



HURON BEHAVIORAL HEALTH OPERATIONAL POLICY

Policy #: ORI.1.18
Issue Date: 01/28/03
Rev. Date: 12/20/22
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Title: Employee Code of Conduct Policy

Prepared By: Executive Director

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Purpose:

To ensure that Huron Behavioral Health and its employees 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 (including full-time and part-time employees), contract providers, volunteers, students, and/or interns (hereinafter referred to as "employees") of Huron Behavioral Health (HBH).

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) and Electronic Protected Health Information (EPHI). HIPAA requires that HBH employees protect against unauthorized access, use, and/or disclosure of consumer PHI and EPHI.
- 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 in an effort to ensure compliance with the HIPAA requirements.
- At the time of hire, every new HBH employee is required to sign a "Confidentiality & Disclosure Agreement" Form (90-091) acknowledging their understanding of the terms of HBH's confidentiality requirements. Employees also receive annual confidentiality training as part of the Recipient Rights training curriculum (see also "[Training Requirements for HBH Employees and Contract Providers Procedure](#)" (TR.2.03).
- 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 and the "[HBH Employee Handbook](#)" (PPM.00) to assure employee professionalism and appropriate conduct is maintained.
- HBH employees in all professions and all aspects of their work must endorse and adhere to their respective Codes of Professional Ethics and this Employee Code of Conduct Policy.

Policy:

All employees of HBH 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 requirements 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 privacy and confidentiality at all times.
5. Employees will treat all consumers, board members, and co-workers 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 the individual

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and also has a private/personal relationship.) Employees are obligated to identify any possible dual relationships to 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 have their car washed for a lower price than that which is charged to the general public).
8. Employees will never use, access, acquire, or disclose any consumer information/records (electronic or paper) for improper non-business purposes or for their own personal use.
9. Employees shall not inadvertently nor deliberately disclose any confidential or proprietary business information about Huron Behavioral Health, its consumers, or its business activities.
10. Employees will act as responsible stewards of all consumer PHI and EPHI and will treat this information as sensitive and confidential. Consequently, employees will:
 - Treat all PHI and EPHI as confidential in accordance with professional ethics, accreditation standards, and legal requirements
 - Not access, acquire, view, use, or disclose any PHI or EPHI 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 [“Duty to Warn Procedure” RR.2.08](#) and also [“Confidentiality and Disclosure of Information Procedure” RR.2.07](#))
 - When releasing medical records, take the appropriate steps to prevent unauthorized re-disclosures
 - Implement reasonable measures to protect the privacy and confidentiality of PHI and EPHI
 - Remove consumer “identifiers” when appropriate (e.g., for statistical reporting)
 - Not disclose any financial or PHI/EPHI 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 (or his/her legal representative) has given their consent.
11. 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/or social stigma, etc. Consequently, employees will treat such information with additional confidentiality protection as required by law, professional ethics, and accreditation requirements.
12. 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
 - Notifying mental health or other healthcare providers 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.
13. 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

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- 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](#)) and "[Organizational Record Retention and Disposal Policy](#)" (ORI.1.35).
 - 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
14. Employees shall not make intentional deception, misrepresentation, or false representation which could result in unauthorized financial benefit to himself/herself, another person, or HBH.
 15. 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.
 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 also "Compliance Reporting and Investigation Policy" ORI.1.08](#)). HBH protects employees against employment-related retaliation for reporting information about questionable practices, suspected misconduct, or suspected illegal actions/activities.
 18. On January 17th, 2013, the United States Department of Health and Human Services (HHS) released the Health Information Technology for Economic and Clinical Health (HITECH) Final Rule which further restricts health care providers, under HIPAA, to notify individuals when their health information has been breached. Employees are therefore required to 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 also "Compliance Reporting and Investigation Policy" ORI.1.08](#)).
 20. Employees are prohibited from accepting payment, compensation, or other monetary 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.
 21. Employees are not permitted to steer or direct an HBH consumer to a private practice in which they or their immediate family are involved.
 22. 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 above 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

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- 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, and/or State Laws protecting confidentiality and security of PHI and EPHI.
 - a. Employees may receive sanctions for breaches of confidentiality, privacy, and/or security relative to PHI and 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 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

HHS – Health and Human Services

HIPAA – Health Insurance Portability & Accountability Act of 1996

HITECH – Health Information Technology for Economic and Clinical Health

OIG – Office of the Inspector General

PHI – Protected Health Information

Forms:

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

Records:

Records of employee disciplinary actions 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 Files and 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](#)

[ORI.1.35 Organizational Record Retention and Disposal 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](#)

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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.
L	05/14/19	Made several minor wording/grammatical changes/corrections throughout document without changing sentence content.
M	02/12/21	Added "Electronic Protected Health Information" and "EPHI" with all references to "Protected Health Information" and "PHI" throughout policy (8 places), added reference to "HBH Organizational Record Retention and Disposal Policy" (ORI.1.35) (2 places), in "Acronym" section added "OIG", made se
N	12/20/22	In "Information" section 3 rd bullet removed "and annually thereafter" and added last sentence, in "Policy" section #18 added first sentence, in "Acronyms" section added "HHS" and "HITECH", in "References" section added TR.2.03, made several minor wording/grammatical changes/corrections throughout document without changing sentence content.