

POLICY NAME:	EFFECTIVE DATE:
CODE OF CONDUCT AND ETHICS	
ANNUAL REVIEWS: 3/18/211; 8/18/2012; 11/16/2013	
UPDATE REVISIONS: 03/21/211; 4/13/2011	

It is the policy of Unique Caring that all full and part-time staff, contractors, providers, students, volunteers (collectively referred to as "staff"), Board members, affiliate agencies, community stakeholders, and members of the governing authority are expected to perform their designated functions in a manner that reflects the highest standards of ethical behavior. The ethical standards contained in this policy shape the culture and norms of the agency's administrative operations and clinical practices, and both staff and members of the governing authority will be held fully accountable to these standards.

In addition to the specific guidelines contained in the policy, professionals are expected to follow the ethical standards required by their specific licensing and certification boards. The Code of Conduct Policy is to ensure that all staff actions reflect a competent, respectful, and professional approach when serving our consumers, their families and/or representatives, working with other providers of services, and interacting within the communities we serve.

It is expected that staff and members of the governing authority will perform their duties in compliance with all federal, state, and local regulations in accordance with guidelines set forth in this policy. A signed copy of the Code of Conduct will be filed in each staff file. Violation of guidelines within the Code of Conduct Policy can lead to disciplinary actions, including termination of employment.

PROCEDURES:

A. Professional Conduct:

1. Staff will respect the rights of our consumers by demonstrating full knowledge, understanding of and compliance with, the guidelines contained in the Client Rights Policy. This includes the right of the consumer to make autonomous decisions and fully participate in every aspect of the service delivery process.
2. Staff will provide services in a manner that fully respects the confidentiality of consumers, by demonstrating a functional knowledge of confidentiality policies and guidelines.
3. Staff will be fair and honest in their work. They will not exploit or mislead, and will be faithful to their policy, legal and contractual obligations. Staff should be honest and forthcoming in all communications.
4. To prevent and avoid unethical conduct, staff will consult with, refer to, and cooperate with Supervisors. Staff will clarify their professional roles and obligations and be accountable for upholding professional standards of practice.

B. Personal/Professional Conduct:

1. All prior personal relationships between staff and persons entering the organization's programs shall be disclosed by the staff member and subject to review by the appropriate supervisor. Failure to do so may result in discipline up to and including termination.
2. Staff will limit relationships with persons served to their defined professional roles.
3. Staff will not establish ongoing personal or business relationships with consumers receiving services.
4. Staff will conduct themselves in a professional, ethical, and moral manner.
5. Sexual relationships between staff and persons served are never appropriate. Sexual relationships include, but are not limited to the following: engaging in any type of sexual

activity, flirting, advances and/or propositions of a sexual nature, comments of a sexual nature about an individual's body, clothing, or lewd sexually suggestive comments. Any knowledge of a sexual relationship must be reported to your supervisor or Human Resources immediately. Any parties found engaging in a sexual relationship may be subject to discipline up to and including termination.

6. No Staff, Board member, or other persons affiliated with Unique Caring Foundation, Inc., will accept gifts of material value, or favors for personal gain from any individual, client agency, corporation, or organization that does business with Unique Caring Foundation, Inc. Additionally, no staff, board member, or other persons affiliated with Unique Caring will attempt to influence decisions of any funding source through donations of cash, promises of special consideration, or suggestions of any valuable contributions. The receipt of any inappropriate gifts or inappropriately influencing of decisions may result in discipline up to and including termination.

C. Business Practices:

1. The agency will utilize the Corporate Compliance Officer to ensure that it conducts business in an ethical manner and ensure that any business practices that are questionable are thoroughly investigated using the ethical investigation procedures that follow in this policy.
2. All financial, purchasing, personnel, facility development and information technology practices shall comply with local, state, and federal law and guidelines.
3. All staff shall adhere to the agency's Human Resource Policies and Procedures.

D. Marketing Practices:

1. The agency will conduct marketing practices in an honest and factual manner. Marketing materials and practices will in no way mislead the public or misrepresent the agency's abilities to provide services. The agency will not claim any service outcomes unless represented by valid and reliable outcome data and/or research studies.
2. The agency will utilize clear and consistent methods of communicating information to consumers, family members, third-party entities, referral sources, funding sources, and community members, and will exhibit sensitivity to the educational and reading levels of all persons when distributing information.
3. The agency will not utilize monetary rewards or gifts to any potential consumer of services in an attempt to entice them to enter programs.

E. Clinical Practices:

1. Staff will adhere to all professional codes of conduct and ethical standards for his/her specified professional discipline.
2. As part of new employee orientation, staff will read and sign the organization's Code of Conduct and demonstrate knowledge of the guidelines.
3. In addition all staff will be informed of client's rights and compliance requirements regarding confidentiality.

F. Potential Conflicts of Interest:

1. No consumer will be hired or placed in an employee/employer relationship with the agency while an active participant in programming.
2. Any programming that involves a work task, and remuneration for the task, will be therapeutic in nature and will be documented as such by programming guidelines based on theoretical constructs.
3. Staff will not engage in outside professional mental health services that are incompatible or in conflict with job duties within the organization.
4. Private practice must be done on the staff's own time and outside the organization, as long as such activities are not adverse to the interests and goals of the agency and have met the organization's guidelines on conducting a private practice.
5. Staff will not recruit clients for their private practice within their professional roles as the agency staff members.

6. If an employee leaves the agency and enters private practice, the consumer may choose to continue their service(s) with the former employee. However, the consumer's leaving must not be due to coercion by staff.
7. No staff shall engage in any other employment or activity on the organization's premises or to an extent that affects, or is likely to affect, his or her usefulness as an employee of the organization. Any external employment or activity must be cleared in writing by the Executive Director.

G. Quality of Care:

1. The agency will provide quality Mental Retardation (Intellectual Developmental Delay) Developmental Disability, Mental Health, Substance Abuse (MR/IDD/DD/MH/SAS) care in a manner that is appropriate, determined to be necessary, efficient, and effective.
2. Healthcare professionals will follow current ethical standards regarding communication with consumers and their representatives regarding services provided.
3. The agency will assure each client, or legally responsible person, shall be informed, in a manner that the client or legally responsible person can understand, about:
 - a. the alleged benefits, potential risks, and possible alternative methods of treatment/habilitation; and
 - b. the length of time for which all signed consent forms are valid and the procedures that are to be followed if he or she chooses to withdraw consent.

It is the policy of our agency to not utilize therapeutic holds or mechanical restraints. However, in the event a Behavioral Plan is required, the length of time for consent shall not exceed six months.

4. Other procedures requiring written consent shall include, but are not limited to, the prescription or administration of the following drugs:
 - a. Antabuse; and
 - b. Depo-Provera when used for non-FDA approved uses.This rule does not apply to the agency.
5. Each voluntary client or legally responsible person has the right to consent or refuse treatment/habilitation. A voluntary client's refusal of consent shall not be used as the sole grounds for termination or threat of termination of service unless the procedure is the only viable treatment/habilitation option available at the facility.

H. Necessity of Care:

1. The agency shall submit claims for payment to governmental, private, or individual payers for those services or items that are clinically necessary and appropriate.
2. When providing services, staff shall only provide those services that are consistent with generally accepted standards for treatment and are determined by the professional to be clinically necessary and appropriate.
3. Service providers may determine that services are clinically necessary or appropriate; however, the consumers funding source may not cover or approve those services. In such a case, the consumer may request the submission of a claim for the services to protect his/her rights with respect to those services or to determine the extent of coverage provided by the payer.
4. Coding and documentation will be consistent with the standards and practices defined by the organization in its policy, procedures, and guidelines.

I. Coding, Billing, and Accounting:

1. Staff involved in coding, billing, documentation and accounting for consumer care services for the purpose of governmental, private or individual payers will comply with all applicable state and federal regulations and organizational policies and procedures.
2. The agency will only bill for services rendered and shall seek the amount to which it is entitled.

3. **Supporting clinical documentation will be prepared for all services rendered. If the appropriate and required documentation has not been provided, then the service has not been rendered.**
4. All services must be accurately and completely coded and submitted to the appropriate payer in accordance with applicable regulations, laws, contracts, and organizational policies and procedures. Federal and state regulations take precedence, and organizational policies and procedures must reflect those regulations.
5. Consumers shall be consistently and uniformly charged in accordance with policy and regulation.
6. Government payers shall not be charged in excess of the provider's usual charges.
7. Billing and collections will be recorded in the appropriated accounts.
8. An accurate and timely billing structure and medical records system will ensure that the agency effectively implements and complies with required policies and procedures.

J. Cost Reports:

1. The agency will ensure that all preparation and cost reports submitted to governmental and private organizations are properly prepared and documented according to all applicable federal and state laws.
2. All cost reports will be submitted and prepared with all costs properly classified, allocated to the correct cost centers, and supported by verifiable and auditable cost data.
3. All cost report preparation or submission errors and mistakes will be corrected in a timely manner and, if necessary, clarify procedures and educate staff to prevent or minimize recurrence of those errors.

K. Personal and Confidential Information:

1. The agency will protect personal and confidential information concerning the organization's systems, staff, contractors, providers and consumers.
2. Personnel, contractors, and/or volunteers shall not disclose confidential consumer information unless at the consumer's request and/or when authorized by law. When mandated by the LME or the state, appropriate use of consumer information for research purposes must be obtained with the full informed consent of participants in the research.
3. Confidential information will only be discussed with or disclosed to persons and entities outside the organization through the request of the consumer. Persons outside the organization include the family, business, or social acquaintances of the consumer.
4. Consumers can request in writing, and are entitled to receive copies or summaries of their records with the exception of minors and consumers being treated for alcohol and drug abuse, who may be provided with copies of their record if it is judged appropriate by the provider charged with their care.
5. The agency personnel, contractors, and/or volunteers will be familiar with all organizational policy and procedures regarding confidentiality.

L. Creation and Retention of Consumer and Institutional Records:

1. Records are the property of the organization. Personnel responsible for the preparation and retention of records shall ensure that those records are accurately prepared and maintained in a manner and location as prescribed by law and organizational policy.
2. Staff will not knowingly create records that contain any false, fraudulent, fictitious, deceptive, or misleading information.
3. Staff will not delete any entry from a record. Records can be amended and material added to ensure the accuracy of a record in accordance with policy and procedures. If a record is amended, it must indicate that the notation is an addition or correction and record the actual date that the additional entry was made.
4. Staff will not sign someone else's signature or initials on a record.
5. Records shall be maintained according to specific organizational policy and procedure.
6. Staff shall not destroy or remove any record from the organization's premises.

7. The organization will maintain record retention and record destruction policies and procedures consistent with federal and state requirements regarding the appropriate time periods for maintenance and location of records. Premature destruction of records could be misinterpreted as an effort to destroy evidence or hide information.

M. Government Investigation:

1. Staff shall cooperate fully with appropriately authorized governmental investigations and audits.
2. The agency will respond in an orderly and timely fashion to the government's request for information through employee interviews and documentation review.
3. The organization will respond to the government's request for information in a manner that enables the organization to protect both the organization and consumer's interests, while cooperating fully with the investigation.
4. When a representative from a federal or state agency contacts the agency employee at home or at their office for information regarding the organization or any other entity with which the organization does business, the individual will contact Tyrone Miller, Executive Director and Owner immediately. If Mr. Miller is not available, the individual will contact the Director of Operation.
5. Staff will ask to see the government representative's identification and business card, if the government representative presents in person. Otherwise, the employee should ask for the person's name, office, address, phone number, and identification number and then contact the person's office to confirm his/her identity.

N. Prevention of Improper Referrals or Payments:

1. Staff will not accept, for themselves or for the organization, anything of value in exchange for referrals of business or the referral of consumers.
2. Staff must not offer or receive any item or service of value as an inducement for the referral of business or consumers.
3. Federal law prohibits anyone from offering anything of value to a Medicare or Medicaid consumer that is likely to influence that person's decision to select or receive care from a particular behavioral health care provider.
4. The organization shall establish procedures for the review of all pricing and discounting decisions to ensure that appropriate factors have been considered and that the basis for such arrangements is documented.
5. Development or initiation of joint ventures, partnerships, and corporations within the organization must be reviewed and approved by the organization's management to ensure compliance with organizational policy and federal regulations.

O. Antitrust Regulations:

1. The agency will comply with all applicable federal and state antitrust laws.
2. Staff should not agree or attempt to agree with a competitor to artificially set prices or salaries, divide markets, restrict output, or block new competitors from the market, share pricing information that is not normally available to the public, deny staff privileges to qualified practitioners, or agree to or participate with competitors in a boycott of government programs, insurance companies, or particular drugs or products.

P. Avoiding Conflicts of Interest:

1. All staff shall conduct clinical and personal business in a manner that avoids potential or actual conflicts of interests.
2. Staff shall not use their official positions to influence an organizational decision in which they know, or have reason to know, that they have a financial interest.
3. Staff must be knowledgeable about activities that may be an actual or potential conflict of interest. Examples of such activities may include, but are not limited to the following:
 - a. Giving or receiving gifts, gratuities, loans, or other special treatment of value from third parties doing business with or wishing to do business with the organization.

Third parties may include, but are not limited to, consumers, vendors, suppliers, competitors, payers, carriers, and fiscal intermediaries.

- b. Using the agency facilities or resources for other than organization sanctioned activities.
- c. Using the agency's name to promote or sell products or personal services.
- d. Contracting for goods or services with family members of the organization directly involved in the purchasing decision.

Q. External Relations:

1. Staff shall adhere to fair business practices and accurately and honestly represent themselves and the organization's services.
2. Staff will be honest and truthful in all marketing and advertising practices pertaining to the business practices of the organization's service delivery system.
3. Vendors who contract to provide goods and services to the organization will be selected on the basis of quality, cost-effectiveness and appropriateness for the identified task or need, in accordance with organization policy.

R. Human Resources:

1. The agency prohibits discrimination in any work related decision on the basis of race, color, national origin, religion, sex, physical or mental disability, ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran. The organization is committed to providing equal employment opportunity in a work environment where each employee is treated with fairness, dignity, and respect.
2. The agency will make reasonable accommodations to the known physical and mental limitations of otherwise qualified individuals with disabilities.
3. The agency does not tolerate harassment or discrimination by anyone based on the diverse characteristics or cultural backgrounds of those who work for the organization pursuant to the organization's affirmative action policy.
4. Staff has a right to file a complaint, serve as a witness testifying in any procedure without the fear of retaliation. The agency prohibits any form of retaliation.
5. Any form of sexual harassment, regardless of gender, is prohibited.
6. Any form of workplace violence is prohibited.
7. The agency prohibits retaliation in any form against any staff, board member or stakeholder. Retaliation is against Unique Caring policies, culture and norms.

S. Code of Conduct Procedures:

1. All staff, students, volunteers and governing authority members, as part of the organization's initial orientation, will review the Code of Conduct, including the procedures for investigating and acting on conduct violations.
2. All staff will receive a copy of the Code of Conduct, sign a form acknowledging their review and full understanding of the code, and return the form to be filed in the individual's personnel, contractor, or volunteer file.
3. To assure an awareness of ethical practices, reviews of the Code of Conduct and continued training will be conducted on an annual basis.

T. Procedures for Investigating and Acting on Violations of The Code of Conduct:

1. When any consumer, family member, authorized representative, advocate or other person believes that an ethical violation has occurred within the operations of the organization, they may report such suspicion directly to any management staff.
2. There will be no retribution for asking questions or raising concerns about the program, or for reporting possible improper conduct.
3. When staff believe a violation of the Code of Conduct has occurred they are obligated to report the violation by following the Grievance Procedure
4. Supervisors who have been informed of a suspected violation are required to immediately inform the Corporate Compliance Officer of the suspected violation.

5. If the violation involves a direct and immediate threat to the safety of a patient, staff member, or clinic visitor, staff are obligated to report the alleged violation immediately to their supervisor.
6. Staff is required to report any suspected violation of the Code of Conduct; however, they are not required to investigate or know for certain that a violation has occurred.
7. Once the questionable behavior has been brought to the attention of the supervisor or reported through the corporate compliance procedures, staff reporting the situation will no longer have a responsibility for being involved with the investigation other than providing additional information through a requested interview by the investigator.
8. Staff must report each suspected violation of the Code of Conduct separately, should a violation that has been reported occur again.
9. When any suspected violation of the Code of Conduct is reported to a supervisor, program sponsor or the corporate compliance officer, the corporate compliance officer will begin an investigation of the matter immediately. While investigating the complaint, the following issues should be considered and action taken depending on the situation:
 - a. Is any client in any harm or potential harm because of this behavior?
 - b. Does the complaint require immediate action to remove the employee from contact with a client?
 - c. Does the complaint put the agency or its employee in a potentially liable situation that needs legal consultation?
10. Code of Conduct investigations will follow the guidelines outlined in the agency's Corporate Compliance Policy and Procedure.

U. General Ethical Guidelines and Considerations:

1. The Code of Conduct is shared with persons served during client orientation and is posted throughout public areas in all owned, leased, or rented facilities.
2. The agency believes in the importance of ethical practices within the organization. Any employee who reports waste, fraud, abuse or any other questionable practices will not be subject to reprisal by management of the organization. To assure that reprisal is not used, the organization's governance authority will serve as advocates for any employee who reports questionable practices. The Corporate Compliance Officer will provide assurance and oversight that there are no adverse actions toward the employee.
3. The following list of violations of the Code of Conduct will result in termination of employment and or contract:
 - a. Theft of funds or property belonging to the company or person-served.
 - b. Physical, emotional, or sexual abuse of a client or staff, employee, contractor, provider or stake-holder.
 - c. Willful neglect and violation of Agency Policy and Procedures.
 - d. Any staff, employees, contractors and providers can be terminated for the following reasons including but not limited to:
 - Violation of policies, procedures, rules, federal, local or state laws
 - Falsification of documents regarding safety care or well being of persons-served.
 - Willful neglect or abuse of person-served.

ACKNOWLEDGEMENT:

I have received and read a copy of the Code of Conduct. I understand it is regarding my conduct while affiliated with Unique Caring Foundation, Inc. My questions that I had regarding the Code of Conduct have been answered to my satisfaction.

I also understand that specific programs may have additional policies and procedures pertaining to conduct and those will be explained to me upon initiation with those programs.

I understand that failure to comply with this Code of Conduct could result in dismissal from Unique Caring Foundation and may also result in legal consequences.

My Signature below indicates that I have received a copy of The Unique Caring Foundation, Inc. Code of Conduct which outlines how to conduct myself in the utmost respect.

PRINT NAME

DATE

SIGNATURE

DATE

Signature of Witness

Date