Contents

LETTER FROM THE DEAN AND CEO…1
NYU LANGONE MEDICAL CENTER MISSION…2
VALUES…3
INTRODUCTION…4
FOUNDATION STATEMENT: A PERSONAL COMMITMENT TO ETHICS AND INTEGRITY….5

Part One: Principles of Conduct

1 Quality of Care—Commitment to Our Patients….7
2 Conduct with Patients and Colleagues….10
3 Emergency Care….12
4 Federal, State, and Local Laws and Regulations and Medical Center Policies….13
5 Conflicts of Interest….15
6 Anti-Kickback and Physician Self-Referral….17
7 Confidentiality….18
8 Accurate and Truthful Documentation….20
9 Medical Center Assets…21
10 Pharmaceuticals, Prescription Drugs, and Controlled Substances…22
11 Environmental Health and Safety….23
12 Scientific and Clinical Research….24
13 Political Participation….25
14 Investigations, Accreditations, Surveys, Audits, or Inquiries….26

Part Two: Reporting Concerns and Enforcement

1 Responsibility for Reporting….29
2 The Medical Center’s Non-Retaliation Policy….31
3 Enforcement of the Code….32
To: Trustees, Faculty Members, Officers, Full- and Part-Time Employees, Students, and Volunteers of NYU Langone Medical Center

As Dean and CEO of NYU Langone Medical Center, I am focused on seeing this great institution take its rightful place among the top academic medical centers in the world. Greatness is measured by our ability to deliver compassionate patient care that is both quality-oriented and efficient, to provide education and guidance to the next generation of physicians, and to perform cutting-edge research that advances medicine and helps relieve suffering. But that’s not all. Greatness is also measured by our commitment to upholding our Integrity Value, through a strong foundation of ethical conduct and compliance with the law.

This expanded Code of Conduct explains our long-standing commitment to ethical and legal conduct in greater detail. It is designed to provide guidance as each of us strives to make ethical decisions in our daily activities. It applies to every member of the Medical Center community: trustees, faculty members, officers, full- and part-time employees, students, and volunteers.

While the Code is comprehensive, it cannot cover every situation you might encounter. It’s up to each individual to seek advice when faced with a question about any of the principles of this Code. In addition, if you believe that this Code is being violated, we need to know about it. You may choose to consult with a member of management or the Office of Internal Audit, Compliance, and Enterprise Risk Management, or you may make an anonymous call to our Compliance Helpline at 866-NYU-1212. We will thoroughly review any concerns you have and take action to correct problems you identify. And we will not tolerate any retaliation against you if you come forward with a concern in good faith and with a reasonable belief to be true.

As you read the Foundation Statement and the principles that follow, you will see that collectively they form a firm ethical framework that defines us as a great academic medical center. I am asking each of you to join me in making a personal commitment to uphold this Code of Conduct without exception.

Sincerely,

Robert I. Grossman, M.D.
Dean and Chief Executive Officer
NYU LANGONE MEDICAL CENTER MISSION

The mission of NYU Langone Medical Center is to serve, to teach, and to discover. We are committed to making world-class contributions that place service to human health at the center of an academic culture devoted to excellence in research, patient care, and education.

In its pursuit of this goal, the Medical Center shall foster prevention, amelioration, and cure of illness and injury by educating highly competent health professionals, improving understanding of the causes and mechanisms of human disease, providing direct patient care, and encouraging sound planning to improve the delivery of health care and health education. It shall provide the facilities and personnel necessary to carry out these functions in the most professional manner possible.

In all its activities, the Medical Center shall maintain the highest standards of excellence and consideration for the dignity of the individual.

Education
In educating the physician, the Medical Center shall merge the best traditions of the past with the most relevant content and vital teaching methods of the present. It is the goal of the Medical Center to instill in each student a respect for his or her profession and the people he or she serves, to provide for the continuing education of physicians throughout their careers, and to foster an atmosphere of learning for all staff throughout the Medical Center.

Research
In seeking new knowledge, the Medical Center shall stimulate research into the fundamental bases of life processes, as well as the nature of diseases and disorders and the means by which they can be overcome. The Medical Center shall encourage collaboration among independent researchers, interpret the value of research to patients and the general public, and foster a spirit of inquiry throughout the Medical Center.

Patient Care
NYU Langone Medical Center will place the patient at the center of all efforts. In providing direct patient care, the Medical Center shall service patients from metropolitan New York and those referred from other areas of the nation and the world. The Medical Center shall provide professional care and treatment for patients in accordance with high standards of medical service, offer programs of health education, and maintain a climate in which each member of the health care team can learn and carry out his or her responsibilities in the most professional manner possible.
VALUES

At NYU Langone Medical Center, we set the standard for patient care, scientific research, and medical education. We have built a tradition of service that has touched the lives of countless people in New York City, across the country, and around the world. The Medical Center’s strength as an institution is based on the individual acts and the spirit of dedication of our physicians, health care professionals, scientists, employees, and students.

To ensure that NYU Langone Medical Center remains at the forefront of the medical profession and a place where people can build successful careers, we have adopted a set of Values that are designed to reflect not only our history, but also our commitment to the future. The Values are meant to complement, not replace, our existing codes of ethics and professional responsibilities. They are intended to be used as a means to enhance the way we deliver services to our patients, their families, visitors, and our colleagues.

We believe the five Values—Performance, Respect, Integrity, Diversity, and Excellence—will enable us to build our tradition of service, to foster a culture of collaboration and teamwork, and to better meet the needs of those we serve.

Performance – Accountable, responsible, and dedicated to learning and growing professionally by collaborating with one another

Respect – Communicates openly and professionally, shares resources, listens to one another, and recognizes one another’s contributions

Integrity – Fosters a culture of the highest ethical standards, trust, and honesty

Diversity – Creates a community of cultural competence and opportunity by embracing a wide breadth of resources, skills, ideas, and knowledge

Excellence – Passionate about promoting quality, innovation, and safety to achieve world-class patient care, education, and/or research
INTRODUCTION

This Code of Conduct is a key element of NYU Langone Medical Center’s Corporate Compliance Program. It works together with our Mission, Values, and policies to promote conduct that is honest, ethical, and lawful. It is important that you understand your personal obligations under this Code.

Part One

Principles of Conduct, starting on page 6, makes up the heart of the Code. It presents 14 principles that are intended to serve as a guide to help you make ethical decisions. The Code was not created to cover every situation and does not replace or limit policies, procedures, and rules enacted by the University, NYU School of Medicine, or NYU Hospitals Center. If you have any questions about the Code, contact your supervisor or a member of the Office of Internal Audit, Compliance, and Enterprise Risk Management.

Part Two

Reporting Concerns and Enforcement, beginning on page 28, covers three important topics. First, it explains your responsibility to report actions that appear to violate the Code and describes several options for reporting. Second, it describes the Medical Center’s non-retaliation policy, and third, it explains the disciplinary actions for violations of the Code.

Opposite this page you will find our Foundation Statement. It asks you, as a member of the Medical Center, to make a personal commitment to honesty, ethics, and integrity, and to uphold it without exception. This commitment lays the groundwork for all of the principles that follow.

This Code is not a contract of employment and does not create any rights or expectations regarding continued employment at NYU Langone Medical Center. All employment is deemed at-will (i.e. can be terminated by you or NYU Langone Medical Center at any time, with or without cause) unless there exists a written contract of employment setting forth a specific duration and executed by an authorized NYU Langone Medical Center signatory. Notwithstanding the statements in the Code, NYU Langone Medical Center remains free to repeal, modify or amend the Code, and to change wages, benefits and all other working conditions, without prior notice.
A Personal Commitment to Ethics and Integrity

Everything I do and every decision I make will be guided by principles of honesty, integrity, and high ethical standards.

I will...

... maintain honesty. I will act with honesty and in good faith in all aspects of my job. In doing so, I will not make false or misleading statements. I will never take unfair advantage of anyone by manipulating or concealing information that is essential for conducting activities within the Medical Center. I will not misrepresent, falsify, or alter data.

... consider the consequences before acting. When someone asks me to do something that appears to violate the Code, I will have the courage to ask for advice before acting, even if the request comes from the person who supervises my work. For advice, I may speak in confidence with a staff member from the Office of Internal Audit, Compliance, and Enterprise Risk Management or call the NYU Langone Medical Center’s confidential Compliance Helpline.

... admit mistakes and correct them. Everyone makes mistakes—but a mistake that is covered up is a serious matter. If I discover that I have made a mistake, I will report it to the person who supervises my work as soon as possible and take steps to rectify it.
PART ONE Principles of Conduct
Quality of Care—Commitment to Our Patients

I will demonstrate my personal commitment to ensuring that the Medical Center provides high-quality, compassionate, skilled patient care in a safe and healing environment, even if I do not work directly with patients.

If I work directly with patients, I will …

… provide patients with care that is medically necessary, appropriate to the situation, safe, and in compliance with professionally recognized standards of care.

… involve patients in decisions regarding their care.

… adhere to infection prevention and control practices.

… maintain complete and accurate records of patient information that fulfill the requirements of Medical Center policies, accreditation standards, and applicable laws and regulations.

… look for ways to improve service. I will work to identify opportunities to improve quality, participate in performance improvement projects, and achieve positive outcomes.

… make sure every patient receives the booklets Your Rights as a Hospital Patient in New York State, Notice of Privacy Practices, and other information regarding Patient Rights.

… make sure I am prepared. I will have current credentials, the expertise, and the competence to provide the patient care I am responsible for.

… ask questions of the person who supervises my work if I am unclear about my duties and responsibilities or NYU Langone Medical Center policies and procedures.

If I have responsibility for overseeing the care provided to patients, I will …

… support and implement our Patient Care and Nursing Standards.

… ensure that patient choice is included in clinical decision making.

… know the measurement tools and benchmarks the Medical Center uses to measure quality.

… know the quality goals and initiatives of the Medical Center and use my understanding of them to foster quality assurance and continuous quality improvement.

… implement plans of correction to remedy identified quality issues and monitor continued compliance.
If my responsibilities do not include working directly with patients or overseeing their care, I will…

…learn my job and do it to the best of my ability. I will not underestimate the importance of my role in the success of the Medical Center and our mission. Every member of the Medical Center contributes to or supports our ability to provide quality patient care, cutting-edge research, or education to future physicians.

…courteously assist patients and visitors. If I am in contact with patients and visitors in person, on the phone, or by any other means of communication, I will remember that in the eyes of the person I am communicating with, I am the appointed representative of the Medical Center.

…protect the confidentiality of patients and visitors. If I learn the identity or health information of a patient or visitor through my job or through casual observation, I will protect the confidentiality of the person identified. I will only use the information as permitted under HIPAA laws and regulations and will not disclose it to unauthorized individuals.

I will…

…assist patients in communicating compliance-related issues and unresolved quality issues. If a patient approaches me with a compliance or quality-of-care concern that remains unresolved although it has been reported to other hospital resources, I will assist the patient in communicating it to the appropriate office or as indicated on page 29 of this Code.

…speak up and let management know of issues that may interfere with my ability to fulfill my professional responsibilities. The Medical Center supports a culture of accountability and fairness. Staff is encouraged to communicate concerns to management in order to assist in identifying system issues that may be barriers to performing professional responsibilities.

…report patient care issues. I will report any incident of patient care that does not appear to meet the Medical Center’s standards of quality. If I see that any aspect of patient care is being provided in a manner that puts a patient in danger—or appears to violate our standards—I will report it to the person who supervises my work, to the Office of Internal Audit, Compliance, and Enterprise Risk Management, or to the Compliance Helpline. I may also report any concerns regarding the safety or quality of care to The Joint Commission, New York State Department of Health, or other regulatory agency. The Medical Center will take no disciplinary action if I report a concern with reasonable belief and in good faith.

…fulfill my personal responsibilities to report quality measures. I will promptly and efficiently fulfill my responsibilities regarding compliance with, but not limited to, the following standards:

- Conditions of Participation for Hospitals (Centers for Medicare and Medicaid Services)
- Hospitals—Minimum Standards (New York State Public Health Law)
- Standards and surveys of The Joint Commission, Commission on Accreditation of Rehabilitation Facilities, College of American Pathologists, Accreditation Council for Graduate Medical Education, and other accrediting/certifying agencies
- Requirements for accreditation by the Liaison Committee on Medical Education (LCME)
- Standards adopted by the Magnet Recognition Program, recognizing excellence in nursing service
- Consensus measures of the National Quality Forum
- Principles of the Leapfrog Group for Patient Safety
- Recommendations and guidelines issued by other regulatory and voluntary groups identified as appropriate by NYU Langone Medical Center
Conduct with Patients and Colleagues

I will let the Medical Center’s Values be my guide in relationships with patients and their families, visitors, and colleagues.

I will…

…strive to create the best possible experience for our patients, their families, and visitors.

…take the initiative to find safe, creative, and effective solutions to patient-related concerns.

…work with my colleagues. I will demonstrate my respect for my colleagues by communicating positively with them and about them.

…treat each person respectfully, as a unique individual. I will not discriminate against or harass anyone on the basis of race, color, religion, sex, sexual orientation, gender and/or gender identity or expression, marital or parental status, national origin, ethnicity, citizenship status, veteran or military status, age, disability.

…comply with Medical Center policies on maintaining an alcohol-, drug-, and smoke-free workplace.


…expect that all faculty, physicians, residents, fellows, students, and staff of NYU Langone Medical Center support and promote an environment free from disruptive behavior and poor interpersonal work relationships. The behaviors we expect include but are not limited to:

– treating everyone with respect and dignity
– engaging in clear, specific, and effective communication
– asking for clarification when needed
– being willing to listen to others
– always demonstrating effective self control despite feelings of frustration

…maintain the responsibility to foster a positive workplace environment by promoting:

– communication of an organizational expectation for respectful, courteous, and collegial relationships with all
– maintenance of a non-retaliatory environment to encourage the reporting and investigation of behavior that may be defined as disruptive
– implementation of necessary actions to remedy the inappropriate/disruptive behaviors of identified individuals which may include acknowledging the behavior, providing assistance to facilitate change, as well as directives to immediately cease the behavior

WHAT CONSTITUTES HARASSMENT?

Harassment is doing or saying things that make a person feel uncomfortable. Harassment can be based on race, color, religion, sex, sexual orientation, gender and/or gender identity or expression, marital or parental status, national origin, ethnicity, citizenship status, veteran or military status, age, disability, and any other legally protected basis.

Sexual harassment may include the following:

– Making a deal with someone that involves sex in exchange for something (such as receiving free patient care, earning a promotion, getting more-interesting work assignments, or keeping one’s job)
– Telling sexual jokes or making repeated sexual references
– Making vulgar or lewd comments
– Unwelcome touching or fondling
– Obscene or sexually suggestive cartoons, posters, or e-mails
– Making unwanted and repeated statements about someone’s clothes, body, or personal life
– Looking a person up and down (elevator eyes)

Other forms of harassment may include the following:

– Verbal abuse or hostile behavior, such as insulting, teasing, mocking, degrading, or ridiculing another person or group
– Unwelcome or inappropriate physical contact, comments, questions, advances, jokes, epithets, or demands
– Physical assault or stalking
– Displaying or e-mailing derogatory, demeaning, or hostile materials
– Unwillingness to train, evaluate, assist, or work with an employee, faculty member, or student

WHAT CONSTITUTES HARASSMENT?

Harassment is doing or saying things that make a person feel uncomfortable. Harassment can be based on race, color, religion, sex, sexual orientation, gender and/or gender identity or expression, marital or parental status, national origin, ethnicity, citizenship status, veteran or military status, age, disability, and any other legally protected basis.

Sexual harassment may include the following:

– Making a deal with someone that involves sex in exchange for something (such as receiving free patient care, earning a promotion, getting more-interesting work assignments, or keeping one’s job)
– Telling sexual jokes or making repeated sexual references
– Making vulgar or lewd comments
– Unwelcome touching or fondling
– Obscene or sexually suggestive cartoons, posters, or e-mails
– Making unwanted and repeated statements about someone’s clothes, body, or personal life
– Looking a person up and down (elevator eyes)

Other forms of harassment may include the following:

– Verbal abuse or hostile behavior, such as insulting, teasing, mocking, degrading, or ridiculing another person or group
– Unwelcome or inappropriate physical contact, comments, questions, advances, jokes, epithets, or demands
– Physical assault or stalking
– Displaying or e-mailing derogatory, demeaning, or hostile materials
– Unwillingness to train, evaluate, assist, or work with an employee, faculty member, or student
… not engage in disruptive behavior. Disruptive behavior is any inappropriate behavior, confrontation, or conflict, ranging from verbal abuse to physical, sexual, or other forms of harassment that is pervasive or sufficiently negative to interfere with the individual’s ability to carry out his/her responsibilities. Examples of disruptive behavior include but are not limited to:

– behavior that is abusive, angry, belligerent, or intended to publicly humiliate the individual
– public comments about lack of competence in front of patients and or colleagues
– yelling, cursing, and/or tirades
– abusive or hostile verbal or physical mistreatment of others such as but not limited to insulting, teasing, mocking, degrading, or ridiculing
– repeated unprofessional written comments
– throwing of items, slamming items or doors
– systematic belittling of individuals or repeated initiation of negative comments instead of addressing with supervisory personnel
– any behavior that fails to support a culture of safety
Emergency Care

If I come in contact with individuals who appear to have emergency medical conditions, I will uphold the Medical Center’s EMTALA Policy on Screening, Stabilization, and Transfer of Individuals with Emergency Medical Conditions.

I will...

...honor patients’ rights to receive medical screening examinations, and, if necessary, stabilizing treatment, by qualified medical professionals. Patients have this right even if they cannot pay and do not have insurance. They are also entitled to these services regardless of race, color, religion, sex, sexual orientation, gender and/or gender identity or expression, marital or parental status, national origin, ethnicity, citizenship status, veteran or military status, age, disability, diagnosis, or socioeconomic status.

...come to the aid of individuals on the NYU Langone Medical Center campus who request a medical screening examination, or whose appearance or behavior indicates to me that they are in need of emergency care.

...neither discourage patients from entering the emergency department nor direct them to another emergency department if they are seeking a medical screening examination at the Medical Center emergency department.

...help arrange medical transport to an emergency department for individuals who present to an off-campus site requesting treatment for an emergency condition.

...make sure medical screening examinations and stabilizing treatments are not delayed while inquiring about payment method, obtaining payment, or checking on insurance status.

...arrange appropriate transfer to another medical facility for patients who cannot be treated at NYU Langone Medical Center’s emergency department because of our capability or capacity.
Federal, State, and Local Laws and Regulations and Medical Center Policies

*I will obey the letter and spirit of the laws, regulations, and policies that are applicable to me.*

*I will…*

…familiarize myself with the laws and regulations that relate to my position. I will uphold both the written words and the meaning behind those words. I will take responsibility to maintain any licenses and/or credentials required for my position.

…familiarize myself with and avoid the actions that constitute professional misconduct if I am a licensed professional governed by a New York State board.

…learn the Medical Center policies that relate to my position and follow them. These policies are included in our Mission, Values, Bylaws, Rules and Regulations of the Medical Staff, House Staff Manual, Faculty Handbook, Postdoctoral Handbook, Staff Handbook, and Patient Care and Nursing Standards, as well as this Code of Conduct. Many of our organization-wide policies are in the Policies and Procedures repository on the intranet (“The Link”). I will also learn and follow the policies and procedures within my own department.

…ask questions. If I have questions about laws, regulations, and policies or my responsibilities for them, I will ask the person who supervises my work, the Office of Internal Audit, Compliance, and Enterprise Risk Management, or the Office of Legal Counsel.

…inform the institution if I become excluded from participating in federal or state programs. The Medical Center receives money from the federal and state government, including entities such as Medicare, Medicaid, Tricare, and the National Institutes of Health. Because we receive these funds, we cannot employ or contract with anyone excluded from participating in a program funded by the federal or state government. If I learn that I have become excluded, I will contact the Office of Internal Audit, Compliance, and Enterprise Risk Management to inform the Medical Center of my exclusion.

WHAT IS EXCLUSION?

Exclusion disallows participation in Medicare, Medicaid, and all Federal health care programs. Excluded individuals and their employer cannot receive payment for items and services directly or indirectly derived from federal health care programs.

Examples of situations that can result in becoming excluded include but are not limited to:

- Default on a health education loan or scholarship
- License revocation or suspension
- Felony conviction related to health care fraud
- Felony conviction related to a controlled substance
- Conviction related to patient abuse
- Conviction of a crime related to federal or state health care programs
- Submitting claims for excessive charges, unnecessary services, or services that fail to meet professionally recognized standards of health care

Exclusion remains in force until an official reinstatement has been granted by the State or Federal Office of Inspector General for participation in Medicare, Medicaid, and all Federal health care programs.
If I have management or supervisory responsibility, I will...

...make a sincere effort to keep up with regulatory changes that affect my areas of responsibility by reviewing professional journals, listserves and other publications, as well as current newsletters published on the Office of Internal Audit, Compliance, and Enterprise Risk Management website.

...seek out both internal and external professional development opportunities, as they become available.

...act as a role model for my staff, demonstrating my understanding of and compliance with laws and regulations.

...follow appropriate procedures to ensure that departmental policies and standards are complete and up-to-date.

...make sure my department obtains all necessary licenses, permits, and approvals required for operation.
Conflicts of Interest

I will avoid situations in which my business or personal interests influence (or appear to influence) my ability to act in the best interest of the Medical Center. If I believe that I have a conflict of interest, I will disclose it.

I will…

… learn to recognize conflict of interest situations.

… submit an annual disclosure if I am one of the following:
  – Faculty (Paid or non-compensated; full or part-time) and others with teaching responsibilities
  – Chairs, Vice Chairs, Vice Presidents, Associate/Assistant Deans or Department/Division Administrators
  – Director level and above employees
  – Physicians, Physician Assistants, and Nurse Practitioners
  – Research Investigators
  – Employees involved in purchasing decisions on behalf of the Medical Center
  – Members of any Medical Center committees with supervision or oversight for patient care, purchasing, research, or education
  – Select employees of the Office of Clinical Trials
  – All employees of the Offices of Internal Audit, Compliance, and Enterprise Risk Management, Legal Affairs, and Government Affairs

… refuse personal gifts or benefits from vendors, patients, or others. The Medical Center’s Gift Policy includes information about the acceptance and/or solicitation of gifts or benefits from vendors, patients, and others.

… never use my position to profit personally or to assist others in profiting at the expense of the Medical Center.

How can I recognize a conflict of interest situation?

You may have a conflict of interest if you or a member of your immediate family is an owner, a part-owner, or an employee of—or is receiving money from—a company that…

… does business with the Medical Center

… proposes to do business with the Medical Center

… competes with the Medical Center

… solicits employees from the Medical Center

You may also have a conflict of interest if you have the authority to recommend doing business with a Medical Center vendor or contractor and a member of your immediate family is an owner, a part-owner, or an employee of—or is receiving money from—that vendor or contractor.

Why should I submit an annual disclosure?

The Policy on Conflicts of Interest in Business Affairs requires certain members of the Medical Center community to submit an Annual Disclosure to the Conflicts of Interest Management Unit.

What should I do if I think I have a potential conflict of interest?

You must immediately notify the Conflicts of Interest Management Unit for further guidance on how to formally disclose this information for review and evaluation.
If I am a Research Investigator or other research team member involved in sponsored research at the Medical Center, I have an obligation to conduct research that is free from any appearance of impropriety or conflict of interest.

I will...

...perform research with objectivity and trustworthiness that maintains the integrity of the research, as well as the institution, and is in the best interest of the subjects enrolled in the study.

...familiarize myself on the Policy on Conflicts of Interest and Other Sponsored Research Programs and keep abreast of any laws and regulations related to conflicts of interest in research. Education is available to me year-round to keep me informed of the latest updates in this area via the Conflicts of Interest Management Unit and external resources.

...disclose any financial interests and/or relationships related to the Sponsored Project that I, or my immediate family, have with any entity that may reasonably appear to affect or be affected by the design, conduct, or reporting of the research.

...adhere to any stipulations issued with relation to my research that have been implemented to manage any potential conflicts of interest that may exist. All potential conflicts of interests must be evaluated, and managed and/or eliminated under the Policy on Conflicts of Interest in Research and Sponsored Programs.
Anti-Kickback and Physician Self-Referral

I will not solicit, receive, offer, or pay anything of value in exchange for referring patients, products, or services for which payment may be made under a federal healthcare program.

I will...

...adhere to Medical Center guidelines on accepting referrals. If I am in a position to accept patient referrals and admissions, I will do so based solely on the patient’s medical needs and our ability to render the services needed. I will never offer anything of value, directly or indirectly, to anyone—colleagues, physicians, or anyone else—in exchange for referral of patients.

...adhere to guidelines on making referrals. If I am in a position to make referrals, I will not solicit or receive anything of value, directly or indirectly, in exchange for referring patients.

...not demand or expect anything in return for referring business. If I am in a position to make referrals to another health care provider, I will not take into account the volume or value of referrals that the provider has made, or may make, to the Medical Center.

...learn the rules that apply to the Stark law that governs physician self-referrals for Medicare and Medicaid patients.

...not refer patients for “designated health services” to a facility that I have an ownership interest in, or compensation arrangement with, if services are being paid for by Medicare or Medicaid, unless a specific exception applies.
Confidentiality

I will safeguard confidential information about patients, research subjects, employees, students, and the institution itself.

I will…

…safeguard confidential information to prevent disclosing it to anyone who does not have an official need to know.

…follow our confidentiality and security guidelines. I will pay particular attention to the specific guidelines included in the following:

- Policy Statement on Privacy, Information Security, and Confidentiality
- Computer and Information Security: A Guide to Protecting Institutional and Personal Data
- Patient Care and Nursing Standards

…access confidential information only to perform my responsibilities within the institution and for no other purpose.

…refrain from sharing competitive information concerning the Medical Center with representatives from other hospitals, health care providers, or medical schools. Among the classes of confidential information I will not discuss are the following:

- Business arrangements. Our financial and contractual arrangements with suppliers and managed care companies.
- Plans. Information about our strategic plans, potential acquisitions, and planned investments.
- Marketing. Our marketing efforts or future plans.
- Financial information. Our prices, professional fees, reimbursements, and salary levels.

…comply with Medical Center guidelines for reporting breaches of Protected Health Information (PHI). If I discover that unsecured PHI has been accessed, used, or disclosed, or if I find or receive PHI that I am not authorized to have, I must report the incident to the Office of Internal Audit, Compliance, and Enterprise Risk Management within 24 hours of the event. The helpline designated for reporting these PHI issues is 1-877-PHI-LOSS (1-877-744-5677). It is multilingual, toll-free, and available seven days a week, 24 hours a day.

WHAT IS PROTECTED HEALTH INFORMATION (PHI)?

Protected Health Information (PHI) means individually identifiable health information that is transmitted or maintained in any form (oral, electronic, paper) if it:

• Identifies or could be used to identify an individual
• Is created or received by a healthcare provider (such as NYU Langone Medical Center), health plan, employer, or healthcare clearinghouse
• And relates to the:
  - past, present, or future physical or mental health or condition of an individual
  - provision of healthcare to an individual
  - past, present, or future payment for the provision of that healthcare

Examples of PHI include but are not limited to:
- Name
- Address
- Telephone number
- Fax number
- Social security number
- Medical record number
- Health plan number
- Account number
- Date of service
- Patient photos
- Certificate/license number
- Vehicle identifiers
- Biometric identifiers
- Device identifiers
- Web URL
- IP address
- Other unique identifiers
I will protect confidential patient information. Because of the personal nature of health care, the Medical Center often obtains very personal information from patients. It is important that we collect only the information that is absolutely necessary and protect that information after we receive it. I will follow the rules to protect patient health information set forth in the Health Insurance Portability and Accountability Act (HIPAA), the Federal law that addresses the privacy and security of patient health information.

I will…

…encrypt all e-mail that contains PHI that is being sent to recipients outside the Medical Center.

…securely dispose of equipment that contains PHI including but not limited to computers, telephones, fax machines, and copiers by contacting Medical Center IT.

…properly dispose of paper that contains PHI by shredding it with cross cut shredders or contracting with specialists to do so.

…protect my Medical Center password for computer access.

…provide physical safeguards to PHI by logging off my computer and locking my doors and drawers when I step away.

…only use mobile and portable devices equipped with Medical Center encryption, tracking, and data erasing software.

…not talk about PHI in public places.

…not access electronic PHI in the view of unauthorized individuals.

…not transport PHI on unencrypted portable devices and instead access PHI through OnSite Health or if necessary, transport PHI on a Medical Center IT issued Iron Key fully encrypted flash drive.

…not use personal e-mail accounts to transmit PHI.
Accurate and Truthful Documentation

If I am responsible for any type of documentation, financial reporting, or coding and billing, I will perform my duties accurately, truthfully, and promptly.

I will...

...create and maintain thorough, accurate records. I will promptly document records as required by my job, following legal requirements, ethical professional standards, and departmental policies.

...fairly and accurately represent the financial condition of the Medical Center or any area I am responsible for.

...ensure that the financial transactions I report reflect actual transactions and conform to generally accepted accounting principles (GAAP).

...accurately record all funds, assets, liabilities, revenues, and expenses.

...produce cost reports that are true, correct, and complete, and prepared in accordance with regulatory requirements.

...take responsibility. If coding or billing is done on my behalf, I will make sure that I have a thorough knowledge of the claims and verify that they are accurate. I will never sign a document without being certain it is accurate.

...bill Medicare, Medicaid, and commercial payors only for services that are medically necessary.

...comply with the Medical Center policy on State/Federal False Claims Acts and Whistleblower Protection.

...follow all federal and state laws and regulations including, but not limited to Anti-Kickback, False Claims Act, Stark, and HIPAA laws.

...only assign and report billing codes that are clearly and consistently supported by documentation in the health record.

...immediately report any improprieties I may suspect in accounting, internal controls, or auditing to the Office of Internal Audit, Compliance, and Enterprise Risk Management.

...promptly report and return any identified overpayments.

...report any activity that involves the submission of fictitious or fraudulent claims.

WHAT CODING PRACTICES SHOULD I AVOID?

The following coding practices are examples that may be considered fraud or abuse:

– Using “default codes” or selecting codes because they guarantee payment, instead of coding and billing the products and services actually provided

– “Upcoding,” or selecting the code for a more serious diagnosis or more extensive procedure than is actually performed

– “Unbundling” a group of procedures and coding them separately in order to receive a separate payment for each procedure, when one or more are components of a global code

– Billing for medically unnecessary services

– Cutting and Pasting or copying forward the history of present illness, exam, or medical decision making in the electronic health record

WHAT FINANCIAL REPORTING PRACTICES SHOULD I AVOID?

The following financial reporting practices are examples that may be considered fraud:

– Hiding expenditures, funds, assets, or liabilities

– Knowingly providing false or inaccurate information to an employee, management, our auditors, legal counsel, government agencies, or accreditation organizations

– Providing untrue statements of material fact or omitting material facts

– Intentional apportioning of incorrect costs on reports
Medical Center Assets

I will protect Medical Center assets from loss, damage, theft, misuse, and waste with the same care that I would protect my own assets.

These assets include...

...time. As one of the Medical Center’s assets, I will work productively and report my time and attendance accurately.

...equipment and supplies. I will not remove the Medical Center’s supplies and equipment from the premises for personal use. These supplies and equipment include vehicles, machinery, tools, computers, printers, telephones, and medical devices, as well as office, medical, cleaning, and food supplies.

...departmental funds. If I am in a supervisory or management position, I will maintain careful internal controls and accurate records of departmental funds, including cash and cash equivalents. I will exercise appropriate oversight of financial reports, expense accounts, and timesheets.

...records. I will comply with the Medical Center’s record retention and destruction policy and schedules that apply to my job responsibilities.
Pharmaceuticals, Prescription Drugs, and Controlled Substances

If I have responsibility for, or access to, prescription drugs, controlled substances, over-the-counter drugs, or any street-valued medical supplies (for example, needles), I will maintain the highest possible professional and ethical standards with regard to them.

I will:

…follow the laws, regulations, policies, procedures, and standards that apply to my responsibilities. I will become familiar with the laws, internal policies, and Patient Care and Nursing Standards that govern my work with these drugs and supplies. I understand that prescription drugs can never be provided without an order by someone who is licensed by the State of New York to write prescriptions.

…keep all drugs and supplies secure. I will take particular care to keep drugs secured at all times and be sure they are not available to anyone who does not have a prescription. I will follow policies, procedures, and standards for handling outdated, deteriorated, or unusable drugs.

…report security problems. If I am aware of, or suspect, a lapse of security or the inappropriate distribution of drugs, I will report it immediately to the person who supervises my work, Medical Center Security, the Office of Internal Audit, Compliance, and Enterprise Risk Management, or the Compliance Helpline.
I will comply with the Medical Center’s safety and health policies to ensure that patients, students, faculty, employees, and visitors are protected from undue health risks and unsafe conditions.

I will…

…comply with laws, regulations, and policies regarding the shipping, handling, use, storage, transportation, and disposal of all hazardous materials, including radioactive materials and medical or chemical wastes.

…handle and dispose of hazardous materials legally and appropriately, if I have responsibilities that include handling and/or disposing of such materials.

…comply with the Medical Center’s permits that allow us to safely manage waste discharge.

…contract only with reputable, licensed vendors to transport and dispose of hazardous materials.

…accurately maintain the records required by federal and state laws and regulations.

…report suspected violations. If I suspect a violation of an environmental or occupational safety or health law, or an unsafe condition, I will report it immediately to my supervisor or Environmental Health and Safety.
Scientific and Clinical Research

If I am involved in any way in developing research proposals or conducting research activities, I will ensure that my work is conducted with the highest ethical standards. All of my work will be consistent with federal, state, and local laws and regulations, as well as Medical Center policies.

I will...

...obtain all required approvals and follow all Medical Center guidelines, policies, and procedures, including those of the following:

- Institutional Review Board (IRB), for approval of all research involving human subjects
- Institutional Animal Care and Use Committee (IACUC), for approval of all research involving animals
- Institutional Bio-safety Committee (IBC), for approval of all research involving recombinant DNA and highly infectious agents
- Embryonic Stem Cell Research Oversight Committee (ESCRO) for approval of research involving human embryonic stem cells
- Sponsored Research Programs Administration (SPA) and Research Finance (RF), for guidance on complying with the many administrative and fiscal requirements for government-sponsored research as well as research sponsored by industry and non-profit organizations
- Office of Clinical Trials (OCT), which facilitates the conduct of clinical research studies, such as contract and budget negotiations and business development

...submit accurate, truthful, and complete accounting, record keeping, and billing records.

...comply with governmental and sponsor requirements, as well as Medical Center policies and procedures including those relating to:

- Clinical Research and Billing
- Cost Transfers on Sponsored Projects
- Institutional Cost Sharing
- Effort Reporting for Sponsored Research Projects
- Program Income Earned on Sponsored Projects
- Charging Direct Costs to Sponsored Programs

...never participate in research misconduct, such as making up results, changing results, or copying results or publications from other studies and claiming them as my own.
Political Participation

I will not use Medical Center funds, time, or equipment to campaign for (or against) any political candidate. I understand that participation in political campaigns could jeopardize the Medical Center's tax-exempt status.

I will...

...participate in political activity only as a private citizen, not as a representative of the Medical Center. I am entitled to participate in, or contribute to, any political organization or campaign I choose. I will, however, clearly label any personal communication with legislators as my own, not as correspondence coming from the Medical Center.

...use my own funds for any political participation and not attempt to be reimbursed by the Medical Center.

...refrain from providing or offering any benefit in an attempt to influence government officials. If I am responsible for conducting transactions or handling contracts with governmental agencies, I will ensure that they are handled honestly and ethically.

...report inappropriate requests for benefits. If a government representative requests or demands any type of benefit from the Medical Center, I will report it immediately to the Office of Internal Audit, Compliance, and Enterprise Risk Management or the Office of Legal Counsel.
Investigations, Accreditations, Surveys, Audits, or Inquiries

I will respond to inquiries by cooperating fully with requests from governmental agencies, accrediting associations, external auditors, and internal parties concerning the Medical Center’s operations.

I will...

...uphold the Medical Center’s policy on Responding to Government Inquiries.

...report any requests I receive from a government investigator to my supervisor, who will contact the Office of Legal Counsel and the Office of Internal Audit, Compliance, and Enterprise Risk Management.

...follow the guidance provided by the Office of Legal Counsel if I am asked to surrender documents to external investigators.

...cooperate with representatives from accrediting associations such as The Joint Commission and the Commission on Accreditation of Rehabilitation Facilities (CARF) in an open and honest manner.

...cooperate in all investigations, examinations, and audits from both internal and external parties.

...never destroy or alter records requested for an investigation, nor will I lie or make misleading statements on or about those documents.

...never pressure or suggest to anyone to hide information from, or provide false information to, government investigators, accreditation surveyors, internal parties, or external auditors.
Reporting Concerns and Enforcement
Responsibility for Reporting

If I am aware of—or even suspect—a violation of the Code, I have a responsibility to report it to the person who supervises my work, the Office of Internal Audit, Compliance, and Enterprise Risk Management, or the Compliance Helpline.

Why report concerns or violations? Compliance is everyone’s responsibility. Every member of the Medical Center has an obligation to report situations or activities that are—or even seem to be—violations of the Code. If something concerns you but you are not sure whether it is a violation of the Code, you must raise the concern and ask for advice. You do not have to be absolutely sure that you are right to make a report, but you must provide information that you believe to be true.

When you report concerns and violations, you provide an opportunity for the Medical Center to investigate them and, if necessary, correct them before they can cause serious legal issues or negative publicity. If you are aware of a violation of the Code and don’t report it, you are allowing it to continue. Failing to report a violation is a violation in itself. If you know of, or suspect, a violation and do not report it, you can face disciplinary action.

Here are the ways to report concerns or violations:

- Make a report to the person who supervises your work. Make an appointment so you can discuss the issue confidentially and thoroughly. Be prepared to present any evidence you have to support your allegations.

- Make a report to a representative from the Office of Internal Audit, Compliance, and Enterprise Risk Management or Human Resources. If you are uncomfortable talking with the person who supervises your work, you can contact any one of the following people by e-mailing Compliance.Help@nyumc.org or calling either the Office of Internal Audit, Compliance, and Enterprise Risk Management or Employee Relations. Ask that your call be directed to the appropriate person.

Office of Internal Audit, Compliance, and Enterprise Risk Management …… 212-263-8488

For specific contact information, go to compliance.med.nyu.edu.

• Vice President, Compliance, Privacy & Internal Audit
• Director of Hospital Compliance
• Director of Research Compliance
• Director of School of Medicine & Faculty Group Practice Compliance
• Director of Compliance & Privacy Investigations

Human Resources Department—Employee Relations …………… 212-404-3857
- **Make a report in writing.** Send a description of your concern by letter, memo, or fax to:

  NYU Langone Medical Center  
  Office of Internal Audit, Compliance, and Enterprise Risk Management  
  One Park Avenue, 3rd floor  
  New York, NY 10016  
  Confidential Compliance Fax: 212-404-4095

  If you report an issue to the person who supervises your work, to a representative from the Office of Internal Audit, Compliance, and Enterprise Risk Management, or to Human Resources, you can request that your report remain confidential. In doing so, you are requesting that your identity not be revealed. However, in some instances, your identity might need to be revealed in order for an investigation or legal proceeding to move forward.

- **Make a report anonymously through the Compliance Helpline.**  
  The Compliance Helpline (866-NYU-1212) is multilingual, toll-free, and available seven days a week, 24 hours a day. Calls are answered by an outside service, and your caller ID information is not recorded. You do not need to reveal your identity, but you should give enough specific information to enable a complete investigation of the issue you are reporting.

  The Helpline operator forwards your report to the Office of Internal Audit, Compliance, and Enterprise Risk Management for investigation. When you call the Helpline, you receive a tracking number and a time to call back for an update on your report or the answer to your question.
The Medical Center’s Non-Retaliation Policy

I understand that I am protected from retaliation if I, with reasonable belief and in good faith, report violations or suspected violations of this Code.

The Medical Center promises that there will be no retaliation against you if in your reasonable belief you raise concerns or questions about misconduct or report violations of this Code. Examples of retaliation include but are not limited to termination of employment, unjustified negative performance reviews, harassment, or exclusion from department meetings or social activities.

If you report a violation and believe you are experiencing retaliation, you have the right to report this situation to the Office of Internal Audit, Compliance, and Enterprise Risk Management. Retaliation against anyone who has raised a concern or reported a violation of the Code will be subject to disciplinary action, including possible termination.
Enforcement of the Code

I understand that I will be subject to disciplinary action for violations of this Code.

If you violate this Code of Conduct, you will be subject to disciplinary action, up to and including termination. The specific action will depend on the nature and severity of the violation. Disciplinary actions will be consistent with the Bylaws of the Medical Staff, Faculty Handbook, Postdoctoral Handbook, Student Handbook, and Staff Handbook.

Examples of actions subject to disciplinary action include the following:

- Participating in activities that violate this Code
- Encouraging, directing, facilitating, or permitting activities that violate this Code
- Failing to report suspected violations of this Code
- If you are a supervisor or manager, failing to detect violations of this Code, if you should have discovered the issues in the course of your supervisory or management responsibilities