Billing of Patient Care Services*

AHS is committed to abide by all applicable Federal and State laws and regulations for the submission of claims.

Coding is how we identify and classify health information, such as diseases and procedures, based on the care provided and documented in the patient's medical record. Using codes in the billing process is how we identify charges for services we have provided.

As recipients of Medicare, Medi-Cal, and other governmental program funds, AHS has an obligation to comply with all anti-fraud and abuse laws. Failure to adhere to these regulations can result in criminal charges or civil liability for both AHS and the individual participants.

All workforce members must be sure to follow all billing and coding procedures carefully, including the following guidelines:

- AHS prohibits the actions of any person who knowingly makes, uses, or cause to be made, a false record or statement to get a false, fictitious or fraudulent claim paid or approved.
- Supporting medical record documentation must be prepared for all services rendered. Do not bill for services if the appropriate and required documentation has not been provided.
- All services must be accurately and completely coded and submitted to the appropriate payer in accordance with applicable rules, regulations, contracts, and AHS policies and procedures.
- Credit balances must be processed in a timely manner in accordance with applicable rules and regulations.
- Any workforce member responsible for coding, billing and documentation should ensure that they are knowledgeable about all applicable governmental rules and regulations, and third party payer program requirements.
- All workforce members shall bill only for services actually rendered and shall seek the amount to which AHS is entitled. Under no circumstances will AHS tolerate billing which misrepresents the services actually rendered.
- AHS prohibits waiving patient insurance copayments or deductibles. Only under certain circumstances, can we provide financial accommodation to patients. Always consult patient accounting/revenue cycle management regarding any special financial situations.
- AHS shall provide all workforce members with opportunities for training. Appropriate training should cover those coding and documentation practices that enable the individual to accurately code, document, and bill according to federal and state regulations and AHS policies.

For questions concerning coding or billing issues, contact the Compliance Department at 510-535-7788 or Compliance-AHS@alamedahealthsystem.org.

## *Medical Necessity*

Workforce members shall submit claims to all payers for only those services or items that are medically necessary, appropriate, or otherwise required by law.

- When ordering services or items for which reimbursement will be sought, providers shall only order those services and items that are medically reasonable and necessary.
- Patients may request services deemed medically appropriate, but which do not meet reimbursement criteria. Such services may be provided as long as the patient has been given an advance notice and has agreed to pay for the services.
- All medical record documentation must be sufficient to support medical necessity for the services rendered and meet standards according CMS Conditions of Participation.

## *Admissions, Continuity of Care, Transfers and Referrals*

AHS affiliated physicians make decisions to admit or discharge patients based on sound clinical decision making. This includes accurate and complete clinical admission criteria, as well as medical necessity. AHS expects clinicians to discharge patients with an after-care or follow-up plan.

- When a patient needs follow-up care, we do not inappropriately influence patients to use AHS owned or operated home health agency, skilled nursing facilities or hospice care.
- AHS affiliated physicians must make referrals based solely on the interests of the individual seeking care and treatment.
- AHS does not allow cash payments (or provide non-cash incentives) to anyone for providing a referral or to induce a referral. Patients must be given the right to request transfers to other facilities.

“I think one’s feelings waste themselves in words; they ought to be distilled into actions which bring results.”  
— ***Florence Nightingale***

## *Accuracy of Health/Medical Records and Documentation*

It is our duty to create and maintain accurate and complete records, and only destroy records, in compliance with federal and state laws and applicable policies.

- AHS records shall not contain any false, fraudulent, fictitious, deceptive or misleading information.
- AHS records shall be kept in accordance with accepted standards and applicable AHS policies.
- Workforce members shall not destroy, alter after the fact or remove from the premises any AHS record unless authorized according to AHS policy.
- Under no circumstances, should a workforce member sign someone else's signature or initials on a record, or use mechanisms to electronically authenticate a document created by another individual.
- Workforce members must not delete any entry from a record. Medical records can be amended and material added to ensure the accuracy of a record in accordance with AHS policy.

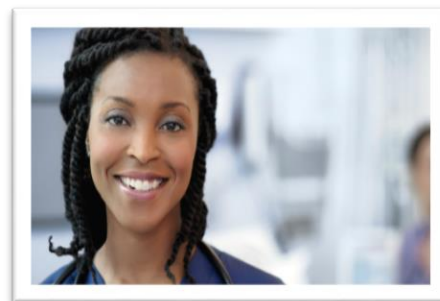
For questions, contact Health Information Management (HIM) Department.

## *Patient Rights*

It is our duty to provide each patient with information regarding his or her rights and responsibilities, and strive to protect those rights while rendering care and treatment.

These patient rights include but not limited to:

- Considerate and respectful care
- Visitor Policy
- Pain Management
- Interpreter or Language Service
- Advance Directives
- Emotional, Spiritual, and Attitudinal Support
- Be free from physical restraints and seclusion
- Know the names of AHS personnel who will provide care
- Effective communication and to participation in their care
- Request or refuse treatment to the extent permitted by law
- File a complaint with the California Department of Public Health



Refer to AHS policy on Patient Rights and Responsibilities. The California Hospital Association (CHA) also provides guidance on patient rights.

[http://www.calhospital.org/sites/main/files/file-attachments/patientrights\\_english\\_1.pdf](http://www.calhospital.org/sites/main/files/file-attachments/patientrights_english_1.pdf)

## *Privacy and Security Information*

AHS has policies to protect privacy and security of protected health information (PHI), in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

- No workforce member has a right to any patient information other than what is necessary to perform his/her job.
- Patient information or other confidential information may not be emailed externally unless confidentiality can be assured (i.e., secured network and encryption).
- Protected health information may only be used and disclosed without a specific authorization from the patient for purposes of treatment, payment and health care operations.
- For questions concerning privacy or security, contact the Compliance Department.

AHS will take appropriate action if you believe or witness a privacy or security breach. You should contact one of the following:

- Your immediate supervisor;
- Send an email via AHS global address "Compliance AHS";
- Compliance Department at 510-535-7788; or
- The Compliance Hotline 844-310-0005, including reporting concerns anonymously.

Refer to HR policy 1.33 on Confidentiality; and Privacy Policy, HIPAA Violations Sanctions Policy



### **Protected Health Information (PHI)**

**Q:** I work in a department where I have access to protected health information. I am concerned about one of my family member's health. Can I look at their record?

**A:** No, you may not access any individual's protected health information (PHI) because of concern or curiosity. Any access to PHI is on a need-to-know basis as required to carry out your job responsibility.

**Q:** I accidentally provided a patient with someone else's discharge instructions. What should I do?

**A:** First, try to retrieve the discharge instructions that went to the wrong person. Then notify your manager and contact the Compliance Department when there is a potential breach of protected health information (PHI).

**Q:** I want to post a blog on a social media site about a happy event regarding a patient's outcome. Can I post this event?

**A:** No, any information that could potentially identify the patient in the post would be considered a privacy breach without the patient's authorization.

## *Integrity with Referral Sources*

Workforce members must not offer or receive any item of value or services that may be viewed as a bribe, kickback or inducement for referral business or patient.

Federal law prohibits anyone from offering anything of value for referring patients that are covered by Medicare, Medi-Cal or any other Federal or State health care financing program.

The California law is similar to the Federal law, which prohibits anyone from offering anything of value as compensation or inducement for referring patients, clients or customers to our facilities regardless of payer.

All agreements involving patient referral sources, including physicians, hospitals, clinics or other services providers, must be reviewed and approved by the Office of General Counsel.

## *Avoiding Conflict of Interest*

Workforce members shall not use their position to influence an AHS decision in which they know, or have reason to know, that they have a financial interest. As a general rule:

- You must not give or accept gifts, gratuities or other special treatment from third parties doing business with or wishing to do business with AHS.
- Avoid contracting for goods or services with family members or other AHS personnel.
- Do not use any AHS facility or resources for other than AHS activities.
- Do not use AHS' name to promote or sell non-AHS products or services.

Workforce members must follow **AHS Conflict of Interest policies**, and are expected to take appropriate steps, including contacting your supervisor or department head for guidance, to avoid both conflicts of interest and the appearance of such conflicts.

If you have any questions about accepting gifts, contact the Compliance Department for guidance.

**Kickback** (provided directly or indirectly) to reward favorable treatment include:

- Money
- Commission
- Compensation of any kind
- Credit
- Discount
- Fee
- Gift
- Gratuity
- Rebate

Remember, payments or items of value offered to influence referrals to or from AHS are considered inducements and are prohibited.

### **Gift and Gratuities**

**Q:** My patient's family wants to offer me a monetary gift. Can I accept it?

**A:** No, all workforce members may not accept cash or cash equivalent in any amount. You can refer them to the AHS Foundation Office where they can make a donation.

**Q:** I am going to a conference where there are vendors who promote their business. Can I accept their items?

**A:** Yes, you can accept unsolicited advertising or promotional material such as pens, mugs, notepads, and paperweight.

## *Financial Reporting and Records*

We have established and maintained a high standard of accuracy and completeness in the documentation and reporting of financial transactions and cost reports. These records serve as a basis for managing our business and are important in meeting our obligations to patients, workforce members, and others. They are also necessary for compliance with government mandated and other financial reporting requirements.

- All financial records must reflect actual transactions and conform to applicable accounting principles.
- No undisclosed or unrecorded funds or assets may be established.
- All cost reports submitted must be properly prepared and documented according to all applicable federal and state laws.
- Any errors or mistakes in preparing or submitting reports must be corrected in a timely manner, and if necessary, clarify procedures and provide education to prevent or minimize recurrence.

## *Request for Information Pursuant to Legal Proceeding*

These requests may come in the form of a subpoena, summons, warrant, letter or verbal request. Only certain people are authorized to accept them on behalf of AHS.

If you are asked to accept a legal document or to share information of any kind for any reason, immediately consult your supervisor, Risk Management, Compliance Department, or Legal.

### **Request from Government and Regulatory Agencies**

1. If you are contacted by a government representative:
  - In person, ask for identification and a business card, and make copies of both.
  - By phone, ask for and write down the agent's name, office address, telephone number and the subject the agent wishes to discuss.
2. Call your Supervisor and the Compliance Department at 510-535-7788 immediately. Alternatively, you may call the Office of General Counsel at 510-437-4070.
3. Take notes and write a list of any documentation presented to a government representative.
4. Answering questions from the government representative:
  - Tell the government representative the truth. If you don't know, say "I don't know".
  - Do not guess when responding.
  - You have the right to wait until AHS legal counsel is present to answer any questions.

## *Confidential Business Information*

Confidential information about our organization's strategy and operations is a valuable asset. Although you may use confidential business information as necessary to perform your job, it must not be shared with others outside AHS, or internally with those who do not need to know about the information to perform their jobs, or for personal gain.

Confidential and proprietary business information covers anything related to our business and operation that is not publicly known, such as personnel files, wage and salary information, financial information, cost data, strategic plans, marketing, information related to investigations, disciplinary actions, supplier information, acquisitions or joint ventures, and proprietary information.

In addition, it is our duty to abide by all laws and regulations related to intellectual property. Intellectual property includes patents, trademarks, copyrights and trade secrets.

Examples of proprietary information covers anything related to our business or operations that is not publicly known, such as financial data, cost data, strategic plans, and marketing strategies, information related to investigations, disciplinary actions, clinical and patient information.

- Workforce members shall not reveal or disclose proprietary or confidential information to unauthorized or other non-AHS persons unless it is required or authorized by law.
- If you are in doubt about whether information you are being asked to share is confidential or proprietary, or the request is legitimate, contact your supervisor or the Compliance Department before you act.

### **Some tips on complying with confidential business information include:**

- Make sure you have the right to copy and distribute copyright material before you do so;
- Consult with Department of Public Affairs and Community Engagement (PACE) before you use the AHS logo on any printed materials;
- Consult with the Compliance Department before you share any AHS policies or procedures outside the organization; and
- Make sure you have authorization to download any software onto your workstation before doing so.

Use common sense to help prevent accidental disclosure of confidential information. Remember that you can be overheard in public areas such as elevators, hallways, and cafeterias. Do not discuss confidential or proprietary information with family and friends, as they may not understand its significance or its confidential nature.

If you are in doubt about whether information you are being asked to share is confidential, or if a request is legitimate, contact your Supervisor or the Compliance Department at 510-535-7788.

Refer to HR policy 3.16 on Protection of Trade Secrets/Non-Disclosure of AHS information.

## *Adherence to Antitrust Regulations*

AHS will promote fair competition and comply with all applicable federal and state antitrust laws.

Examples of such activities may include sharing price information with competitors that is not normally available to the public, agreeing with a competitor to artificially set prices or salaries, or participate with a competitor in a boycott of insurance, governmental program, or particular drugs.

## *Excluded Parties*

AHS will not employ, accept volunteers, contract with or bill for services rendered by individuals or organizations that:

- Are excluded or ineligible to participate in federal or state healthcare programs;
- Are suspended or debarred from federal government contracts; or
- Have been convicted of a criminal offense related to the provision of health care items or services.

AHS conducts initial and periodic exclusion screening on employees, medical staff, vendors and volunteers to ensure continued eligibility to participate in federal and state healthcare programs. You have a duty to immediately report any change in your eligibility status to the Compliance Department.

Refer to Compliance Policy on Compliance Exclusion Screening Review.

## *Contact with the Media*

You must notify the Department of Public Affairs & Community Engagement (PACE) before responding to any media inquiries or initiating contact with the media. Additionally, communications with the media involving patient information must comply with federal and state privacy laws in order to fulfill our legal duty to protect patient privacy.

Refer to PACE Department Policy on Media Relations.

## *Contracting*

We negotiate and enter into fair and equitable contractual arrangements with reputable vendors and individuals that meet the needs of AHS. All arrangements must comply with applicable federal and state laws and include a verification that all contracted parties are eligible to participate in federal and state funded health care programs. Prior to executing arrangements for items and services, contact the Contracting Department for guidance. All contracts with patient referral sources must be in-writing, as well as reviewed and approved by the Office of General Counsel.

Refer to Finance policies on Contract Approvals.

## *Honest Communication and Respect in the Workplace*

AHS encourages and fosters a workplace where our workforce is free to discuss any concerns they may have. An effective open communication process is crucial to ensuring compliance with federal and California laws, rules and regulations. Transparent communication also helps maintain the exceptional quality of the services we provide.

Remember, all workforce members must:

- Conduct yourself in a professional manner.
- Treat everyone with kindness, courtesy, dignity and respect at all times.
- Be responsible for respecting the rights of those we interact with and for reporting questionable behavior.

## *Workplace Fraud*

Workplace fraud occurs when an individual obtains a benefit through misconduct and/or dishonesty. AHS prohibits any illegal activities. Each one of us has a responsibility to immediately report suspected misconduct or dishonesty to the Compliance Department. Examples are:

- Disclosing confidential or proprietary information to outside parties.
- Forgery or other alteration of documents.
- Misstatements and other irregularities in the AHS records, including the intentional misstatement of the results of operations.
- Profiting as a result of insider knowledge of the organization's activities.
- Theft or other misappropriation of assets, including assets of the organization, our customers, suppliers or others with whom we have a business relationship.

Refer to Compliance Policy on Responsibilities for Compliance Reporting

### **Reporting Suspicious Conduct**

**Q:** I think a fellow co-worker is committing acts of misconduct. Will I get in trouble if I report this and my suspicions are wrong?

**A:** No, AHS prohibits retaliation for reporting an honest concern.

### **Fraud and Misconduct**

**Q:** I noticed that my co-worker often takes medical supplies for his personal use. What should I do?

**A:** You need to notify your manager or the Compliance Department because this could indicate potential fraud or misconduct.

**Q:** What should I do if a manager or physician asks me to falsely a document of a patient's medical record with a treatment not provided?

**A:** You should refuse and report this to the Compliance Department. This type of activity is considered falsification of a patient's medical record.

## *Harassment*

We are committed to maintaining an environment that is free of unlawful harassment and intimidation. Harassment includes any behavior or conduct that is based on a protected characteristic and that unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment.

Some examples of harassment are:

- Abusive words or phrases;
- Persisting in the use of any name or term which you know may be offensive to the individual; or
- Sabotaging someone's work.

Harassment includes sexual harassment. The determination of what constitutes sexual harassment may vary with the particular circumstances. In general, unwelcome sexual advances, requests for sexual favors, and other verbal, visual or physical conduct of a sexual nature may constitute sexual harassment.

Other examples of sexual harassment may be:

- Making sexual comments about a person's body;
- Repeatedly asking for a date after the person has said no;
- Discussing someone's sex life, including your own;
- Staring at someone; or
- Making facial expressions, like winking, or throwing kisses.

AHS will take appropriate action to prevent unlawful harassment, including sexual harassment.

Anyone who engages in such behavior will be subject to corrective action, up to and including termination. If you believe you are being harassed, or witness behavior you feel is harassment, you should contact one of the following:

- Your immediate supervisor or, in cases involving behavior of your immediate supervisor, the next level supervisor or manager;
- Labor Relations in the Human Resource Department; or
- The Compliance Hotline 844-310-0005, including reporting concerns anonymously.

Refer to HR policy 3.11 on Unlawful Harassment and HR policy 3.12 on Sexual Harassment.

## *Diversity and Equal Employment Opportunity*

We promote diversity and inclusion in our workforce at all levels of AHS. We are committed to providing a work environment where everyone is treated with fairness, dignity and respect. We make ourselves accountable to one another for the manner in which we treat one another.

AHS is an equal opportunity workforce and no one shall discriminate against any individual with regard to race, color, religion, sex, national origin, age, disability, sexual orientation, veteran status or any other classification protected by law, with respect to any term or condition of employment.

We make reasonable accommodations to the known physical and mental limitations of individuals with disabilities. In all of our actions, we must comply with applicable laws and regulations related to nondiscrimination.

Refer to HR policy 1.01 on Equal Employment Opportunity and HR policy 3.00 on Unlawful Discrimination

## *Workplace Violence and Safety*

AHS has **zero tolerance** for threats or acts of violence in the workplace. Workplace violence includes physical assaults or actions or statements that give us reasonable cause to believe that our personal safety or the safety of others may be at risk.

Anyone who engages in physically abusive and/or violent behavior (even those made in jest) will be subject to disciplinary action up to and including removal from AHS facilities, termination and/or referral to appropriate law enforcement agencies.

If you perceive a certain behavior as physically threatening or intimidating, you should immediately report it to:

- Your immediate supervisor or, in cases involving behavior of your immediate supervisor, the next level supervisor or manager;
- Labor Relations in the Human Resource Department; or
- The Compliance Hotline 844-310-0005, including reporting concerns anonymously.

In the event of an emergency situation, you should call 911. In cases of imminent danger of bodily harm, call the Security Department at 5-5555.

Refer to HR policy 5.12 on Workplace Security and HR policy 5.00 on Violence Prevention.

### **ID Badge and Security**

AHS has a commitment to maintain a safe environment for our patients, employees and others. We strive to keep our facilities physically secure.

All workforce members are issued photo ID badges that must be worn above the waist at all times. It is your responsibility to keep your badge in your possession and not let any other person borrow it. If lost or stolen, notify your supervisor promptly.

## *Health and Safety*

In our commitment to an environment of healing, good health and safety, AHS campuses are smoke free. Smoking is not permitted anywhere inside the AHS campuses or outside surrounding the campuses.

The use of illegal drugs and abuse of controlled substances in the workplace is prohibited. Any involvement in the unlawful use, sale, manufacture, distribution or possession of controlled substances, illicit drugs and/or unauthorized use of alcohol in the workplace or working under the influence of such substances is prohibited.

We encourage workforce members with alcohol or drug dependencies to seek treatment and/or rehabilitation. For further questions, please contact your supervisor or consult HR policy 1.35 on Drug-Free Workplace.

We have a safety program to reduce the risk of injury for patients, staff and visitors and to ensure compliance with applicable laws and regulations. Refer to AHS policy on Safety Program Management Plan or contact your supervisor for additional questions.

## *Non-Retaliation Policy*

AHS understands that a workforce member may be reluctant to report suspicious activity due to fear of retaliation.

AHS wants to assure each workforce member that we enforce a strong non-retaliation policy. This means that we prohibit any form of retaliation or retribution toward a workforce member who reports, in good faith, an alleged act of misconduct or wrong-doing.

AHS makes every effort to maintain the anonymity of individuals who report compliance concerns.

AHS will treat your information as confidential and privileged to the extent allowed by law. We expect reporting individuals to provide us with enough information to allow an investigation in order to resolve the issue in question. We prohibit retaliation against any reporting employee because of such reporting. Any workforce member engaging in retaliatory activity is subject to discipline, up to and including termination.

Refer to HR policy 3.25 on Compliance Non-Retaliation and Non-Retribution.

### **Reporting as a Means of Retaliation**

**Q:** I reported a co-worker on AHS Compliance Hotline because I was angry with her. Is this OK?

**A:** It depends on whether you sincerely believed that a potential violation occurred. You should always report a concern in good faith. However, you should not report other co-workers solely as a form of retaliation against them.

# Integrity in Decision Making

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The Code of Conduct helps us to make ethical business decisions. However, it is not designed to address every issue. You may face a situation where the right course of action is unclear. Ask yourself the following questions when you are unsure of what to do:

- Is it inconsistent with our mission and values?
- Is it illegal?
- Is it unethical?
- Could it harm patients or other employees or physicians?
- Could it harm government programs?
- Could it harm our financial health?
- Would AHS be compromised or embarrassed if it became public knowledge?
- Would we be uncomfortable reading about it in the newspaper?
- Is it inconsistent with our policies or our Code of Conduct?

If you are still unsure what decision to make or what action to take, talk to your supervisor or consult with the Compliance Department.

## **Good Faith Reporting**

**Q:** I reported a possible violation, but I did not include all the facts because I did not want to get my co-workers in trouble. Did I make a good faith report?

**A:** No, this does not qualify as a good faith report. You are on the right track by reporting. However, it is difficult to investigate a concern with only minimal information provided. A good faith report requires you to describe what your concerns are; listing any witnesses who can confirm your report; and providing names of the individual(s) involved to ensure a fair resolution of the concern.

All workforce members are responsible for knowing, understanding and complying with the Code of Conduct and the policies and procedures it serves to reinforce.

It is critical that the Compliance Program is effectively communicated throughout all levels of the organization. Compliance is the responsibility of each of us. The Compliance Department welcomes constructive input regarding its Compliance Program and our Code of Conduct. If you have comments, suggestions or questions, please submit them to the Compliance Department.

***Compliance Department***

***510-535-7788 (x47788)***

***Email via the Global Address: Compliance AHS***

***24 hour Hotline, including making anonymous calls: 844-310-0005***

# Resources

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The following units serve as primary resources if an employee, contractor, volunteer, student, or medical staff has questions or is concerned about the appropriateness of specific activities.

## *Compliance Department*

**Compliance Main Number: 510-535-7788**

**Chief Compliance Officer: 510-895-7271**

## *Human Resource*

**You may reach HR by calling the main HR phone line: 510-346-7557.**

## *Office of General Counsel*

**General Counsel: 510-437-4070**

# Additional Copies

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You can download a PDF copy of the Code of Conduct at AHS Intranet, Compliance.

# Instructions for Completing - Certification

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## *AHS Employee and Affiliated Physicians*

Complete your certification online as part of the annual compliance education module through Human Resources.

## *Volunteer or Contractor*

Please complete the last page of the Code of Conduct and return it to the Compliance Department, QIC Code 21010.



1411 East 31st Street  
Oakland, CA 94602

## *Code of Conduct Certification*

I certify that I have received and read Alameda Health System Code of Conduct and that I understand its purpose and how these guidelines apply to me.

I agree to comply with the policies and procedures outlined in this guide at all times.

I agree to adhere to and comply with the following requirements as a condition of my employment, or engagement with Alameda Health System. AHS will take disciplinary action, including and up to termination, for violations of:

- AHS Code of Conduct
- AHS policies and procedures
- Applicable laws and regulations
- Terms and guidelines of government health care payers and programs
- Obligation to report all known or suspected violations listed in the Code of Conduct

I recognize that AHS prohibits retaliation against any individual who makes a good-faith report of a compliance issue.

I have a responsibility to discuss the importance of the Code of Conduct with anyone under my supervision, as applicable.

I understand that these standards may be amended, modified or clarified at any time and that I will have access to any updates that may occur.

\_\_\_\_\_  
First and Last Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Department and Facility Location

\_\_\_\_\_  
Date