

Code of Ethics & Conduct



Emma Eccles Jones College of Education & Human Services
Sorenson Legacy Foundation Center for Clinical Excellence
UtahStateUniversity.

Message From the Dean



The Sorenson Legacy Foundation Center for Clinical Excellence and the Emma Eccles Jones College of Education and Human Services strive to provide outstanding interdisciplinary clinical care to patients that is enhanced by innovative research and excellent training and education to our students.

As workforce members in a healthcare environment, we have a duty to uphold the highest standards of ethical behavior and to promote a culture of integrity throughout our organization. To achieve this, we must have shared understandings of the behaviors and commitments that apply to our important work. This is communicated through a clear

Code of Ethics and Conduct that outlines the expectations for all of us.

The Code of Ethics and Conduct is a set of guidelines that helps us conduct business with the utmost honesty, respect, and compliance with all applicable laws and regulations. It is designed to ensure that we all understand our responsibility to our patients, coworkers, and the broader USU community.

As part of our commitment to ethical behavior, we provide training to all workforce members to ensure they understand the expectations outlined in the Code of Ethics and Conduct. We also take steps to monitor compliance with the Code, investigate any potential violations, and take corrective action as necessary. Please review the Code of Ethics and Conduct thoroughly and familiarize yourselves with its contents. We are responsible for adhering to its contents, conducting ourselves with the highest level of professionalism, integrity, and ethics at all times.

Thank you for your commitment to the Sorenson Center, the Emma Eccles Jones College of Education and Human Services, and the patients you serve.

Sincerely,



Alan L. Smith,
Emma Eccles Jones Endowed Dean

About the Sorenson Legacy Foundation Center for Clinical Excellence

Mission Statement

The mission of the Sorenson Legacy Foundation Center for Clinical Excellence (SCCE) is to foster interdisciplinary collaboration that results in an improved quality of life for Utah's citizens. Specifically, the SCCE staff and faculty:

- Conduct research on interdisciplinary clinical interventions that lead to new and innovative human service practices.
- Promote advanced interdisciplinary training for students and professionals.
- Provide interdisciplinary clinical services to clients across the lifespan and build the human services capacity in the state and region.

Sorenson Center Service Lines

- Behavior Support Services
- Clinical Rehabilitation Counseling
- Dietician/Nutrition Services
- Integrated Assessment
- Marriage and Family Therapy
- Psychology and Counseling
 - Adult
 - Anxiety Specialty
 - Assessment and Testing
 - Child/Adolescent
 - Sexual and Gender Minority Support
- Speech and Hearing
 - Cochlear Implants
 - Hearing and Balance
 - Pediatric Audiology
 - Speech and Language

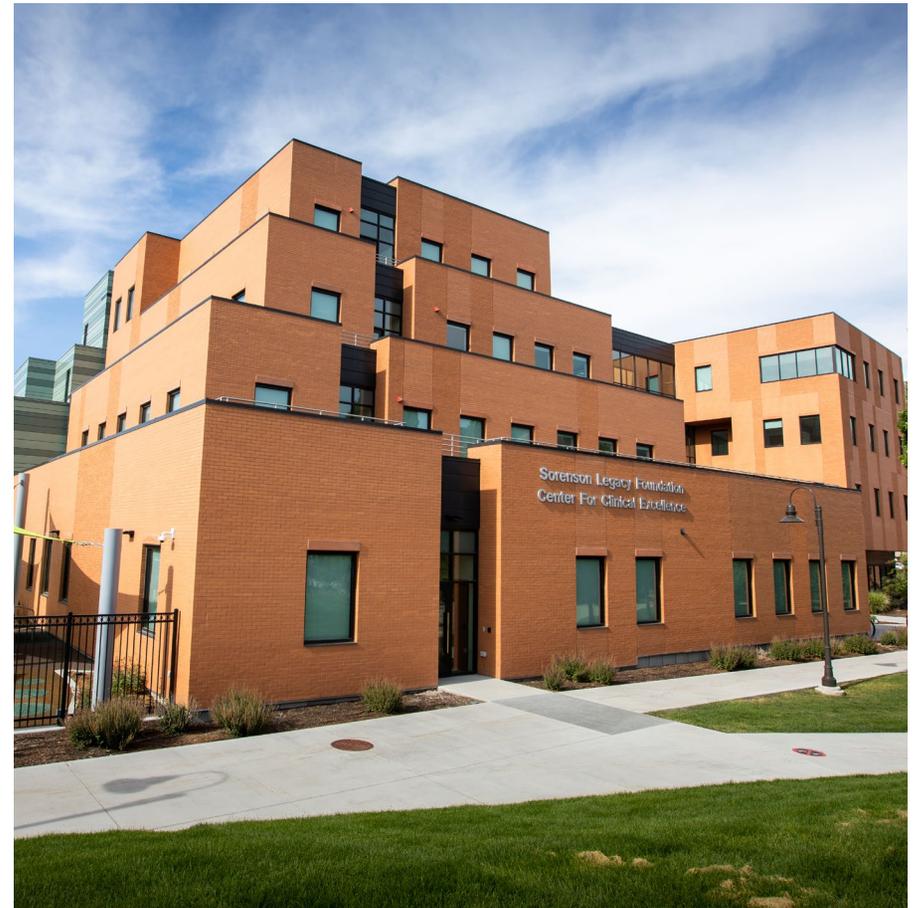


Purpose

The Sorenson Legacy Foundation Center for Clinical Excellence (SCCE), which is housed in the Emma Eccles Jones College of Education and Human Services (CEHS), is committed to integrity, excellence, education, and caring. Compliance with all applicable federal and state laws and regulations is of utmost importance.

The SCCE comprises a family of clinics that provide clinical care services to the community. Workforce members acting on behalf of CEHS and the SCCE are expected to comply with relevant laws, contract agreement requirements, regulations, and all applicable CEHS and University policies. Specific statutes, regulations, and policies are listed in the section “Regulations and Policies Related to the CEHS Code of Conduct.”

The intent of this Code of Ethics and Conduct (Code) is to provide all workforce members and individuals included within the scope of this Code with the expected standards of conduct and behavior in their relationship with CEHS, SCCE, patients, and the public.



Scope

The Code applies to all CEHS Health Care Component (HCC) workforce members, including but not limited to clinicians, faculty, staff, student employee/trainees, and clinical researchers.

This Code is not an attempt to define everything one should and should not do. It aims to communicate expectations of proper conduct and what professional conduct CEHS and SCCE values. If in doubt, seek advice from your supervisor, clinical director, or compliance officers.

Workforce Member Responsibilities

All HIPAA clinic workforce members including faculty, staff, and students who work in a clinic environment are required to read and certify understanding of this Code at the time of hire and annually after that.

Workforce members are required to:

- Read and abide by this Code.
- Be familiar with, understand, and observe the basic legal and regulatory requirements relevant to their duties.
- Ensure the confidentiality of patient/client information.
- Adhere to the highest ethical standards when acting on behalf of CEHS and SCCE.
- Respect others.
- Prevent and/or refrain from discrimination or harassment of any kind, including, but not limited to, race, color, religion, national origin, age, gender, gender identity, marital status, disability, citizenship, or any other characteristic protected by law.
- Refrain from conflicts of interest and using a position for personal gain.
- Report possible or actual violations of law or ethical standards.



Duty to Report

CEHS recognizes that a critical aspect of the compliance program is the establishment of a culture that promotes prevention, detection, and resolution of instances of conduct that do not comply with the Code and all applicable laws, regulations, and CEHS policies and procedures.

Reporting reflects CEHS's commitment to open and honest communication. Your reports are welcome and encouraged. If you suspect or know of a violation, you are responsible for reporting it. Failure to follow our policies or report a suspected policy violation will result in disciplinary action. CEHS is relying on you to report issues or concerns. Reporting helps us identify and address issues we would not otherwise know about. All reports are taken seriously.

It is important to report concerns and violations because:

- Violations and other problems damage our workplace.
- Violations that go unreported could signal to others that our responsibility to protect our clients does not matter. That also means our ethics and integrity do not matter, which is inaccurate.
- We are a team loyal to our service mission and colleagues.

Loyalty to our team should not hold you back from reporting issues or concerns arising from your colleague's behavior or practices. It is up to all of us to help ensure we are doing the right things correctly.

Reports can be made to/via:

- Your supervisor
- Your department head
- The SCCE Compliance Office (435-797-0141, SCCE 461; joni.black@usu.edu)
- Your clinic director
- Report form sent directly to the SCCE Compliance Office
- Submitting report through the USU Reporting Hotline webpage
- Call USU Reporting hotline: 1(844)916-2760

See CEHS HIPAA policy 207 – Incident Reporting and Procedures

Confidentiality & Non-Retaliation Promise

Your report of violations may be made anonymously; however, you are encouraged to share your name so that investigators can follow up with you should they have questions or need additional information regarding your report. An investigation will begin immediately regarding your concern. Your confidentiality will be protected to the extent possible.

Reprisals of any nature against individuals reporting suspected violations will not be tolerated. No disciplinary action or retaliation will be taken against you when you report a perceived issue, problem, concern, or violation. CEHS supports the below policies that protect you from retaliation:

1. The Utah Protection of Public Employee Act (Utah Code 67-21-3) states an employer may not take adverse action against an employee because the employee, or a person authorized to act on behalf of the employee, communicates in good faith a violation or suspected violation of a law, rule, or regulation adopted under the law.
2. The Federal False Claims Act protects “whistleblowers” who are discharged, demoted, suspended, or in any other manner discriminated against the terms and conditions of employment by their employer in retaliation for filing a False Claims Act action.
3. Utah State University Policy 305.5 prohibits retaliation against an individual who has made a complaint or has in any way participated in an inquiry/ investigation.

If you feel you are being retaliated against, you should contact the SCCE Compliance Office, the SCCE Executive Director, or Human Resources. If a violation is found, the appropriate corrective actions will be taken immediately, including possible sanctioning of those involved.

QUESTION:

Can I be retaliated against for participating in an investigation as a witness?

No. CEHS, SCCE, and USU do not permit retaliation against anyone for good faith and honest participations in an internal or external investigation.

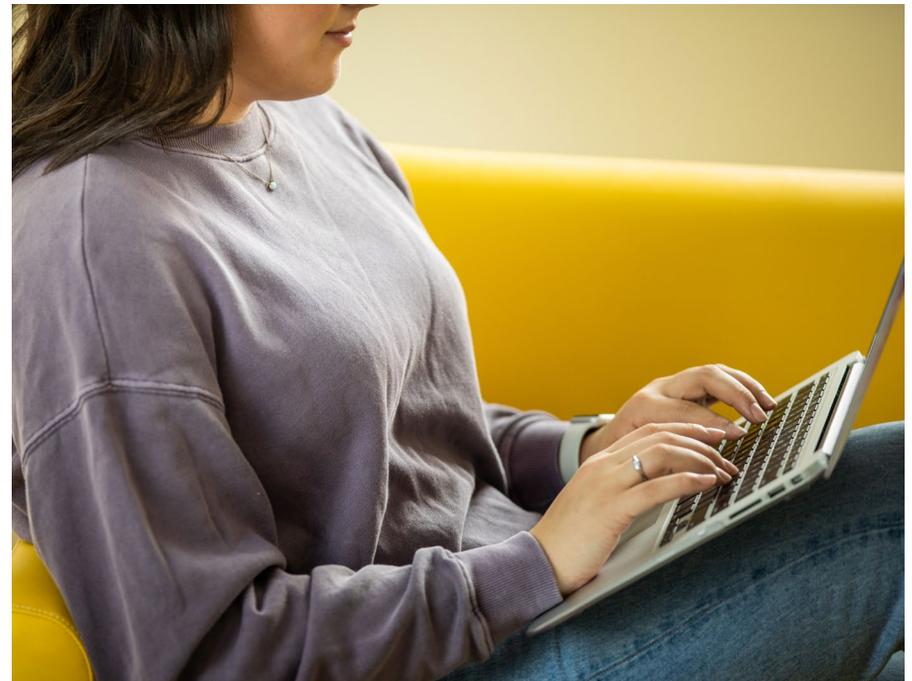
Disciplinary Actions/Sanctions

Any workforce member who violates any law, regulation, CEHS policy or the Code, or is engaged in wrongdoing that could impair our status as a reliable, honest, and trustworthy healthcare provider is subject to disciplinary actions. This can include verbal or written corrective/disciplinary action, including involuntary termination or separation from employment.

Disciplinary actions and sanctions could occur when you:

- Do not follow the Code or Policies and Procedures.
- Break any laws or regulations that apply to CEHS.
- Tell another workforce member to violate the Code, a law, or a regulation.
- Intimidate or retaliate against a workforce member who reports a suspected violation.
- Neglect to address or report a violation of the Code, a law, or regulation committed by you or someone you supervise.

See CEHS HIPAA policy 201 - Sanctions



Conflicts of Interest

CEHS is committed to dealing honestly, fairly, and with integrity in all matters. A conflict of interest may occur if outside activities or personal interests influence or appear to influence an individual's ability to make objective decisions while performing their job responsibilities. A conflict of interest occurs when a workforce member acts or appears to act on behalf of someone other than CEHS and has or appears to have a self-interest of which CEHS is unaware, which is actually or potentially adverse to the best interest of CEHS. Even the appearance of a conflict of interest may damage CEHS.

See USU Policy 545 – Individual Conflicts of Interest

Examples of conflicts of interest:

- Involving students or post-doctoral students and trainees in work that could directly benefit a company in which the faculty member supervising the students has a personal financial interest.
- Providing or accepting incentives, kickbacks, bribes, rebates, or anything else of value to any party (e.g., physicians, etc.) with the intent to influence the referrals of patients.
- A workforce member accepting or requesting any gift, favor, or service that could reasonably appear to influence the workforce member in their job.

Screening of Excluded Individuals and Entities

The Sorenson Center will not knowingly employ, appoint, elect, contract, or bill for any individual or entity that has been listed as debarred, excluded, or is otherwise ineligible for participation in federal or state health care programs. We routinely search the lists of excluded and ineligible persons including the U.S. Department of Health and Human Services, Office of Inspector General, the System for Award Management (SAM), and the Utah Department of Health's exclusion lists.

You are required to report to us if you become excluded or ineligible to participate in federal or state healthcare programs or have been convicted of a criminal offense related to the provision of healthcare services.





Accuracy, Retention, and Disposal of Records/Documents

We must create and maintain accurate and complete records, as well as only destroy records in compliance with federal and state laws and applicable policies.

Contact the Compliance Office if you have questions regarding the proper creation, amendment, maintenance, retention, and destruction of organizational records and documents.

See CEHS HIPAA Policy 115 – Record Retention and Destruction

Financial Reporting

We maintain a high standard of accuracy and completeness in the documentation and reporting of all financial records. Our financial information represents actual business transactions and conforms to generally accepted accounting principles or other applicable rules and regulations. We maintain a system of internal controls to ensure accuracy and completeness in documenting, maintaining, and reporting financial information.

We treat credit balances and bad debt in compliance with applicable state and federal law. Sometimes, a credit balance will exist in a patient's account after payment by both the patient and the insurance company. We endeavor to accurately and timely track, report, and refund credit balances.

See CEHS Policy 300 - Medical Billing Compliance

Billing, Coding, and Reimbursement

We take great care to ensure that billings to the government, third-party payors, and patients are accurate and conform to all applicable federal and state laws and regulations. We are committed to timely, complete, and correct coding and billing, including the following principles:

- We bill only for services that we actually provide and document, and that are medically necessary.
- We assign billing codes that we believe in good faith accurately represent the services that we provide and that are supported by documentation in the medical record according to regulatory requirements and guidelines.
- We implement controls to prevent errors such as unbundling, upcoding, duplicate billing, and other government-published billing errors.
- We respond to billing and coding inquiries and efficiently resolve inaccuracies in previously submitted claims that are discovered and confirmed.
- We do not knowingly present claims for payment that are false, fictitious, or fraudulent.



Fraud, Waste, and Abuse

SCCE billing policies and various federal and state laws prohibit fraudulent claims activity. The federal **False Claims Act** and **Utah False Claims Act** prohibit 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. No specific intent to defraud the government is required for a claim to be a false claim. The False Claims Act defines “knowing” to include actual knowledge and instances of deliberate ignorance or reckless disregard of the truth or falsity of a claim. The federal False Claims act also protects against retaliation for individuals reporting a fraudulent claims action. We are committed to submitting claims that are accurate and truthful. If you know of a false claim, contact your supervisor, SCCE executive director, or compliance officer immediately.

The federal **Anti-Kickback statute** prohibits the provision or receipt of any remuneration from inducing a referral for, or for ordering, services covered by a federal health program (Medicare, Tricare, etc.). It makes it illegal to offer, pay, solicit, or receive anything of value as an inducement to generate business payable by federal health care programs.

The **Civil Monetary Penalties Law** (CMP) allows the Office of Inspector General (OIG) for the Department of Health and Human Services (HHS) to impose civil monetary penalties against any person or entity that presents or causes to be presented a claim to a federal or state agency that the person or entity knows or should know was not provided as claimed or that was false and fraudulent.

See CEHS Policy 300 – Medical Billing Compliance

Examples of false claims include:

- Upcoding: Billing for a higher level of services than were actually performed.
- Unbundling: Submitting multiple bills for the same service.
- Failing to refund overpayments within 60 days after identification.

Safeguard CEHS Information

Patients and their families trust us with highly personal and sensitive information. We realize the sensitive nature of this information and are committed to protecting patient privacy. We do not access patient information, internally use patient information, or disclose patient data outside of the organization, except as necessary to perform our jobs.

We are committed to complying with state and federal privacy laws and to assisting patients with exercising their patient privacy rights. The regulations include patient information that is spoken, written, or electronic. The regulations apply to an individual's past, present, or future health. These laws apply to CEHS and you, even after you no longer work here.



Guidelines for Safeguarding PHI

You are responsible for protecting the information you access or control. Failure to protect this information may result in sanctions, including termination. General guidelines to safeguard ourselves and our clients are below:

- Access, use, view, or send confidential information only if you are authorized and there is a valid reason to do so.
- Do not reveal restricted, confidential, or proprietary information to anyone, unless required for legitimate business reasons.
- Share only the minimum information necessary to meet our business needs.
- Never accept, keep, or use improperly obtained information.
- Only use other people's restricted or confidential information for permitted purposes.
- Do not ask another person to disclose restricted or confidential information improperly.
- Never post or reference Protected Health Information on social media.
- Lock up paper documents and computer terminals when not in use.
- Encrypt all restricted and confidential information sent or stored electronically outside CEHS.
- Comply with CEHS security and privacy policies. If you have any questions about your area's security and privacy policies, ask your Privacy or Security Officer for help.
- Follow all retention requirements for records.
- Properly dispose of all information, including old devices used to access ePHI systems.
- When information is no longer needed, dispose of it in a way that keeps the contents secure until the document can be destroyed properly.
- Never destroy a record that could be relevant to an anticipated or pending lawsuit or investigation.

Responsible Use of Social Media

Protected Health Information (PHI) must not be posted on USU, CEHS, or SCCE social media sites, unless specific advance written authorization is obtained from the patient. PHI must never be posted on personal social media accounts.

USU Policy 540 University Social Media Accounts
CEHS HIPAA Policy 123 – Using PHI on Websites and Social Media

Research

We are committed to conducting research that follows ethical standards in full compliance with federal and state laws and regulations. CEHS is committed to integrity in disseminating applicable regulations and guidelines. It is our priority to protect the rights of research participants. All research must be approved by an Institutional Review Board (IRB), and clinical data may only be used when approved by the IRB and SCCE Compliance Office.

See CEHS HIPAA Policy 113 - Use & Disclosure of PHI for Research
USU Policy 583 - Research

Responding to Government Requests

CEHS and the Sorenson Center cooperate fully with government inquiries and investigations. We do not prevent workforce members from speaking with government officials. However, you should contact your supervisor and the SCCE Compliance Office before doing so. When we receive a request for documents or a subpoena, we refer it to the USU Office of General Counsel, which will coordinate our response and ensure that it is appropriate and complete. We never destroy, alter, or change records requested by or related to a governmental investigation.

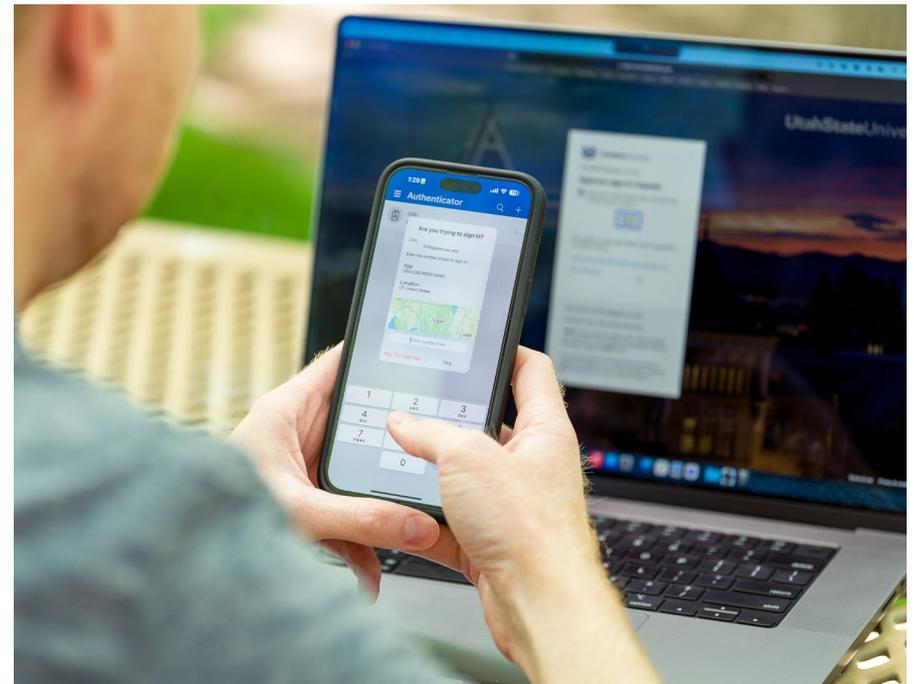
Electronic Communications

We use electronic communication tools legally, wisely, and responsibly. Some examples of electronic communications are:

- Internet
- Email
- Text messaging
- Social media

You are responsible for your workplace communications. Always respect privacy and confidentiality. Obey all applicable laws concerning copyright, privacy, and financial disclosures. Always send emails and text messages using USU-approved encryption software and only when there is a Business Associate Agreement on file. Always communicate in a way that supports CEHS's best interests and reputation.

See CEHS HIPAA Policy 221 – Transmission Security



Respect in the Workplace

We strive for an inclusive and safe environment for our workforce members. Our policies are designed to promote fairness and respect for everyone and to foster a workplace where diversity and inclusion are valued. We treat one another with respect. We do not tolerate discrimination, harassment, or retaliation.

See USU policy 321- Respectful Workplace
USU policy 305- Discrimination based on Protected Characteristics
USU Notice of Non-Discrimination

Discrimination generally exists where an employer treats an applicant or employee less favorably or differently merely because the person belongs to a protected class. There are seven types of discrimination in the workplace:

- Race discrimination
- Religious discrimination
- Disability discrimination
- Pregnancy discrimination
- Age discrimination
- Sex and gender discrimination
- LGBTQ+ discrimination

Harassment is any behavior that unreasonably interferes with a person's job performance or creates a workplace that is intimidating, hostile, or offensive. Harassment comes in many forms:

- Sexual
- Verbal
- Physical
- Visual
- Racial

Retaliation occurs when an employer punishes an employee for engaging in legally protected activity. Retaliation can include any negative job action, such as:

- Demotion
- Discipline
- Firing
- Salary reduction
- Job or shift reassignment



Links and Resources

CEHS/SCCE HIPAA and Medical Billing Policies
USU Policy 583 - Research
USU Policy 545 - Conflicts of Interest
USU Policy 321 – Respectful Workplace
USU Policy 540 – University Social Media Accounts
USU HIPAA Compliance
USU Code of Conduct
HIPAA Regulations
False Claims Act
Anti-Kickback Statute
Stark Law
21st Century Cures Act
Privacy Act 1974
No Surprises Act
Utah False Claims Act - (Utah Code Ann. §§ 26B-3-1101 – 1115)
Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009
ACA Section 1557
Utah Protection of Public Employee Act (Utah Code Ann. §§ 67-21-3)

SCCE Contact Information

Executive Director	7-0721
Clinical Operations Manager.....	7-3822
Compliance Officer.....	7-0141
Billing Manager.....	7-3081
Billing Compliance Coordinator.....	7-1165
HIPAA Compliance Coordinator.....	7-0993
PnC System Administrator.....	7-3806
IT Support.....	7-0162
Information Desk.....	7-4200

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