



CHOC

LONG LIVE CHILDHOOD



STANDARDS OF CONDUCT

REFERENCE GUIDE FOR ASSOCIATES, MEDICAL STAFF,
BOARD MEMBERS AND VOLUNTEERS

WHAT'S INSIDE

Welcome Letter.....	3
Mission, Vision and Values	4
iCARE Principles	5
Ethical Behavior	6
Patient Care and Rights	6
Confidential Information.....	7
Patient Information	7
Workforce/Medical Staff Information.....	8
Business Information	8
Computers and Passwords	8
Faxing and Emailing Protected Health Information (PHI).....	9
Phishing Emails	10
Coding, Billing and Documentation Standards	10
Fraud, Waste and Abuse	11
Anti-Kickback Statue.....	11
STARK Self-Referral Law.....	11
False Claims Act (FCA) Policies.....	11
Dealing with Government and Regulatory Agencies	12
Records Retention.....	12
Conflicts of Interest	13
Requesting and Accepting Gifts and Gratuities	13
Outside Employment or Activities: Competitor, Consulting, or Business Opportunities.....	14
Participation on Outside Boards of Trustees/Directors.....	15
Protecting our Assets	15
Not-for-Profit Status	16
Employment Practices	16
Social Media.....	16
Research.....	17
Reporting Concerns.....	17
Non-Retaliation	18
Consequences of Non-Compliance	18
Contact Information	19

**DEAR CHOC ASSOCIATES, MEDICAL STAFF,
BOARD MEMBERS AND VOLUNTEERS:**

As a values-based health system, we hold ourselves to the highest standards of excellence, including patient care and safety, interaction among our staff/volunteers/board members, and compliance with federal and state regulations.

This Standards of Conduct Reference Guide, as part of our corporate responsibility program, provides you with CHOC's expectations for professional behavior, guidance on applicable laws and policies, as well as resources to help you address various issues you may encounter in your role here. We must hold each other accountable to our iCARE principles and standards of conduct. By setting and achieving high standards, we can reach our vision to be the leading destination for children's health by providing exceptional and innovative care.

Thank you for your passion in caring for the children and families we serve, and for making CHOC a wonderful place to work, practice, volunteer and receive care.

Sincerely,

Doug McCombs
Chairman of the Board



Kimberly Chavalas Cripe
President & Chief Executive Officer



Lynn H. Grieves
Chief Compliance Officer



LONG LIVE CHILDHOOD





MISSION, VISION AND VALUES

MISSION

To nurture, advance and protect the health and well-being of children.

VISION

To be the leading destination for children's health by providing exceptional and innovative care.

VALUES

Excellence: Setting and achieving the highest standards in all we do. **Innovation:** Advancing children's healthcare by leading with new ideas and technology. **Service:** Delivering unmatched personal experience. **Collaboration:** Working together with our colleagues and partners to achieve our mission. **Compassion:** Caring with sensitivity and respect. **Accountability:** Serving as dedicated stewards of the lives and resources entrusted to us.



DEFENDER OF CHILDHOOD OATH

As a defender of childhood, I will:

Encourage creativity

Spark a spirit of adventure

Believe in the impossible

Celebrate superheroes - big, small, young and old

*And always nurture, advance and protect
the health and well-being of children*



iCARE PRINCIPLES

We expect our associates, medical staff, board members, and other volunteers to follow our iCare principles when interacting with one other, our patients, their families, and guests within our community:

PRINCIPLE 1: COMMUNICATION AND INFORMATION SHARING

- Smile, make eye contact, greet others, provide your name and role when interacting with others.
- Communicate with sincerity, honesty, and be respectful of differences of opinion, race, religion, culture, sexual orientation, and gender preferences.
- Actively listen with respect and compassion, without interrupting.
- Encourage feedback and questions and always allow for healthy debate.
- Partner with families to best understand and meet their unique needs.
- Collaborate to achieve optimal outcomes.

PRINCIPLE 2: ACCOUNTABILITY

- Commit to delivering excellent care and service every day.
- Remember the importance of the “first impression”.
- Adhere to departmental and CHOC policies.
- Conserve CHOC resources and supplies by using them wisely and in CHOC’s best interest.
- Take responsibility for your actions, welcome views of others and maintain objectivity.
- Take pride in your environment by maintaining safe and clean surroundings.

PRINCIPLE 3: RESPECT

- Speak to patients and others in clear, non-judgmental ways.
- Show concern, interest and follow through with commitments.
- Do not engage in negative behaviors such as second-guessing, undermining, infighting, arrogance, gossiping and back-stabbing.



- Ask patients and those you serve how you can best support them and never assume you know what is best.
- Maintain professional boundaries and always treat parents, families, colleagues, board members, volunteers, and vendors with the utmost respect in words and actions.
- Respect privacy and confidentiality at all times.

PRINCIPLE 4: EXCELLENCE

- Take ownership to continuously improve processes within your role, department and throughout CHOC.
- Strive to improve yourself and the outcome of your work.
- Seek opportunities for improvement, understand what is expected of you, and apply best practices.
- Embrace change and offer suggestions for resolutions to challenges.
- Take action if you see an unsafe act or condition that impacts quality of care or the safety of others.
- Recognize others for outstanding performance.

ETHICAL BEHAVIOR

CHOC is dedicated to fostering an environment that promotes integrity, honesty, accountability and mutual respect. We value open, honest communication and ethical decision making, which are key to ensuring compliance with federal and state laws, rules and regulations, as well as maintaining the exceptional quality of the services we provide.

Individuals are expected to conduct themselves in a professional manner and always treat everyone with courtesy, dignity and respect. If you become aware of any situation that is inconsistent with our standards of conduct or iCARE principles that may place CHOC's reputation at risk, it is your responsibility to report your concern. In addition to reporting concerns to your supervisor, you can report your concerns to corporate compliance or through the compliance hotline.

Volunteers, including Board Members, can report through the compliance hotline. CHOC maintains a reporting policy of optional anonymity, and ensures non-retaliation.

- Toll-free anonymous reporting: (877) 388-8588
- Email: ComplianceHotline@choc.org
- Online Submission Form: Located on the PAWS corporate compliance department page

Q: How do I know if I am conducting myself ethically?

A: If you are worried about your actions being discovered, feel a sense of uneasiness about what you are doing, or are rationalizing your activities (such as the belief that "everyone does it"), you are probably on ethical "thin ice." Stop, consider what you are doing, get advice, and modify your conduct accordingly.

PATIENT CARE AND RIGHTS

Every CHOC patient/family receives information regarding their rights and responsibilities, which we endeavor to protect at all times. We encourage patient and family involvement in decisions regarding their medical care.

Applying the iCARE principles in your daily activities is paramount in achieving our goals and protecting our patients' rights.

Q: We had a very stressed parent take out their frustrations on staff. I had to yell loudly to bring the situation under control. But that is normal under the circumstances, right?

A: Under no circumstances should you match the frustration level of a parent. We expect parents to be stressed and frightened when their children are undergoing medical treatment. We must always treat families with the utmost respect.

Q: The parent of my patient has been using abusive language with me the past several nights. I don't feel like I should

have to tolerate this behavior, but how can I say anything since delivering good customer service is so important?

A: A family-centric approach should be foremost in our minds. However, no one should have to tolerate abusive language. If you feel uncomfortable responding to the parent, let your supervisor know and they will handle the situation. You may also address such incidents by following these guidelines:

- If this has been the first instance of abusive language, let the parent know their language is offensive to you, and politely ask them to speak to you in a more respectful manner.
- If the parent has already used abusive language with you more than once, be very careful about speaking with that parent alone. You should get help from a supervisor or manager, especially if you have to defuse any anger. Be alert while speaking to the parent, since the potential for violence exists. Regardless, make sure you inform your supervisor about any kind of negative or highly charged interaction.

Q: What do I do if I see something potentially harmful to a patient?

A: Risk management oversees the environment of care and safety reporting system. They offer multiple options for reporting safety concerns involving patients and their families, as well as staff. First, notify your immediate supervisor of the incident. Then, either fill out a report using the safety reporting system located on PAWS or leave a message on the safety reporting hotline at (714) 509-3222. At CHOC at Mission Hospital, fill out a report using the QRE System (Datix) located on Mission Shortcuts or the Easy Pass desktop.



CONFIDENTIAL INFORMATION

CHOC associates, medical staff, board members, and other volunteers are required to keep confidential information private. Confidential information is any form of sensitive, protected, or non-public information whose use or disclosure is prohibited by law, policy, or is otherwise detrimental to CHOC's best interests. Confidential information includes, but is not limited to, information involving CHOC, its patients, workforce, business, decision-making, and other interests.

The protection of CHOC's confidential information is an operational necessity that enables CHOC to comply with State and Federal laws, make strategic decisions, maintain competitive fairness in the marketplace, grow, and maintain the trust of our workforce and the community we serve. Misuse of confidential information may result in disciplinary action, regulatory sanctions, fines, litigation, loss of business, mistrust, brand damage, and other forms of harm or disadvantage to CHOC.

Be mindful that confidential information can take any form. Electronic files and communications such as emails, verbal discussions, physical documents and other materials, presentations, as well as deliberations during Board and management meetings are all examples of the different formats and forums that confidential information can be found in. The duty to maintain confidentiality is ongoing and applies during and after business hours, on campus and off campus, and even if your relationship with CHOC ends.

PATIENT INFORMATION

HIPAA and related patient privacy laws require CHOC to maintain appropriate administrative, physical, and technical safeguards to protect patient information from unauthorized access, use, and disclosure. CHOC associates, Medical Staff, Board Members, and other volunteers all have a duty to comply with these safeguards and related policies to maintain patient confidentiality.

Patient information can be in any format (physical, electronic, verbal, etc.) and includes but is not limited to demographic, contact, treatment, payment, and other information that can be used to identify a patient. As a general rule, patient information cannot be accessed, used, or disclosed without prior written authorization from the patient or their legal guardian - unless otherwise permitted or required by law. Common permitted use cases relate to CHOC's treatment, payment, and health-care operations activities.



When access, use, or disclosure of patient information is permitted, only the minimum amount needed to accomplish the intended task can be utilized (*see Minimum Necessary Standard for Use and Disclosure of PHI policy*). The identity and authority of an individual requesting patient information must be verified before making disclosures in person, by phone, fax or email (*see Disclosure of PHI by Fax or Printer policy and Protecting Patient Privacy from Outside Callers policy*).

HIPAA compliance protects patients from financial and reputational harm, affords them peace of mind during and after their care, and maintains the trust needed to ensure open lines of clinical communication. HIPAA compliance protects CHOC, its workforce, and its business partners from lawsuits, financial penalties, regulatory sanctions, reputational harm, and disciplinary action. For more information on navigating patient privacy laws, please refer to CHOC's HIPAA-related policies and contact the Compliance Department if further guidance is needed.

Taking photographs in patient-care areas is prohibited, unless there is an authorized CHOC business need, and you are using a CHOC-issued device/system or CHOC-approved application. If you witness staff or visitors taking unauthorized pictures with any device, report the activity to your supervisor and/or privacy officer. (CHOC: See Photo, Video, and Audio Policy. CHOC at Mission Hospital: See Photography/Recording Images of Patients Policy).

- Q: What types of patient information should be kept confidential?
- A: All forms of patient information must be kept confidential, whether written, verbal, electronic, printed or photographed. Patient information should not be discussed in public areas such as elevators, hallways or cafeterias. Nursing stations are not always private. Patient information cannot be left



unattended or exposed in publicly accessible areas and must be disposed of properly in a secured shred bin.

Q: The child of a fellow church member was admitted to the hospital. Since I am an associate or volunteer, can I look at the child's medical record?

A: It would be inappropriate and against policy to access the child's medical record. The only exception would be if you are directly involved in the child's care or have a legitimate CHOC business purpose to access the medical record. Under that limited circumstance, you may only access the medical records to the extent necessary to perform your job.

Q: I was eating in the hospital cafeteria and overheard doctors discussing a patient's care. What should I do?

A: Let the doctors know you can hear them and are concerned that others may hear as well. Remind them patient care is confidential information. If you do not feel comfortable doing so, speak with your immediate supervisor or the privacy officer.

WORKFORCE/MEDICAL STAFF INFORMATION

Workforce and medical staff information that should be kept confidential includes: personally identifiable information, usernames, passwords, payroll, benefits, salary, disciplinary records, social security numbers, bank accounts, and any personal information (i.e., phone numbers, addresses, email addresses, medical condition, family status, etc.). This information should never be accessed or disclosed unless there is a legitimate and approved business purpose. Please contact human resources immediately if you receive these requests.

Q: I received a call from a former associate's new employer asking me questions about the individual's performance. Should I give out this information?

A: Any information concerning former or current associate's (including work performance) is confidential. Please direct these calls to human resources.

BUSINESS INFORMATION

The following information is confidential and must be protected:

- Strategic planning
- Financial data
- Operational plans
- Proprietary designs (copyrights, intellectual property)
- IT systems names, configurations, and addresses
- Non-public business information

There are other instances in which information is deemed proprietary; before taking action, discuss access or dissemination with your immediate supervisor, the legal department, or corporate compliance (see *Confidentiality Policy*).

Q: I saw during a virtual Department Head presentation that CHOC has expanded into a new service line. Can I share this information with my friends and family?

A: It depends. Would the public release of this information be detrimental to CHOC's best interests or harm CHOC's business strategy? Did the presenter indicate whether this information was confidential? Has CHOC Marketing publicized this information through CHOC's public-facing website, official CHOC social media accounts, public news media, or other publicly accessible outlets? If the answer to the first two questions is "no" and/or CHOC Marketing has already publicized this information, it is generally ok to share it with members of the public. If you are ever unsure, please ask a CHOC leader that has oversight of the area that owns this information or CHOC Marketing.

Q: During a CHOC meeting, deliberations occurred about a business decision that involves another healthcare entity that my colleague works at. Can I discuss this information with my colleague?

A: No. CHOC's Standards of Conduct applies to all CHOC associates, Medical Staff, Board Members, and other volunteers. Accordingly, all individuals must comply with the requirement to protect CHOC's confidential information. This includes confidential information contained in presentations and materials used during meetings and deliberations, and materials posted on the Board portal.

COMPUTERS AND PASSWORDS

CHOC maintains and monitors our security systems, data back-up systems and storage capabilities to ensure all confidential and sensitive information is maintained safely and in accordance with our policies, procedures and laws. All users of CHOC computing resources have an obligation to use those resources in a responsible manner and in compliance with federal and state privacy and security regulations.

(CHOC Orange: See *Confidentiality Policy and Information Physical Security Policy*. CHOC at Mission Hospital: See *Infor-*

mation Management Plan and Meditech Access – Password & Security Policy).

Key points to remember include:

- Disclosing or sharing logins and/or passwords (including to the information systems department - ISD) is prohibited. Please contact the ISD help desk if you have problems logging into a system. Change your password if you suspect your login has been compromised.
- Anyone accessing an electronic medical record or other clinical or financial computer system must use their own unique log-on information. If one accesses a system using someone else's log-on information, that person's name is documented in the system, which can lead to negative consequences. This includes policy violations as well as security and data integrity issues, (i.e. the wrong person's name appearing in a medical record as the individual providing service.)
- The use of CHOC computers, systems, networks and Internet (including email) is subject to review and monitoring by CHOC at any time without notice. There should be no expectations of privacy regarding our Network, Internet or email use.
- Log out, (or tap out if using a Tap & Go Badge), of your computer completely or secure your computer by pressing "control, alt, delete" and selecting "Lock this computer" before leaving your workstation.
- Only approved and licensed software may be installed and operated on CHOC equipment and must be installed through ISD.

Q: I need to chart my activity for my patient, but the system isn't letting me in. To be more efficient, can I use my co-worker's log-on information?

A: No. By logging in under someone else's name, you are allowing the system to internally document they are the one accessing the medical record (to which they may have no business need to do so), and the record will make it appear that your co-worker is the one who provided the service, not you. We are under an obligation to accurately document all medical records and entries. Call ISD for assistance.



Q: Things get hectic on the unit, especially during times of high census. We often use one log-on and password during the day. We do more looking than entering data into the system, so this is ok, right?

A: No. Staff members must use their own log-ons and passwords.

Q: I am a remote worker. How do I ensure HIPAA compliance in my remote work environment?

A: Remote workforce must ensure that appropriate physical safeguards are utilized at their remote work location to protect confidential information.

- The wearing of audio headsets is strongly encouraged during the discussion of CHOC business (i.e. meetings, calls, etc.), as needed, to help ensure that unauthorized parties cannot hear the participants.
- Doors and windows should be closed during the discussion of CHOC business to help ensure that unauthorized parties cannot hear the remote worker.
- CHOC assets (i.e. laptops, phones, and other equipment) can only be used by the remote worker to perform CHOC business. CHOC assets cannot be shared with or otherwise used by any non-CHOC individual.
- Do not leave CHOC assets in your vehicle unattended. During transport, keep such assets out of sight, such as in your vehicle's locked trunk. In the event of theft or loss, immediately notify your supervisor and the ISD Help Desk.

FAXING AND EMAILING PROTECTED HEALTH INFORMATION (PHI)

Faxes sent outside of the hospital must have an official CHOC cover sheet that contains a confidentiality statement. PHI should be limited to the minimum necessary and the fax number must be verified before sending the fax. Fax machines should not be located in areas accessible to the public. (CHOC Orange: See Disclosure of PHI by Fax or Printer Policy. CHOC at Mission Hospital: See HIPAA – Disclosure of PHI by Phone/Fax/Printer Policy).

If you are sending PHI via email, to a non-CHOC email address for an authorized business purpose, it must be through the CHOC email system and it must be encrypted by typing #secure# in the email subject line. It is not acceptable to use a non-CHOC email to send, store or receive PHI. (See *Electronic Communications Policy*).

Q: Someone in our office posted a piece of paper with a doctor's name, office phone number and fax number. Can't I just rely on that when faxing PHI to the doctor's office?

A: No. As best practice, contact the intended recipient to verify the number.

PHISHING EMAILS

Phishing is a form of cyber-attack that uses fraudulent emails to try and trick email users into revealing their username and password, disclosing confidential information, and/or clicking on a suspicious link or email attachment that contains a computer virus. Exercise caution when opening emails. Be on the

lookout for phishing indicators such as spelling/grammatical errors, unusual requests and threats, or a false sense of urgency. If you receive what you suspect or confirm to be a phishing email, click the “Report Phishing” icon on the top right header of outlook or forward the email to spam@choc.org.

CODING, BILLING AND DOCUMENTATION STANDARDS

Many individuals are involved in the process of generating documentation necessary to accurately code and bill for the services we provide: from the registration sites, to the patient care areas, medical records personnel, case management personnel and the patient billing staff. Since billing is largely dependent on documentation of the care provided, caregivers must diligently work to ensure the accuracy and completeness of any written documentation. We could be prosecuted and/or asked to refund payments for filing inaccurate claims, or providing and billing for care that is not medically necessary. CHOC expects medical record documentation, coding, and billing be performed accurately and timely, in accordance with federal and state standards and rules, and that supporting medical record documentation is prepared for all services rendered. Some very important items to keep in mind and adhere to are:

- Medical record documentation must accurately reflect what services have been provided to the patient and support the medical necessity of these services, as well as the corresponding codes selected for billing purposes. If you discover a payment error, notify your supervisor and follow refund procedures, including those identified in policy C550.
- Inaccurate or improper medical record documentation, coding, and/or billing places CHOC and the involved individuals at serious risk. If you discover inaccurate or improper coding and/or billing, alert your immediate supervisor and corporate compliance.



- Q: I have knowledge that an associate is not complying with billing guidelines. Should I report this to my supervisor or should I wait to see if the errors are discovered later?
- A: Billing guidelines must be followed. The situation may or may not be intentional. Report this to your immediate supervisor and corporate compliance.
- Q: I have been receiving returned claims and patient calls concerning possible duplication of charges. This is occurring on a fairly regular basis, and I wonder if it is a system error. What should I do?
- A: Alert your immediate supervisor or manager. They should contact the department(s) involved and corporate compliance.
- Q: Providers sometimes perform a service but do not document it in the chart until later. Is this okay?
- A: Documentation should always be accurate and completed on a timely basis. A delay in documentation may jeopardize patient care and could impact our ability to receive payment.
- Q: If documentation is not available when we are ready to submit a bill, is it ok to submit the bill?
- A: Do not submit a bill until appropriate documentation is on file. This verifies the services were provided to the patient.
- Q: I was told by my supervisor to process charges for services, even if the chart note did not support the level of service provided by the physician. Is this alright?
- A: This could be a serious compliance issue and should be reported to a senior manager in your department. If you are not satisfied this practice has been addressed, please notify corporate compliance.
- Q: A patient asked me to change a bill to list a procedure covered by their insurance company, rather than the one that is not. Am I permitted to do so?
- A: No. Doing so would constitute fraud and could create legal problems for you, the patient, and CHOC.

FRAUD, WASTE AND ABUSE

Numerous federal and state regulations address the potential for fraud and abuse within the healthcare industry, and government agencies work tirelessly to investigate matters they believe to indicate noncompliance. These laws are technical, complex and have limited exceptions. Policies and procedures have been developed to help CHOC remain in full compliance with these laws. Below is a summary of key federal and state fraud and abuse laws.

ANTI-KICKBACK STATUTE

In healthcare, asking for or receiving any remuneration (kickback) in exchange for patient referrals is a crime under federal and state anti-kickback statutes. These statutes apply to payers and recipients. Just asking for or offering a kickback could violate the law. “Remuneration” is anything of value. We may not directly or indirectly pay patients, physicians, other healthcare providers, or any other individual or entity to refer patients to us. If you have any questions, contact the corporate compliance or legal departments.

Q: I process my department’s expense reports. I received a report showing the purchase of gifts totaling thousands of dollars for one of the physicians who refers patients to us. Is this acceptable?

A: No. Any gift or other consideration of more than nominal value (i.e., \$100) may appear to be an inducement for referrals and is prohibited. You should report this finding to your immediate supervisor, corporate compliance or the compliance hotline.

STARK SELF-REFERRAL LAW

The Federal Stark Self-Referral Law (Stark) prohibits a physician from referring Medicare and Medicaid patients to an entity with which the physician (or immediate family member) has a financial relationship, unless an exception applies. This law is a “strict liability” statute; therefore, both intentional and unintentional violations of the law may result in negative legal consequences. The law requires all medical directorships, space and equipment leases and any other arrangements with physicians be commercially reasonable, compensated at Fair Market Value (FMV), and be formalized in a written contract.

If you question whether a situation may violate the Stark Law, contact the legal or corporate compliance departments.



FALSE CLAIMS ACT (FCA) POLICIES

CHOC policies, along with the Federal False Claims Act (FCA) and California False Claims Act (CFCA), prohibit false claims and other fraudulent activity. The False Claims Act prohibits conduct such as knowingly submitting a false or fraudulent claim, or using or making a false statement, to get a false or fraudulent claim paid or approved by the government (see *Whistleblower and Protection Policy*). Routine monitoring, reviews, and audits are conducted by CHOC and outside sources to help prevent and detect fraud, waste and abuse.

Examples of fraud, waste and abuse include but are not limited to:

- Misrepresenting a diagnosis or procedure code to obtain payment
- False documentation of a diagnosis or procedure code to obtain a higher rate of reimbursement
- Forging or changing billing-related items, such as making false claims or billing for services or supplies not rendered, not medically necessary or not documented
- Misleading or falsely reporting financial or operational records or books

Q: I have knowledge of inaccurate billing procedures in another department. What should I do?

A: If you believe procedures or diagnoses are being improperly coded, you should promptly report your suspicions to your immediate supervisor, corporate compliance or the compliance hotline.

DEALING WITH GOVERNMENT AND REGULATORY AGENCIES

CHOC promptly cooperates with all government investigations and/or inquiries in a reasonable and diligent manner, while preserving our health system's legal rights. If you, whether at home or at work, are approached by a government agent

or receive a subpoena or other official request for information regarding CHOC business, immediately notify your supervisor, and our legal and corporate compliance departments.

RECORDS RETENTION

CHOC has developed a records retention policy that meets or exceeds mandated requirements and provides guidance for the retention, maintenance, preservation and disposal of clinical, financial, employee and other records (*CHOC Orange: see Records Retention/Management Policy. CHOC at Mission Hospital: See Medical Record Retention: Patient Health & Information Policy*). With the exception of medical records at CHOC at Mission Hospital, all CHOC records are stored and retained according to the Records Retention/Management Policy.

- Records containing confidential and proprietary information will be securely maintained, controlled, and protected to prevent unauthorized access.
- Records that have satisfied their required period of retention and are not subject to a litigation hold will be destroyed in an appropriate manner.
- Information pertaining to unauthorized destruction, removal or use of CHOC records or regarding falsifying or inappropriately altering information in a record or document should be reported to an appropriate manager, corporate compliance, or through the compliance hotline (also see Reporting Concerns and Contact Information in this document).

Q: I moved into the office of a former associate who left all their files intact. How do I know what can be discarded?

A: Please refer to the Records Retention/Management Policy, and/or the Medical Record Retention: Patient Health & Information Policy at CHOC at Mission Hospital. These policies explain which records and documents need to be stored and which can be destroyed. Located in the Records Retention/Management Policy is a schedule that specifies the length of time certain documents must be stored. If you still have questions, please contact your supervisor or corporate compliance.

Q: I have noticed locked shred bins for paper in my department. What documents should be placed in these containers?

A: When the time comes for disposal of sensitive material (i.e., documents with patient information or other confidential CHOC information), this material must be placed in these locked shred bins. The content of these containers will be securely shredded by our document destruction vendor.



CONFLICTS OF INTEREST

Conflicts of interest are those circumstances in which your personal interests or activities may influence, or may be perceived to influence, your ability to act in CHOC's best interest. Our Conflicts of Interest Policy outlines circumstances in which outside interests or activities, such as accepting gifts, holding ownership interests in companies or engaging in outside activities, may create a perceived or actual conflict of interest. Conflicts also include sharing, for personal gain, confidential information regarding CHOC's future business plans.

Individuals are expected to fully disclose any actual or potential conflicts (perceived or otherwise) as soon as they arise, as well as in corporate compliance's annual conflict of interest questionnaire, or when joining the enterprise. Individuals engaged in CHOC research are also required to comply with the Financial Conflict of Interest Policy and complete a separate annual conflict of interest questionnaire focused on the specific regulatory requirements governing research activities.

If there is ever a question as to whether a perceived actual or potential conflict should be disclosed, err on the side of full disclosure and contact corporate compliance.

REQUESTING AND ACCEPTING GIFTS AND GRATUITIES

CHOC does not permit associates, medical staff, board members, or other volunteers to accept gifts from patients, vendors or other business partners that could influence or be perceived to influence decisions or actions on behalf of CHOC. Asking for gifts, regardless of the amount of money or the type of gift, is not permitted. Offering or accepting any gifts to or from any government employees, agents, representatives, elected officers, or other officials is prohibited. Donations cannot in any way create an obligation or expectation for CHOC to engage in business with or otherwise reward the party offering the donation. The party offering the donation is responsible for disclosing to the CHOC Foundation whether there is any pending, ongoing, or recently completed business between the party/its parent entity and CHOC. Unsolicited, non-cash or non-cash equivalent gifts of nominal value are acceptable under certain circumstances; please refer to the Conflicts of Interest Policy.

Q: I was offered a \$500 gift certificate by a vendor to make sure the vendor is selected to provide temporary staffing services to CHOC. Am I permitted to accept the money?



A: No. It is not acceptable for associates, medical staff, board members, or other volunteers to accept or receive any money for purposes of influencing a decision. This type of offer should be reported to corporate compliance.

Q: A local vendor, with whom CHOC does not conduct business, offered to pay for staff to attend a conference to learn about a new product. Is this a conflict of interest?

A: Accepting this offer could be construed as accepting a gift of greater than nominal value or an inducement for business from the vendor and should not be accepted. When in doubt, discuss the situation first with your immediate supervisor or corporate compliance.

Q: We are currently renegotiating a contract with the company who plans to install security cameras within the health system. The company representative offered me concert tickets. Can I accept them?

A: No. Accepting tickets from someone we are currently negotiating (or renegotiating) a contract with, or who is pursuing a contract negotiation with CHOC would be inappropriate because it would suggest or create an obligation to that company/vendor. If they would like to donate tickets, they should be directed to the CHOC Foundation.

Q: A vendor brings lunch to my staff on occasion. Is this a conflict of interest?

A: Requesting (i.e. soliciting) a vendor to bring in a meal for your department is not permitted. However, there are instances where infrequent unsolicited and shared refresh-

ments may be acceptable. Extending or accepting business courtesies may raise legal and ethical issues, so it is best to discuss your particular circumstances with your immediate supervisor or corporate compliance.

Q: In appreciation of our business, a vendor occasionally invites me to lunch or other entertainment activity. Is it appropriate for me to accept the invitation?

A: Infrequent, reasonably priced meals provided in conjunction with a business meeting are generally acceptable. Such activities can be undertaken only when they align with CHOC's Conflicts of Interest Policy. If this activity will influence, or be perceived by others to influence your actions on behalf of CHOC, it is prohibited. If you have questions, please contact your immediate supervisor or corporate compliance.

Q: A family member thanks me for taking such good care of their child by giving me a \$20 bill. Can I accept it?

A: You should thank the family member for their thoughtfulness; however, you are prohibited from accepting money or anything that is a cash equivalent. If they would still like to make a contribution, please direct them to the CHOC Foundation.

OUTSIDE EMPLOYMENT OR ACTIVITIES: COMPETITOR, CONSULTING, OR BUSINESS OPPORTUNITIES

CHOC's values and expectations are clear and explicit with respect to conflicts of interest pertaining to outside employment or activities involving competitors, consulting, or business opportunities.

- CHOC does not permit individuals to work at another business where such work conflicts with an individual's ability to perform their job or role at CHOC, or where the individual is in any way soliciting business while working for CHOC.
- It is inappropriate to own a significant financial interest in a business that competes with CHOC. We require disclosure in any situation where an individual, or their family member, has a direct or indirect ownership, investment interest or compensation agreement with any person or vendor with which CHOC has a business relationship.
- Associates who are at the levels of manager and above and who hold employment elsewhere must let their immediate supervisors know the names of outside employers and the nature of such employment.
- If you are faced with a consulting opportunity, you must conduct such services on your own time, and it must not conflict with your job responsibilities. Each consulting opportunity



must have the advance written approval of the responsible EMT or ELT member in most cases.

Q: My supervisor is about to contract with a vending machine company. My wife owns a vending machine business. Would it be a conflict of interest if I recommend my wife's company?

A: In general, CHOC tries to avoid contracting for goods or services with family of CHOC team members. The key issue would be whether an impression is formed that you are attempting to influence a CHOC purchasing decision in favor of a family member, which is strictly prohibited by the Conflicts of Interest Policy. Your best course of action is to discuss this matter with your supervisor and corporate compliance.

Q: I have been asked to give a presentation on child wellness to a professional group. They have offered to pay me an honorarium. Can I accept the honorarium?

A: Honorariums may be accepted for yourself only if the speaking engagement is unrelated to your employment role and you prepare and complete the presentation on your own time. If the speaking engagement is occurring on your CHOC work time, the honorarium should be directed to the CHOC Foundation. Please receive approval from your immediate supervisor before accepting a speaking engagement.

Q: I am an oncology nurse with a side business selling non-prescription products, benefiting cancer patients, over the internet. Is this considered a conflict of interest?

A: This business relationship would need to be disclosed to human resources and corporate compliance. An examination of the facts would need to occur to determine if this is an actual conflict of interest requiring further action. The decision will largely depend on how you conduct your business. For instance, if you are using your association with CHOC in any way and referring our patients and families to your website, then this would be a conflict of interest requiring action to bring this activity into compliance. It is always best to discuss the potential conflict of interest before taking action.

PARTICIPATION ON OUTSIDE BOARDS OF TRUSTEES/DIRECTORS

Individuals are required to disclose annually all boards which they serve on as part of the conflict of interest questionnaire. For those individuals who would like to serve on an outside board of trustees/directors of any organization whose interest may conflict with those of CHOC, we require written approval from the responsible EMT member and/or the CEO or designee prior to serving.

PROTECTING OUR ASSETS

Individuals are expected to protect and safeguard CHOC property from loss, theft, misuse and destruction. In addition to material possessions, this also includes the confidential information of CHOC, our patients, associates, medical staff, board members, and other volunteers. Individuals are prohibited from taking or using CHOC property for personal or non-work-related activities.

The following are some ways individuals can accurately and honestly provide information to CHOC to protect its assets:

- Be honest in recording your time worked and in completing expense reports.
- Use good judgment when using CHOC money for travel and other expenses.
- Document patient services accurately and thoroughly.
- Submit factual and accurate revenue and cost reports.

If you have any questions regarding properly protecting CHOC assets, please contact your immediate supervisor, finance, or human resources.

Q: If I see somebody intentionally misusing or managing CHOC property, what should I do?

A: We have an obligation to treat CHOC property and equipment with care and respect. This includes reporting any damage or malfunction to appropriate personnel. If you are aware of anyone intentionally or negligently damaging CHOC property or equipment, please notify your immediate supervisor, corporate compliance, or call the compliance hotline.

Q: Someone in my department loaded an illegally copied version of software onto their work computer. What should I do?

A: Remind the associate it is illegal to use software without having purchased it. It could result in corrective action and financial penalties from the software company. Installation of licensed software should only be done by ISD. If the associate ignores your warning, or you are uncomfortable approaching them, notify your immediate supervisor, corporate compliance or the compliance hotline.



NOT-FOR-PROFIT STATUS

CHOC is a not-for-profit, tax-exempt organization. The requirements for organizations not taxed under Section 501(c)(3) of the Internal Revenue Code and similar provisions of state law must be followed. Noncompliance with these requirements places CHOC at great risk of losing our 501(c)(3) status and associated privileges.

Individuals are not permitted to use CHOC resources or property for private use or benefit. Transactions must be in the best interest of CHOC and negotiated at arm's length for fair

market value. Individuals faced with sensitive situations should consult their immediate supervisor or corporate compliance.

The following are examples of inappropriate actions:

- Payment of medical director fees at above market value
- Leasing property to a medical group for their private practice at below market value prices
- Utilizing CHOC funds or resources to solicit support of, contributions of, or opposition to a political candidate

EMPLOYMENT PRACTICES

We strive to advance and maintain an environment where individuals have support, opportunities for participation and growth, equitable compensation, and effective use of their talents. We are committed to a safe and healthy work environment that offers fair treatment to all associates. All CHOC team members (associates, medical staff, board members, and other volunteers) have an obligation to our patients and families, as well as to one another, to ensure a safe, drug-free, and harassment-free workplace. Please contact human resources for more information.

Some examples of inappropriate behavior or actions are:

- Making derogatory comments or jokes of a sexual nature in the workplace
- Failing to promote a qualified associate based on gender, religion, gender identity or sexual orientation
- Refusing to hire a qualified individual because of a physical disability
- Failing to dispose of bio-hazardous or infectious waste in designated containers
- Failing to report defective equipment or unsafe conditions
- Smoking in a non-designated area (CHOC is a smoke-free campus)

SOCIAL MEDIA

CHOC respects the rights of individuals to post information on social networking sites, blogs, web sites, chat rooms or other avenues of electronic communication during non-work time and using their own devices. CHOC reserves the right to protect itself from unauthorized disclosure of information, especially that which violates its policies. Unauthorized disclosures include posting patient information or pictures and statements related to CHOC which represent harassment, discrimination, threats of violence, defamatory, and/or libelous statements, whether direct or implied (*see Social Media Policy*).

If you participate in social media for personal use on CHOC's behalf always be sure to:

- Respect patient privacy at all times. Do not upload photographs, videos, audio, or information about patients.

- Follow the law, CHOC's Privacy and Social Media policies.
- Follow iCARE principles.
- Follow the terms and conditions for any third-party sites.
- Remember your reputation and ours is at stake.

Q: Is it ok for me to "friend" a patient on my personal social media?

A: You must not initiate or accept friend requests or other social media communications with patients or patient families.

Friending patients on social media makes you vulnerable to potential HIPAA violations, to patient's friends or family, and may call into question your professionalism. For instance, friends or family may start asking you about the patient's status and treatment. It's best to keep your personal life separate from your professional life.

RESEARCH

CHOC continues to advance and expand its presence in the field of innovative pediatric research, and attract federal and private-sponsored funding for a variety of activities. There are numerous research-related regulatory authorities, including the Office for Human Research Protections (OHRP) and the Food and Drug Administration (FDA). Rules and regulations governing research can be complex, and the CHOC Office of Research Compliance has been established to assist CHOC in maintaining compliance. The regulations include a prohibition against “misconduct in science.” In other words, we cannot make intentional fabrications, falsifications or plagiarism in proposing, conducting or reporting research.

Institutional Review Boards (IRB) have been established at CHOC to protect the rights of participants enrolled in all research studies and to ensure compliance with providing fair and equal access to research protocols without discrimination. We must also respect and protect a participant’s right to refuse, agree or withdraw from participation in a study.

CHOC does not bill a participant in a study or third-party payor for research-related tests, procedures and/or treatments funded by a sponsor. Any errors in this procedure must be reported and remedied immediately. If you encounter potential noncompliance with research guidelines, please advise your immediate supervisor (if feasible) and corporate compliance.

All grants and other funding received for research activities are expected to be managed effectively, and all costs reported accurately and timely in accordance with applicable regulations, agency terms and conditions, and CHOC policy.



Individuals engaged in CHOC research are required to disclose any significant financial interest and/or outside business or consulting interests that may present an actual or perceived conflict of interest at the time the potential conflict occurred and annually through the Research Institute-administered conflict of interest disclosure process. If you have any questions, please contact the Office of Research Compliance or corporate compliance.

REPORTING CONCERNS

CHOC expects everyone to be responsible for preventing and reporting unethical business conduct and violations of the law. You will never be punished for making a good-faith report, or for seeking guidance.

The recommended process for reporting concerns is:

- When possible, first report any concerns to your immediate supervisor.
- If the supervisor/manager is not available, or it is not practical for you to speak with them regarding the issue, please contact corporate compliance.

- If you want to report a concern anonymously, you may call the compliance hotline, toll-free, at (877) 388-8588.
- You may also email your concern to ComplianceHotline@choc.org or submit your concern through the compliance hotline form located on the PAWS corporate compliance department page.

You are expected to fully cooperate in any investigation. Intentionally making a false report for personal gain is a violation of the standards of conduct and will result in appropriate disciplinary action.

Q: If I report something suspicious, will I get in trouble if my suspicion turns out to be wrong?

A: As long as you genuinely have a concern, and it is in good faith, our policy prohibits you from being reprimanded or disciplined. You have a responsibility to report suspected problems. Individuals may be subject to corrective action if they have knowledge of potential wrongdoing and do not report it. The only time someone will be disciplined is if they knowingly and intentionally report something they know to be false or misleading.

Q: My supervisor directed me to do something I believe is against CHOC policy and possibly against the law. I don't want to do something improper, but I'm afraid if I don't do as I'm told, I may lose my job. What should I do?

A: Do not risk your job or CHOC's future by taking part in improper activity. Consider discussing the request with your supervisor to be sure you understand the facts and

your supervisor is aware of your concern. If you cannot comfortably discuss the situation with your supervisor or cannot resolve your concern at this level, approach a manager, human resources, corporate compliance, or make a report via the compliance hotline.

Q: I don't want to get someone fired. I want fair treatment in my department and possible compliance issues to be addressed. Should I call the hotline or is there a better way to resolve the problem?

A: Always try to resolve an issue first with your immediate supervisor. If you cannot do so successfully, or if you are not comfortable with this suggestion, the corporate compliance hotline has been established to allow confidential reporting (by the toll-free number) or email reporting of any situation you feel should be investigated. You may request a call back to obtain an update on progress made towards resolving the reported issue.

NON-RETALIATION

Our standards of conduct define conduct expectations. All good-faith reports under the standards of conduct will be resolved in a discrete and professional manner. CHOC prohibits any type of retaliatory behavior from anyone. If you have questions or concerns, or if you feel you have suffered retaliation as a result of reporting a concern, please contact

human resources or utilize the compliance hotline methods:

- Toll-free anonymous reporting: (877) 388-8588
- Email: ComplianceHotline@choc.org
- Online submission form: Located on the PAWS corporate compliance department page

CONSEQUENCES OF NON-COMPLIANCE

Everyone is expected to follow the law, our standards of conduct, and CHOC policies and procedures. Candidates for employment are subject to inquiry about past compliance violations, and continued employment shall be conditioned upon compliance with the standards of conduct and CHOC policies and procedures. When a suspected or actual illegal or improper practice is reported or otherwise discovered, the actions listed below may take place:

- An investigation of the issue
- The development of a corrective action plan
- The implementation of measures designed to prevent the issue from occurring again
- Individuals involved in a confirmed illegal or improper act will be disciplined and could possibly lose their jobs

CONTACT INFORMATION

COMPLIANCE HOTLINE

Toll-Free (Anonymous): 877-388-8588

ComplianceHotline@choc.org

Online Submission Form located on
PAWS Corporate Compliance Department Page

CORPORATE COMPLIANCE LEADERSHIP

Chief Compliance Officer: 714-509-3014

Director, Corporate Compliance: 714-509-3362

Sr. Manager, Medical Foundation Compliance: 714-509-3965

CLINICAL RISK MANAGEMENT

Director Risk Management and Patient Safety: 714-509-8594

HUMAN RESOURCES

Main Line: 714-509-5414

LEGAL DEPARTMENT

Main Line: 714-509-9297

PRIVACY & SECURITY

Privacy Officer: 714-509-3014

Chief Information Security Officer: 714-509-7570

REGULATORY AFFAIRS

Executive Director Regulatory Affairs: 714-509-8593





CHOC HOSPITAL

1201 W. La Veta Ave.

Orange, CA 92868

714.997.3000

CHOC AT MISSION HOSPITAL

27700 Medical Center Rd.

Mission Viejo, CA 92691

949.347.8400