



HURON BEHAVIORAL HEALTH
OPERATIONAL POLICY

Policy #: **ORI.1.18**
Issue Date: **01/28/03**
Rev. Date: **11/22/17**
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Title: Employee Code of Conduct Policy

Prepared By: Executive Director

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Purpose:

To ensure that the employees of Huron Behavioral Health provide the highest level of moral and ethical conduct with regard to the service, privacy, security, and confidentiality of the consumer and their health information and to define the sanctions associated with employee misconduct.

Scope:

This policy applies to all employees of Huron Behavioral Health (HBH) including full-time, part-time, contractual providers, student interns, and volunteer employees (hereinafter referred to as "employees" for this policy).

Information:

- In 1996, the Health Insurance Portability and Accountability Act (HIPAA) was enacted. HIPAA requires that healthcare organizations maintain reasonable and appropriate administrative, technical, and physical safeguards to ensure the integrity and confidentiality of consumer's Protected Health Information (PHI). HIPAA requires that employees protect against unauthorized uses or disclosures of consumer information.
- Further, in February of 1998, the Office of the Inspector General (OIG) issued a Compliance Guideline for Healthcare Organizations which defined strict measures and stringent penalties to ensure compliance with these requirements.
- Upon hire and annually thereafter, each HBH employee is required to sign a "Confidentiality & Disclosure Agreement" Form [\(90-091\)](#) acknowledging understanding of the terms of HBH's confidentiality requirements.
- The Executive Director has the final authority and responsibility for disciplinary measures regarding employee conduct and will act in accordance with the Board's governing principles to assure employee professionalism and conduct.
- HBH employees in all professions must endorse and adhere to their respective Codes of Professional Ethics.

Policy:

All employees of Huron Behavioral Health must abide by the following code of conduct at all times or be subject to disciplinary action, up to and including discharge per the guidelines defined in the "[HBH Employee Handbook \(PPM.00\)](#)":

1. Employees are required to know and follow the Code of Ethics for their respective professions (as applicable).
2. Employees are responsible for knowing and understanding the Medicaid Provider Manual for the areas that are pertinent to their program/job.
3. Employees shall not operate in a manner inconsistent with accepted sound fiscal or medical practices.
4. Employees will recognize that consumers have a right to privacy and will respect the consumer's confidentiality and privacy at all times.
5. Employees will treat all consumers with dignity and respect at all times.
6. Employees are prohibited from engaging in or setting up dual relationships. (A dual relationship with a consumer is one in which the HBH employee has both a professional/working relationship with a consumer

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and also has a private/personal non-HBH business relationship as well.) Employees are obligated to identify any possible dual relationships with their immediate supervisor.

7. Employees shall not exploit or take unfair advantage of any consumer by expecting him/her to perform work for the employee at a reduced wage or from any other business aspect. (e.g. request a consumer to sell a product they have made at a lower price than is sold to the general public, or to work for a wage that is lower than that which would be paid to them by a member of the general public). HBH staff has access to the same services offered by consumer to the general public. (Example: HBH staff shall pay the same price to have their car washed by a consumer-run business as the general public pays. Staff should never expect a reduced price/rate for the same services or products sold to the general public.)
8. Employees will never use, access, acquire, or disclose any consumer records (electronic or paper) for improper non-business purposes or for their own personal use.
9. Employees shall not present any personal comments or opinions that could be misconstrued as representing the views of the agency, or that present the agency in a negative light on any internet, web-based technologies, social networks, blogs, or in any printed media forms such as newspapers, etc.
10. Employees shall not inadvertently nor deliberately disclose any confidential or proprietary business information about Huron Behavioral Health or its business activities.
11. Employees will act as responsible stewards of all consumer Protected Health Information and will treat this information as sensitive and confidential. Consequently, employees will:
 - Treat all PHI as confidential in accordance with professional ethics, accreditation standards, and legal requirements
 - Not access, acquire, view, use, or disclose any PHI unless the consumer (or his/her legal representative) has properly consented to the release of information or is authorized or required to do so under law (see [RR.2.08 "Duty to Warn"](#) Procedure and also [RR.2.07 "Confidentiality and Disclosure of Information Procedure"](#))
 - When releasing medical records, take the appropriate steps to prevent unauthorized re-disclosures
 - Implement reasonable measures to protect the privacy and confidentiality of PHI
 - Remove consumer "identifiers" when appropriate (i.e. for statistical reporting)
 - Not disclose any financial or PHI information except as necessary for treatment, coordination of care, or payment for the delivery of mental health services, or as authorized by law, by the consumer, and/or by professional standards unless the consumer has given their consent.
12. Employees will recognize that some medical information is particularly sensitive (such as HIV/AIDS, alcohol and substance use disorder information, etc.) which could severely harm consumers by causing loss of employment opportunities, insurance coverage, and social stigma, etc. Consequently, employees will treat such information with additional confidentiality protection as required by law, professional ethics, and accreditation requirements.
13. Employees will access, use, acquire, and share consumer information only for the purpose of treatment, coordination of care, or payment, such as:
 - Providing proper diagnosis, treatment, and care
 - Receiving re-imbursement for services provided
 - Assisting the consumer in applying for or receiving benefits
 - Conducting quality improvement activities/projects, outside research, accreditation, or statistical compilation. The individual who is the subject of the information shall not be identified in the disclosed information unless the identification is essential in order to achieve the purpose for which the information is sought or if preventing the identification would clearly be impractical, but not if the subject of the information is likely to be harmed by the identification.
 - Reporting contractually required information

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- To a provider of mental health or other health services or a public agency, if there is a compelling need for disclosure based upon a substantial probability of harm to the recipient or other persons.
14. Employees must make every effort to assure that the information they report is accurate, timely, complete and available when needed and that they release only the minimum amount of information necessary for the stated purpose. Employees will therefore:
 - Use their best efforts to ensure the accuracy, timeliness, and completeness of information they provide and
 - assure that it is accessible to authorized personnel when needed
 - Complete and authenticate medical records in accordance with the law, medical ethics, and accreditation standards
 - Maintain medical records for the retention periods required by law, professional standards, and HBH policies ([see "HBH Record Retention and Storage Policy" QI.1.23](#))
 - Not alter or destroy an entry in a record, but rather designate it as an error while leaving the original entry intact and create and maintain a new entry to show the corrected data (see also "[Basic Rules for Documenting Service Records Procedure](#)" QI.2.19).
 - Implement reasonable measures to protect the integrity and confidentiality of all consumer records
 15. Employees shall not make intentional deception, misrepresentation, or false representation which could result in unauthorized financial benefit to himself/herself, another person, or HBH.
 16. Employees shall not make willful intent to obtain payment to which the person or entity is not entitled, by means of deceit, concealment, or false/fraudulent statement.
 17. Employees shall report any suspected violations of federal, state, and/or local law, and any questionable misconduct or practices (such as fraud or abuse activities, theft from the agency, violations of consumer's rights, etc). No retribution for the reporting will occur to the employee, regardless of the outcome of the investigation ([see ORI.1.08](#)). HBH protects employees against employment-related retaliation for reporting information about questionable practices, suspected misconduct, or illegal actions/activities.
 18. Employees shall report any suspected breach of the agency's security policies, or breach of the integrity/confidentiality of consumer information or other sensitive information, and should immediately report this to the HBH Compliance Officer, Privacy Officer, Security Officer, Recipients Rights Officer, or Supervisor as appropriate ([see ORI.1.08](#)).
 19. Employees are prohibited from accepting payment/compensation/consideration from other service providers in return for referring consumers and are further prohibited from making or promising payment/compensation/ consideration to another service provider in return for referral to HBH.
 20. Employees are not permitted to steer or direct an HBH consumer to a private practice in which they or their immediate family are involved.
 21. Employees who leave HBH's employment, are prohibited from steering, directing, or referring HBH consumers to a private practice or to have consumers "follow" them to another practice which they or their immediate families are involved.
 22. Employees are not allowed to utilize HBH premises or program sites for any private practice activities with any HBH consumers.
 23. Upon hire and through issuance of the "[HBH Employee Handbook](#)" (PPM.00), employees are made aware of the strict penalties for violations to the following standards of conduct. Employees should be aware that:
 - HBH has a progressive discipline policy under which sanctions become increasingly severe for increasingly serious or repeated infractions
 - HBH policy does NOT mandate a lesser sanction before HBH may terminate an employee. HBH has the discretion of terminating an employee for a first offense if the seriousness of the offense warrants such action. An employee should expect to lose his/her job for willful or grossly negligent violations to HIPAA regulations, Federal Laws, or State Laws protecting integrity & confidentiality of PHI.

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- a. Employees may receive penalties for breaches of confidentiality, privacy, and/or security relative to Protected Health Information (PHI) and Electronic Protected Health Information (EPHI), in accordance with the "[HBH Employee Handbook](#)" (PPM.00), such as:
 - Verbal warning
 - Written warning
 - Suspension
 - Discharge
- b. Employees should also be aware that violations to the HBH's privacy, security, and compliance policies and standards may constitute a criminal offense under HIPAA, federal laws, or state laws. Any employee who violates such a law may expect that HBH will provide information concerning the violation to the appropriate law enforcement personnel and will cooperate with any law enforcement investigation and criminal prosecution.
- c. Further, these violations may also constitute violations of professional ethics and may be grounds for professional discipline. Any employees subject to professional ethics guidelines and/or professional discipline should expect that HBH will report such violations to the appropriate licensure/accreditation agencies and cooperate with any professional investigations or disciplinary actions.

Definitions/Acronyms:

EPHI – Electronic Protected Health Information

HBH – Huron Behavioral Health

HIPAA – Health Insurance Portability & Accountability Act of 1996

PHI – Protected Health Information

Forms:

[90-091 Confidentiality & Disclosure Agreement Form](#)

Records:

Records of employee discipline are maintained by the Human Resource Manager in accordance with the "[Personnel Record Retention Policy](#)" (HR.1.03).

Reference(s) and/or Legal Authority

COA standards @ www.coanet.org

Health Insurance Portability & Accountability Act (HIPAA) of 1996 (www.access.gpo.gov)

[HR.1.03 Personnel Record Retention Policy](#)

[ORI.1.07 Compliance Policy – Discipline](#)

[ORI.1.08 Compliance Policy – Internal Reporting](#)

[ORI.1.13 Minimum Necessary Protocols for Routine for External Disclosures of PHI Policy](#)

[ORI.1.14 Minimum Necessary Protocols for Routine Internal Disclosures of PHI Policy](#)

[PPM.00 HBH Employee Handbook](#)

[QI.1.23 HBH Record Storage & Retention Policy](#)

[QI.2.19 Basic Rules for Documenting Service Records Procedure](#)

[RR.2.07 Confidentiality & Disclosure of Information Procedure](#)

[RR.2.08 Duty to Warn Procedure](#)

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Change Letter	Date of Change(s)	Changes
None		
A	02/08/05	Added "Privacy, Security, EPHI, & PHI" to 16.a to comply to HIPAA security regulations
B	02/23/05	Added #6 for BBA /EQRO requirements
C	04/21/08	Added #2 in "Policy" section
D	01/13/09	Reworded #12 to include greater protections for employees who report suspected activities to comply with COA PA-ETH4.
E	07/25/11	Changed "Personnel Manager" to "HR Manager", added #6 and #7 in "Policy" section, added "access, acquire, view" to #7, added to last bullet in #8 "unless the consumer has given their consent"
F	08/14/12	Added #7 in "Policy" section, in "Reference section changed "HBH Personnel Manual" to "PPM.00 Employee Handbook", added "Personnel Record Retention Policy" (HR.1.03) to "Records" & "References" sections,
G	12/19/12	Reviewed and revised to comply with 8 th edition COA standards – added numbers 9 & 10 in "Policy"
H	03/16/15	Added "EPHI" in "Acronym" section, corrected numbering, in #1 added "as applicable", made several small grammatical corrections without changing sentence content.
I	11/18/15	Reviewed to comply with M-CEITA Tool & Meaningful Use requirements – In "Information" section 3 rd bullet changed "as requested" to "annually thereafter".
J	08/23/17	Changed "HBH Personnel Manual" to "HBH Employee Handbook (PPM.00)" (4 places), in "References" section added QI.2.19 & ORI.1.14, made several minor wording/grammatical changes/corrections throughout document without changing sentence content.
K	11/22/17	Replaced "treatment, payment, and operations" with "treatment, coordination of care, or payment" throughout document (3 places) to comply with PA 559 changes, in "Acronyms" section removed "TPO", in #13 added 3 rd and 6 th bullets, in the 4 th bullet added "outside research, accreditation, or.....", made several minor wording/grammatical changes/corrections throughout document without changing sentence content.