

**Policy Number:** 4  
**Classification:** Clinical Affairs  
**Subject:** Code of Conduct and Ethics  
**Effective Date:** November 17, 1990  
**Revision Date:** July 6, 2008

**POLICY:**

Presbyterian Medical Services operates in compliance with applicable laws and maintains standards of ethical behavior in business practices and delivering care and services to patients/clients/residents by adherence to a Code of Conduct and Ethics (“Code”).

**PROCEDURES:**

A. Professional Conduct:

1. One of PMS’ strongest assets is a reputation for integrity and honesty. A fundamental principle on which PMS will operate its business is full compliance with applicable laws. PMS will also conduct its business in conformance with sound ethical standards. Achieving business objectives by illegal acts or unethical conduct is not acceptable. All PMS personnel, directors and contractors (as applicable) shall act in compliance with the requirements of applicable law and this Code and in a sound ethical manner when acting for or on behalf of PMS.
2. Each supervisor and manager is responsible for ensuring that the personnel within their supervision are acting ethically and in compliance with applicable law and the Code. All personnel are responsible for acquiring sufficient knowledge to recognize potential compliance issues applicable to their duties and for appropriately seeking advice regarding such issues.
3. Personnel shall not offer, give or accept any bribe, payment, gift or thing of value to or from any person or entity with whom PMS has or is seeking any business or regulatory relationship except for gifts of nominal value which are legal and given in the ordinary course of business. Personnel must promptly report the offering or receipt of gifts above a nominal value to their supervisor, the PMS Compliance Officer or the PMS Anonymous Compliance Reporting Hotline at 800-398-1496.
4. Except as permitted by law, personnel shall not directly or indirectly authorize, pay, promise, deliver or solicit any payment, gratuity or favor for the purpose of influencing any political official or government employee in the discharge of that person’s responsibilities.
5. Each staff member shall take responsibility for assuring the continuity of his or her client/patient/resident’s care by consistent contact and follow-up with other agencies or individuals as appropriate.
6. Respect for the rights and privacy of colleagues is maintained. Professional concerns regarding another staff member’s actions, practices or procedures should be directed through the appropriate processes as defined by Human Resources Policy (Problem Resolution) and should not be addressed to or in the presence of the client/patient/resident.
7. A staff member may not misrepresent his or her own professional qualifications, affiliations, and purposes, or those of the colleagues, institutions and organizations with which he or she is associated.

8. The confidentiality of client/patient/resident information shall be protected as required under applicable law. The release of any client/patient/resident information is to be carried out according to the applicable legal, accrediting, and regulatory agency requirements. The maintenance of client/patient/resident records and files is overseen by the Program Director/Administrator, who will provide direction to personnel in observing the approved agency procedures in accordance with PMS policy on the release of client/patient/resident information. Requests for client/patient/resident information are to be directed to the Program Director/Administrator. Any violation of confidentiality, either written or verbal, of client/patient/resident information may be cause for immediate termination of employment. This includes allowing unauthorized individuals access to client/patient/ resident records or files, or discussing client/patient/resident information with inappropriate or unauthorized individuals.
9. All personnel shall maintain the confidentiality of PMS' business information and of information relating to PMS' vendors, suppliers, providers, contractors and persons covered under any PMS-sponsored or administered plan or program. Personnel shall not use or disclose any such confidential or proprietary information except as appropriate for PMS business, and then only in accordance with PMS' policies and contractual obligations. PMS personnel shall not seek to obtain or misuse confidential information of PMS' competitors.
10. Personnel shall comply with applicable antitrust laws. Except as permitted by law, there shall be no discussions or agreements with competitors regarding price or other terms for product/service sales, prices paid to suppliers or providers, dividing up customers/clients/patients or geographic markets, or joint action to boycott or coerce customers/clients/patients, suppliers or providers.
11. PMS and its personnel shall not engage in unfair competition or deceptive trade practices, including misrepresentation of PMS' products/services or operations. Personnel shall not make false or disparaging statements about competitors or their products/services, or attempt to illegally coerce suppliers, providers or other persons into purchasing products or services.
12. Clinical decisions including treatment, tests, and other interventions are made based on the individual's health needs and clinical criteria. Clinical decisions will not be conditional upon ability to pay, age, social worth, perceived obstacles to treatment, financial incentives/risks, patient actions or inactions which contribute to illness.
13. Staff members will not exploit their relationships with clients, patients, residents, supervisors, co-workers, or students in any manner. Staff will not condone or engage in sexual harassment, dating or sexual intimacies with clients, patients or residents. This behavior is considered unethical, both during treatment, and for at least 12 months after treatment.
14. Dual relationships with clients/patients/residents must be avoided. Relationships of this nature could impair professional objectivity.
15. In providing services to clients/patients/residents, staff members may not violate or diminish the legal and civil rights of their clients, patients or residents. All personnel are responsible for ensuring that the work environment is free of discrimination or harassment due to age, race, color, religion, national origin, disability, sexual orientation, or covered veteran status.
16. PMS books and records shall be created, maintained, retained and destroyed in accordance with PMS' records management policies and procedures.

17. All personnel shall follow safe work practices and comply with applicable safety standards and health regulations.

B. Quality of Service:

1. The maintenance of high standards of professional competence and quality of service is the responsibility of all staff.
2. PMS staff members will provide services and use techniques that are generally accepted standards of practice within the professional community. Controversial techniques or procedures shall be reviewed with supervisory and administrative staff and meet with approval before the employee is authorized to utilize these procedures.
3. Each employee will be responsible for recognizing the limitations of his/her competence, and will only provide services and use procedures with which he or she is familiar.
4. Each staff member is expected to seek supervisory advice for problematic issues of clinical management.

C. Moral and Legal Issues:

1. A staff member will show regard for the social codes and moral expectations of the community in which he or she works.
2. Negligence, which would constitute a departure from the standard and commonly accepted practices of others in the profession, is prohibited. Reports of negligence may result in disciplinary action, and up to and including discharge. Negligent actions include, but are not limited to:
  - a) Violating a client/patient or resident's right to privacy by breaching confidentiality policies and procedures.
  - b) Striking or physically assaulting a client/patient/resident.
  - c) Engaging in sexual relations with a client/patient/resident.
  - d) Misrepresenting one's training or experience.
  - e) Prescribing and administering drugs recklessly.

D. Staff-Client/Patient/Resident Relationships:

1. The relationship between a staff member and a client/patient/resident will be professional, with all interactions based on accepted therapeutic principles and standards.
2. Staff members will always maintain professional and objective personal conduct with the client/patient/resident and the client/patient/resident's family and close associates.
3. Every effort will be made to discourage personal obligations in the staff/client/ patient/resident relationship.
4. The staff-client/patient/resident relationship should never include behavior on the part of the staff member which could be abusive or damaging to the client/patient/resident.

5. When there is a conflict among professional disciplines over issues of diagnosis or treatment, the professional must proceed with diagnosis and treatment that is in the best interest of the client/patient/resident. The Administrator/Program Director will seek appropriate consultation to facilitate a final decision.
6. Care must be taken to insure an appropriate setting for clinical work to protect both client/patient/resident and staff member.
7. A staff member having pre-existing social ties or relationships with a person seeking services should carefully evaluate his or her capability to effectively treat the client/patient/resident and may only provide treatment with the approval of the Administrator/Program Director.

E. Business Conduct:

1. Staff members will follow established PMS policies and procedures for billing client services, in compliance with all applicable laws, regulations and contractual agreements. Under no circumstances will staff members bill for services not rendered, or intentionally bill for services using inappropriate billing codes for the purpose of increasing reimbursement.
2. Staff members will not condone, encourage or cause PMS patients or clients to under or over-utilize healthcare services for purposes of enhancing PMS financial gain.
3. Conflicts of interest in business relationships will be avoided to the greatest extent possible. Whenever real, potential or perceived conflicts of interest are present, PMS will be forthright in openly disclosing such conflict to patient/clients/residents, the public, and/or other interested parties.
4. Other than compensation from PMS, and as consistent with PMS' Business Ethics policy and any other PMS policy pertaining to conflicts of interest, personnel shall not have a financial interest in a transaction between PMS or any of its business units and a vendor, supplier, provider or customer/client/patient.
5. Personnel shall not engage in any financial, business or other activity which competes with PMS' business or interferes or appears to interfere with the performance of their duties or that involve the use of PMS property, facilities, or resources, except to the extent consistent with the Code and PMS' Business Ethics policy and any other PMS policy pertaining to conflicts of interest.
6. All of PMS' business transactions shall be carried out in accordance with management's general or specific directives. All books and records shall be kept in accordance with generally accepted accounting principles or other applicable standards. All transactions, payments, receipts, accounts and assets shall be completely and accurately recorded on PMS' books and records on a consistent basis. No payment shall be approved or made with the intention or understanding that it will be used for any purpose other than that described in the supporting documentation for such payment. All information recorded and submitted to other persons shall not be used to mislead such persons or to conceal any material fact.
7. Individual members of the Board of Directors, management and staff will comply with PMS policies and procedures regarding conflict of interest, including full disclosure of real, potential, or perceived conflicts of interest.

8. Business relationships will be established and regularly reviewed for consistency with the PMS mission, vision, and strategic objectives.
9. Program operational practices will be established and maintained which assure compliance with all applicable laws, regulations, and contractual obligations.
10. Staff members will comply with established PMS fiscal policies and procedures.

F. Reporting of Violations:

1. Illegal acts or improper conduct may subject PMS to severe civil and/or criminal penalties. It is therefore very important that any illegal activity or violation of the Code or PMS policies/procedures be reported to PMS. Any PMS personnel who believes or becomes aware of any Code or PMS policy violation or illegal activity must report the violation or illegal activity in person, by phone or in writing to one or more of the following persons/sources:
  - a) PMS Corporate Compliance Officer;
  - b) PMS Anonymous Compliance Reporting Hotline; or
  - c) The appropriate PMS department or program administrator, Region Director or Vice President.
2. It is a violation of this Code, as well as other PMS policies and procedures (e.g., Corporate Compliance Program), not to report to PMS a violation of the Code, PMS policies/procedures or any illegal activity. If you are unsure whether a particular activity violates the law, the Code or PMS policies/procedures, you should contact one of the sources listed above.
3. Personnel may choose to anonymously report violations or illegal conduct. To the extent permitted by law, PMS will take reasonable steps to protect the confidentiality of those individuals who report policy violations or illegal conduct. No reprisals or retaliatory action will be taken against persons who in good faith report to PMS violations of policy or law.
4. All good faith reports of policy or legal violations will be promptly and thoroughly investigated by PMS. It shall be a violation of this Code for personnel to prevent, hinder or delay discovery and full investigation of any such report.

Policy Revision Date:  
February 13, 2004

Procedure Revision Date:  
January 27, 2006  
July 6, 2008