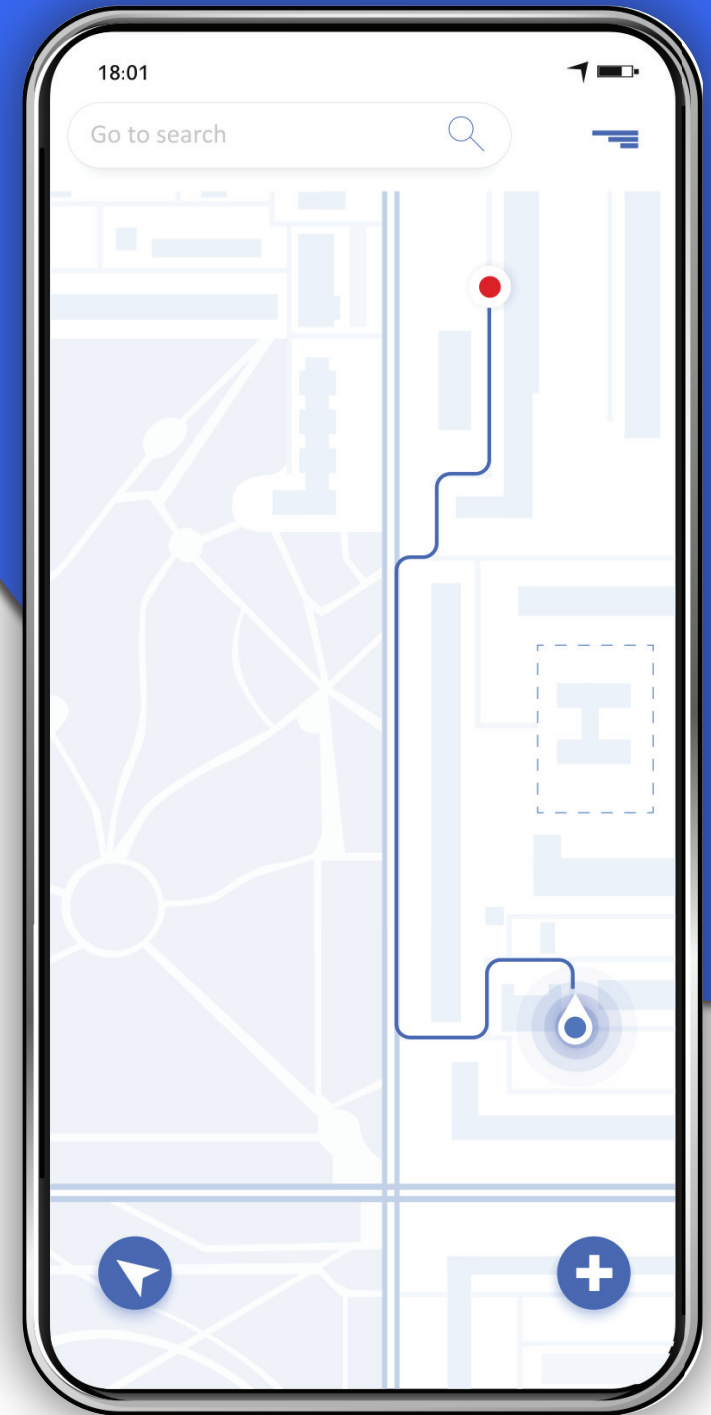


*NORTH CENTRAL HEALTH CARE'S*

# CODE OF CONDUCT

An Employee's Guide to Ethical Behavior



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North Central  
Health Care

# WELCOME

## to Our Code of Conduct

*At North Central Health Care (NCHC) we are entrusted with the responsibility of maintaining the integrity of our organization through compliance and adherence to the code of conduct.*

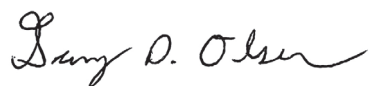
Integrity is one of our Core Values, and it is important to show integrity to the organization but more importantly to those we serve. At NCHC we live by our Core Values: Dignity, Accountability, Partnership, Continuous Improvement, and Integrity. If our Core Values are our compass, then our Code of Conduct is our road map.

Compliance and our Code of Conduct serve as the guiding lights that steer us towards ethical practices, fostering an environment of trust, respect, dignity, and accountability. They form the foundation upon which our organization stands, defining who we are and what we stand for. By embracing and embodying these principles in our daily actions, we not only protect the reputation of our organization but also contribute to its long-term success.

Furthermore, compliance is not merely a set of rules to be followed but a mindset to be embraced. It is about doing what is right, even when no one is watching. It is about taking ownership of our actions and their consequences, understanding that every decision we make has an impact, not just on ourselves but on those individuals we serve.

Similarly, our Code of Conduct serves as a compass, guiding us towards ethical behavior and decision-making. It outlines the values and expectations that we collectively hold dear, serving as a reminder of the standards we aspire to uphold. By embodying the principles outlined in our Code of Conduct, we cultivate a culture of integrity, inclusivity, and professionalism, where everyone feels valued and respected.

Thank you for your unwavering dedication to compliance and the Code of Conduct. Your commitment to doing what is right sets the foundation for our continued success.



**Gary Olsen**  
Executive Director





## OUR MISSION

*Langlade, Lincoln, and Marathon Counties partnering together to provide compassionate and high quality care for individuals and families with mental health, recovery, and skilled nursing needs.*

## OUR VISION

*Lives Enriched and Fulfilled.*

# OUR CORE VALUES



### DIGNITY

We are dedicated to providing excellent service with acceptance and respect to every individual, every day.



### INTEGRITY

We keep our promises and act in a way where doing the right things for the right reasons is standard.



### ACCOUNTABILITY

We commit to positive outcomes and each other's success.



### PARTNERSHIP

We are successful by building positive relationships in working towards a system of seamless care as a trusted community and county partner.



### CONTINUOUS IMPROVEMENT

We embrace change through purpose-driven data, creativity and feedback in pursuit of the advancement of excellence.



# 3

# ACCOUNTABILITY

Committing to Positive Outcomes and Each Other's Success



# An Introduction to **ACCOUNTABILITY**

North Central Health Care is committed to maintaining the highest standards of integrity and ethical conduct in all aspects of our operations. Our Compliance Program serves as the foundation of this commitment, guiding our employees to understand and adhere to applicable laws, regulations, and internal policies.

## **OUR COMPLIANCE PROGRAM EMPHASIZES SEVERAL KEY POINTS:**

1. The Compliance Officer: This individual leads our compliance efforts, ensuring that we meet all necessary requirements.
2. The Compliance Committee: This group supports the Compliance Officer, overseeing the effectiveness of our compliance program.
3. Open Communication: We encourage open dialogue with the Compliance Officer. Employees are encouraged to raise any compliance questions or concerns without fear of retaliation.
4. Reporting Mechanisms: We provide multiple avenues for reporting compliance issues, ensuring that all concerns are addressed promptly and fairly.
5. Non-Retaliation Policy: We have a strict policy against retaliation for reporting compliance concerns. We value and protect whistleblowers.
6. Enforcement: Our written policies and procedures, including this Code, are enforced equitably and impartially, ensuring consistent adherence to our standards across the organization.

**By upholding these principles, we demonstrate our commitment to ethical behavior and regulatory compliance in all aspects of our operations.**

# ABOUT OUR CODE

*North Central Health Care's Code of Conduct guides appropriate conduct and behaviors expected of all North Central Health Care Staff.*

By following our Code and acting with integrity, you play an important role in supporting our Mission, Vision, and Core Values. It outlines our commitments and defines our responsibilities for all that we do. We need a Code of Conduct as it reinforces our Core Values which guide our strategies, policies, practices, and behaviors. It is part of our Compliance Program and it helps us make sure that we are complying with the laws and regulations that govern our organization.



## WHO FOLLOWS THE CODE OF CONDUCT?

Whatever your role is at North Central Health Care, this Code applies to you. Our organization's Executive Committee is responsible for adopting and approving our Code. The Compliance Officer is accountable for promoting, monitoring, and enforcing it.





# OUR RESPONSIBILITIES

*Each of us plays an important role in upholding the Code of Conduct*

## We ALL Share the Responsibility to:

**BE VIGILANT ABOUT SAFETY.** Never take shortcuts that compromise your safety, that of your teammates, or of those we serve.

**DO THE RIGHT THING ALWAYS.** Demonstrate an unwavering commitment to doing the right thing in every action you take and in every decision you make, especially when no one's looking.

**TREASURE, PROTECT, & PROMOTE OUR REPUTATION.** Consider how your actions affect our collective reputation, and be a proud ambassador for North Central Health Care, our team, and our services.

**EMBRACE DIVERSITY & INCLUSION.** We make better decisions when we consider multiple perspectives. North Central Health Care strives to welcome diversity and inclusion.

**SPEAK UP!** We are ALL required to report any suspected violations or misconduct concerns. If you see something, say something.

**DELIVER PERSON-CENTERED CARE.** Always put the needs of those we serve first. The best test for every action and every decision is to ask yourself, "Is this what's best for that individual?"

**KEEP INFORMATION SECURE.** Choose to honor the confidentiality and privacy of those we serve. Protect our patients, clients and residents by keeping their personal health information (PHI) secure.

**LEAD BY EXAMPLE.** Demonstrate Dignity, Integrity, Accountability, Partnership and Continuous Improvement daily. Always conduct ourselves ethically.

## Additional Manager Responsibilities:

- **EDUCATE** staff on how to spot and report misconduct as well as the policies and procedures, rules, and regulations that are relevant to your department or program.
- **PROTECT** staff members from retaliation for reporting misconduct.
- **CREATE** a work environment in which concerns can be raised and openly discussed without fear of retaliation.
- **MODEL** and reward integrity.
- **ENFORCE** standards consistently and hold employees accountable for behaviors.
- **LISTEN** and **RESPOND** to employee reports of misconduct.



# VIOLATIONS OF THE CODE

*The standards outlined in this Code are mandatory and must be adhered to.*

## EXAMPLES OF VIOLATIONS INCLUDE:

1. Participating in or failing to report a violation of law, regulation, or NCHC policy, including this Code of Conduct.
2. Providing care that is unsafe, negligent, or abusive.
3. Falsifying records of any type.
4. Theft or misappropriation of NCHC assets, funds, equipment, supplies, property, or that of any NCHC client/patient/resident.
5. Retaliation towards individuals who report concerns in good faith.
6. Deliberately filing false reports.
7. Engaging in discriminatory, harassing, gossiping or bullying actions.
8. Committing or threatening workplace violence.
9. Intentional, reckless, or careless actions that result in patient/resident/client privacy breaches or the breach of other confidential NCHC information.

\* NOT AN EXHAUSTIVE LIST

 **VIOLATIONS WILL BE SUBJECT TO CORRECTIVE ACTION UP TO AND INCLUDING TERMINATION.**

# MAKING GOOD DECISIONS

*Consider the following chart when confronted with an ethical dilemma or when you want to do the right thing.*

**1**

## IDENTIFY THE ETHICAL PROBLEM.

List possible solutions and any obstacles to resolving the problem.

Seek input from a member of management, clinical team, or other consultation.

**2**

## DETERMINE SOLUTIONS & THE BEST APPROACH.

Is it consistent with our NCHC Mission, Vision & Core Values? Is it legal? Does it comply with our policy, regulations, laws?

Would your approach embarrass you or NCHC?

How would it look if published in the media?

**3**

## DECIDE WHAT YOU SHOULD DO.

After considering all potential solutions, make a decision. If your path still isn't clear, ask for additional guidance.

**4**

## FOLLOW THROUGH ON YOUR DECISION.



# SPEAKING UP: Seeking Guidance & Voicing Concerns

*It is **YOUR** responsibility to ask questions and raise concerns when compliance issues arise.*

Likewise, if you are aware of something that may be a violation of our Code, our policies, or the law, you must speak up and report it so it can be addressed. **We cannot address an issue unless it's brought to our attention. Commit to speaking up!**

## WHAT HAPPENS WHEN I REPORT A CONCERN?


When a concern is reported a prompt investigation by the appropriate individuals will occur.

### INVESTIGATORS WILL:

- Determine facts through interviews and review of documents
- Contact employees who may have knowledge or were involved in the incident
- Recommend corrective action and/or disciplinary measures where appropriate

If asked, you are **REQUIRED** to cooperate fully with any inquiry or investigation.

**CONFIDENTIALITY:** this is key to ensuring you feel safe to raise concerns or make a report. Therefore, all reports will only be shared with individuals involved in handling the report and follow-up. If someone shares confidential information about a past or ongoing investigation, please contact Compliance.



**CHANNELS FOR GUIDANCE** You have several channels to seek guidance, voice concerns or make a report within North Central Health Care. Please start with your manager, when possible, as they are most likely to understand your concern and help you. If you feel you cannot speak with your manager, or you have and do not feel it is being addressed appropriately, you may also contact:

### COMPLIANCE OFFICER\*

715.848.4507 or [NCHCcompliance@norcen.org](mailto:NCHCcompliance@norcen.org)

### HUMAN RESOURCES TEAM

### SENIOR LEADERSHIP TEAM

### SAFETYZONE: COMPLIANCE/HIPAA FORM\*

\*these are options should you want to report anonymously

# WHO TO CALL



## CONTACT HUMAN RESOURCES

IF THE SITUATION INVOLVES:

- Workplace Conduct Issues
- Inappropriate Behavior
- Harassment/Mistreatment
- Discrimination
- Conflicts with Coworkers
- Disciplinary Issues

email: [HResources@norcen.org](mailto:HResources@norcen.org) | phone: 715.848.4419

## CONTACT COMPLIANCE

IF THE SITUATION INVOLVES:

- Patient Rights Violations
- Privacy Issues/Breaches of Confidentiality
- Medicare/Medicaid Fraud/Abuse
- Lost or Stolen Electronic Devices Containing PHI
- Fraudulent Billing or Coding
- Bribes or Kickbacks
- Noncompliance with Professional Standards
- Conflicts of Interest
- Ethical Violations

### NCHC COMPLIANCE OFFICER

email: [NCHCcompliance@norcen.org](mailto:NCHCcompliance@norcen.org) | phone: 715.848.4507 | online: [www.norcen.org/Compliance](http://www.norcen.org/Compliance)

**These are not exhaustive lists.**





# REFRAINING FROM RETALIATION

*Retaliation against any employee for filing a complaint in good faith, or for assisting, testifying, or participating in an investigation, is illegal and prohibited by NCHC. Retaliation constitutes employee misconduct.*

## WE FOSTER A CULTURE WHERE EVERYONE, IN GOOD FAITH, CAN:

- Communicate about ethics or compliance concerns.
- Report concerns or inappropriate behavior.
- Participate in an investigation.
- Refuse to engage in inappropriate activity.
- Exercise their rights protected by law without fear of retaliation.

## BEHAVIORS THAT MAY BE CONSIDERED RETALIATORY INCLUDE:

- **Demotion, Suspension, or Termination:** Taking disciplinary actions against the employee who reported the issue.
- **Harassing the Reporting Employee:** Encouraging others to harass the employee who raised concerns.
- **Unjustifiably Failing to Hire, Promote, or Consider for Hire or Promotion:** Treating the employee unfairly in employment decisions.
- **Adversely Impacting Working Conditions or Denying Employment Benefits:** Withholding entitlements from the employee.
- **Attempting to Identify the Reporting Employee:** Trying to reveal the identity of the employee who reported a concern or participated in an investigation.
- **Filing False Reports Against Someone:** This includes exaggeration of the truth as well as falsifying information.

If you observe, experience, or suspect retaliation, contact Human Resources or the Compliance Officer immediately.

## REPORTING IN GOOD FAITH MEANS

When you report an incident “in good faith”, it means that you genuinely believe a violation of the Code, the law, or our policies has occurred. The information you provide is honest and accurate and you are not acting maliciously.



**KNOW YOUR POLICIES:**  
Non-retaliation Policy







# PARTNERSHIP

Our Commitment to Each Other



# INDIVIDUAL BEHAVIOR AND ETHICAL STANDARDS IN BUSINESS

*North Central Health Care is committed to fostering an environment where all employees feel safe. We want to ensure an environment free of harassment, workplace violence, safety concerns, and hazardous conditions.*

Every employee has the right to work in an environment free of harassment and disruptive behavior. NCHC has a zero tolerance policy for workplace violence or harassment.

**HARASSMENT IS:** any verbal, written, visual, or physical act that creates a hostile, intimidating, or offensive work environment or interferes with an individual's ability to perform their job duties.

## UNACCEPTABLE BEHAVIORS INCLUDE:

- Engaging in Gossip/Spreading Rumors
- Derogatory Comments or Jokes/Offensive Language
- Unprofessional or Discriminatory Behavior
- Sexual Harassment

We prohibit discrimination and harassment based on race, color, gender, national origin, age, religion, disability, sexual orientation, gender identity or expression, veteran status or any other characteristic protected by law.



## WORKPLACE VIOLENCE INVOLVES

Threatening or intimidating behavior, whether physical or verbal. Causing injury to another, intentionally damaging someone else's property. Acts of vandalism, arson, or other criminal activities. We will not tolerate violence of any kind.



**KNOW YOUR POLICIES: Anti-Harassment Policy, Diversity & Inclusion Policy**



# A WORKPLACE THAT PRIORITIZES SAFETY & HEALTH

*Our commitment is to follow state and federal laws to maintain a safe working and service environment, reporting unsafe acts or conditions without delay.*

NCHC staff are expected to cooperate and follow all safety rules and practices, take necessary steps to protect themselves and others, attend required safety training and report all accidents, injuries and unsafe practices or conditions immediately.

## **BE FAMILIAR WITH AND FOLLOW ANY WORK SAFETY INFORMATION & TRAINING PROVIDED TO YOU & ALWAYS SPEAK UP WHEN:**

- A job you think you are not properly trained to perform and that may harm you or others is assigned to you
- Equipment is not operating properly and may be unsafe
- An unsafe condition or a potential danger to yourself, others or the environment comes to your attention



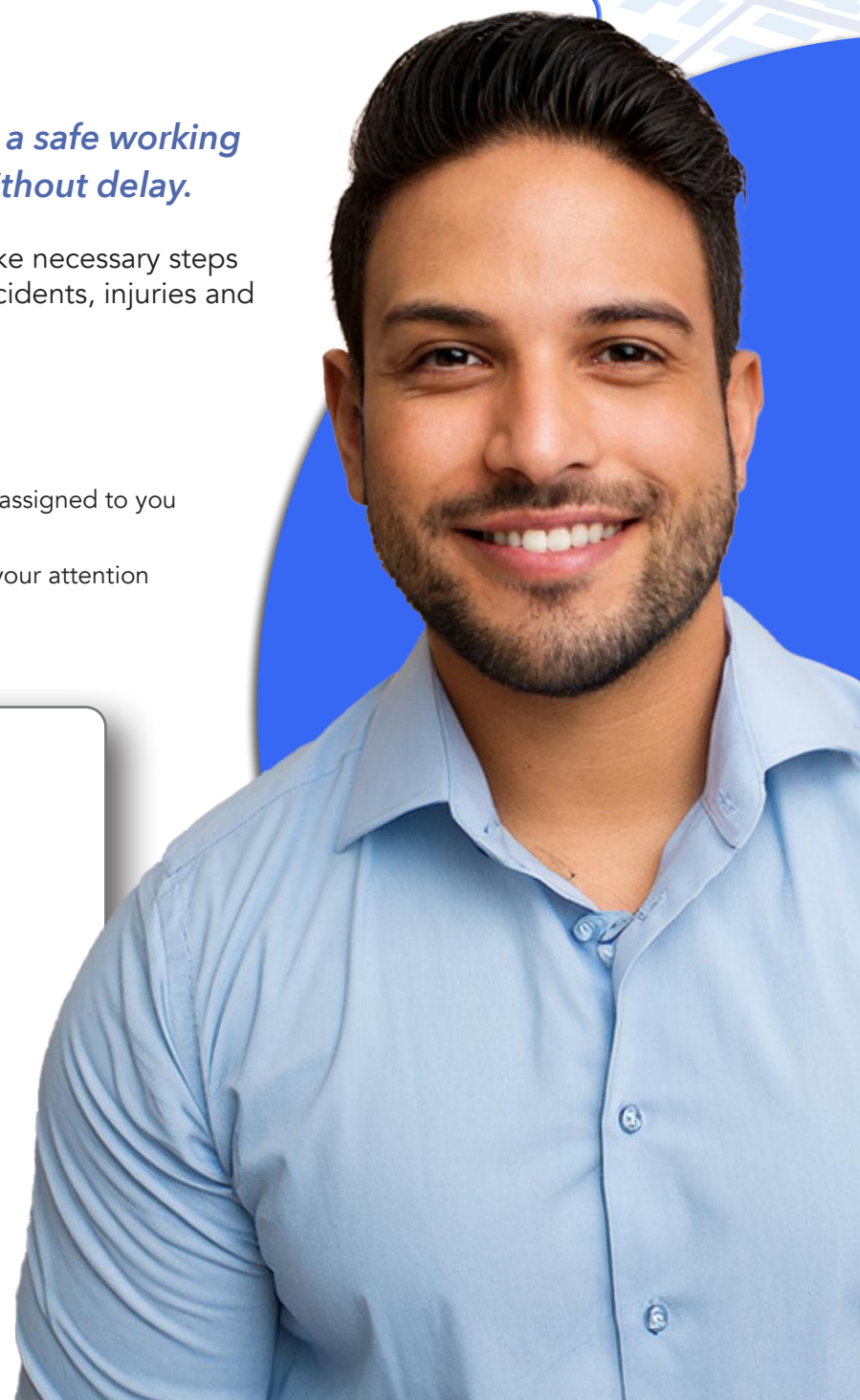
## **KNOW YOUR POLICIES: General Work Expectations, Tobacco Use Policy, Drug & Alcohol Testing Policy**

We want everyone within our facilities to be safe and healthy. It's essential that our employees conduct themselves free from substances that might affect skills and judgment, endangering the safety of others.

## **WE ASK EMPLOYEES COMMIT TO THE FOLLOWING:**

- Do not use alcohol or illegal drugs while working or on call. Do not bring illegal drugs, weapons, or other contraband to work.
- We are a smoke-free organization. Do not use tobacco products in the workplace.
- Do not perform any job duties while under the influence of alcohol, illegal drugs, or while misusing prescription drugs.

Anyone who appears to be under the influence of alcohol or drugs while working on behalf of the organization, misuses a prescription drug, or is involved in a drug diversion must be immediately reported to your Manager and HR and may be subject to disciplinary action up to and including termination.







# INTEGRITY

We Do the Right Things for the Right Reasons



# CONFLICTS OF INTEREST

*We do what's in the best interest of North Central Health Care. Each of us is expected to avoid situations that can lead to even the appearance of a conflict of interest.*

**A CONFLICT OF INTEREST IS:** A situation that can occur when you have a competing interest that may interfere with your ability to make objective decisions for NCHC.

## HERE ARE SOME EXAMPLES:

- Reporting relationship between family members
- Using NCHC property, information, or resources, for non-NCHC purposes
- Holding outside jobs/positions that distract from work at NCHC or could potentially share clients or referrals
- Making business decisions that could benefit ourselves, family, or friends
- Issuing testimonials, endorsing, or promoting a vendor, payor, provider, product, or service

**BE PROACTIVE:** If you believe that an actual or perceived conflict exists, disclose it to your manager. Conflicts of interest can be addressed or avoided as a result.

## IF YOU'RE NOT SURE ASK YOURSELF:

- Am I using NCHC resources, relationships, or my position for personal gain?
- Does the activity compete with NCHC interests?
- Could it appear to be a conflict of interest to someone else?
- Does it interfere with the work I do for NCHC?

**If you've answered yes, STOP and disclose to your manager who will connect with Compliance. If you're still unsure, seek help.**

## GIFTS & ENTERTAINMENT

Gifts and entertainment can pose as conflicts of interest when they make it hard to be objective about the company or person that provides them. Seek guidance on gifts in our policy or from Compliance.

**Examples include** anything of value like: free or discounted tickets to sporting or entertainment events, free products, meals, trips, transportation, gift cards, etc.,

Providers practicing in psychiatry, therapy and social work etc. should also refer to their own discipline's professional code of ethics to make informed decisions based on the benefits and risks of accepting or giving gifts.



**KNOW YOUR POLICIES: Conflict of Interest, Gifts**

# COMPLIANCE WITH LAWS & REGULATIONS

## Health Care Law Overview

***ZERO TOLERANCE:*** We don't accept false claims or payments for referrals. We follow payment rules for all transactions, including Federal Health Care Programs. We monitor relationships with healthcare providers to follow laws and regulations.

We are committed to satisfying the payment conditions required by payors with which North Central Health Care transacts business, including Federal Health Care Programs. Further, we are committed to monitor and structure North Central Health Care's relationships with physicians and other healthcare providers to be consistent with relevant federal and state laws and regulations.

### DEFINITIONS TO KNOW:

**FRAUD:** Intentionally deceiving to get money or property from Medicaid/Medicare or grants. Includes knowingly submitting false reports or claims to federal or state agencies.

**ABUSE:** Actions that may cost federally funded programs unnecessarily. This includes paying for items or services when not legally entitled to.

**WASTE:** Overuse of services or careless spending on healthcare, leading to unnecessary costs for Medicaid or Medicare.

**CODING & BILLING:** We bill only for services provided, medically necessary, and properly documented. We use accurate billing codes and don't inflate charges for more money.

### HEALTH CARE LAWS OVERVIEW:

**FALSE CLAIMS ACT:** This law says it's illegal to knowingly submit a fake claim to the government to get paid, even if there's no proof of intending to cheat.

**CIVIL MONETARY PENALTIES LAW:** This law stops certain actions like:

- Getting services or items from someone excluded from healthcare
- Not letting the Office of Inspector General (OIG) see records when needed
- Knowing about overpayments but not reporting or returning them
- Giving money to influence referrals

**ANTI-KICKBACK:** The Anti-Kickback Statute keeps federal and state healthcare programs honest. It says no one can offer or accept anything in exchange for healthcare business or referrals.

**STARK LAWS (PHYSICIAN SELF-REFERRAL):** These laws stop doctors from referring patients to businesses they're financially connected to, like ones they own. This helps protect Federal Health Care Programs (like Medicaid and Medicare) and the people who use them.

### HEALTH CARE FRAUD EXAMPLES

1. Submitting fake claims for services not given.
2. Exaggerating costs in reports.
3. Stealing prescription drugs.
4. Paying or getting bribes for patient referrals.
5. Giving unnecessary care.
6. Keeping government overpayments.
7. Missing or incomplete documentation.
8. Using the wrong billing codes.
9. Charging separately for services that should be together.
10. Using the wrong location for services.
11. Reporting wrong diagnoses/procedures for more money.
12. Not charging patients their share of costs.



# ENSURING FINANCIAL INTEGRITY

## *Reporting, records, & documentation must be accurate.*

Establishing trust with consumers, employees, vendors, shareholders, regulators, and communities is facilitated by maintaining accurate financial records, which enable us to assess our performance with reliability and to practice strong financial stewardship.

**THEREFORE:** All documents pertaining to revenue, including invoices, purchase orders, payroll, tax records, benefit claims, and regulatory information, must be timely, accurate, and complete.

**NEVER:** falsify a record or ignore something that is unlawful or unethical. Nobody has the right to force you to act in a way that is against our code.

## COOPERATION WITH GOVERNMENT INQUIRIES

**We must treat all government auditors, regulators, and investigators with respect.** Any requests for information from the government must be brought to the attention of Compliance and Legal as soon as possible. Such requests may include subpoenas, civil investigative demands/suits, audit requests, search warrants or informal requests. Compliance and Legal will review and give you the appropriate guidance in how to respond.

### EXAMPLES OF PROHIBITED ACTIONS:

- Deceptively representing the true nature of a transaction
- Concealing or failing to report financial activity
- Circumventing, by-passing, or falsifying financial controls
- Backdating docs; purposefully recording transactions in the incorrect accounting period, under the incorrect account, or under the wrong department
- Billing/manipulating info to get paid for goods or services we haven't delivered



# WAGE & HOUR STANDARDS

In accordance with all relevant state and federal laws, NCHC is dedicated to providing its employees with the full compensation to which they are entitled. NCHC has policies regarding pay practices and timekeeping. It is the duty of each NCHC worker to comprehend these guidelines, abide by them, and report any infractions. Additionally, hourly NCHC employees are prohibited from working off the clock.

## HOURLY EMPLOYEES SHOULD NOT WORK OFF THE CLOCK FOR SEVERAL IMPORTANT REASONS INCLUDING:

**Legal Compliance:** Working off the clock can lead to violations of labor laws, such as the Fair Labor Standards Act (FLSA) in the U.S., which mandates payment for all hours worked. Failure to comply with these laws can result in legal consequences for both the employee and the employer.

**Fair Compensation:** Employees deserve to be compensated for all the time they dedicate to their job. Working off the clock means they are not being paid for their labor, which is unfair and undermines their value. NCHC does not support hourly staff working off the clock in any circumstance.

**Work-Life Balance:** Encouraging or allowing off-the-clock work can blur the lines between personal and professional life, leading to burnout and decreased overall well-being. It is essential for employees to have clear boundaries to maintain a healthy work-life balance.

**Professional Boundaries:** Employees who have communication with clients/patients when not clocked in run the risk of violating professional and work boundaries.

**Accurate Records:** Proper timekeeping ensures accurate payroll records. Off-the-clock work can lead to discrepancies and errors in tracking work hours, which can complicate payroll and other administrative processes.

**Employee Morale:** When employees feel pressured to work off the clock, it can lead to resentment and low morale. Fair treatment and respect for their time contribute to a positive workplace environment and higher job satisfaction.

*By ensuring that all work is performed on the clock, employers uphold legal standards, promote fairness, support employee well-being, and maintain accurate administrative records.*



**KNOW YOUR POLICIES: Compensation & Timekeeping**

## HOURLY EMPLOYEES

### EXAMPLES OF WORKING OFF THE CLOCK INCLUDE BUT ARE NOT LIMITED TO:

**Answering Emails or Calls/Texts:** Work-related emails or phone calls/texts before clocking in, during breaks, or after clocking out.

**Finishing Up Tasks:** Staying late to complete a project or task without recording the extra time.

**Working Through Breaks:** Skipping or cutting short mandated breaks (such as lunch or rest periods) to continue working without logging this time.

**Attending Meetings:** Participating in meetings or conference calls outside of scheduled work hours without recording the time.

**Preparation & Cleanup:** Setting up workstations or cleaning up after shifts without clocking in or out for these activities.

**Training or Onboarding:** Attending training sessions, completing required courses, or onboarding activities without being compensated for the time spent.

**Running Work Errands:** Performing work-related errands, like picking up supplies or making deliveries, outside of regular working hours without reporting this time.

**Remote Work:** Completing tasks or working from home without logging the hours spent on these activities. This includes any activity or logging into Cerner.

*These examples illustrate how employees might perform work-related duties without proper compensation, leading to potential legal and ethical issues for both the employee and employer. Employees who engage in working off the clock will be subject to disciplinary action up to and including termination.*

**TO PUT IT SIMPLY, CLOCK IN WHILE WORKING.**



# DIGNITY

We Honor Everyone's Dignity by Protecting Them





# KEEPING INFORMATION PRIVATE

*We protect the privacy of those that seek help from us  
and treat their information with care.*

We are required by our own policies, as well as by state and federal laws and regulations, to protect the confidentiality, integrity, and availability of Protected Health Information (PHI) and all other confidential information.

## DO WHAT'S RIGHT:

- Protect any PHI entrusted to you by keeping it safe and secure
- Collect, access, and use PHI for only authorized, work related reasons
- Only use the minimum amount of information needed
- Never share PHI with anyone who does not have a need to know
- Dispose PHI appropriately; into confidential shred bins
- Sharing or exchanging of PHI must be accompanied by a written consent signed by the individual/decision maker
- It's ok to access a patient/client/resident's record when you are:
  - Providing care to them
  - Providing ancillary services to them (billing, coding, scheduling, registration)
- Never access the record for curiosity sake or to check on a family member, friend or co-worker (past or current)
- It is appropriate to disclose a patient's record to:
  - A team member providing care to the patient
  - The insurance company of the patient in order to receive payment
- Immediately report any breaches of HIPAA Privacy in Safetyzone

## HIPAA IDENTIFIERS MAY INCLUDE THE FOLLOWING:

Patient Names

Geographical Elements

(Street Address, City, County or Zip)

Identifiable Personal Dates

(Date of Admit/Discharge, Birth, Death, or Age)

Telephone or Fax Numbers

Email Address

Social Security Numbers

Medical Record Numbers

Health Insurance Numbers

Account Numbers

Certificate/License Numbers

Vehicle Identifiers

Device Attributes/Serial Numbers

Digital Identifiers (Web URL's/IP Addresses)

Biometric Elements

(Finger, Retinal or Voice Prints)

Identifying Photos/Videos

Identifying Numbers/Codes

## WHAT IS PROTECTED HEALTH INFORMATION?

PHI is any piece of information about an individual that was created, used, or disclosed during the course of diagnosis or treatment at NCHC that can be used to personally identify them. This includes past, present, or future physical or mental health conditions, the provision of care, or payment for that care to an individual.





# ADDITIONAL PRIVACY REMINDERS:

**NCHC'S Privacy Program is designed to protect all those we serve** and their protected health information (PHI) which includes verbal, written, and electronic information that can identify someone as a recipient of our services. Further, our patients, clients, and residents have a right to have their information kept private.

## CAN I VIEW MY OWN MEDICAL RECORDS?

It is not a HIPAA violation to view your own records, however it is NCHC policy that **you must formally request this through HIM**. Please follow the proper procedure to receive your records to avoid disciplinary action leading up to and including termination of employment for improper access.

## WHAT IF I'M INVOLVED IN AN ACQUAINTANCE'S TREATMENT, BILLING, OR OTHER ACTIVITY?

If your job requires you to access the person's medical information, then you should **immediately report this to your supervisor**, who will determine whether to assign the task to someone else. Clarify with your supervisor the preferred handling of these situations in the future.

## WHAT IF MY CHILD/PARENT IS A PATIENT HERE?

To get copies of your child or parent's medical records, you must **request the records by making a request through Health Information**. You may not access the records directly through the electronic medical record.

## WHAT IF I AM DIRECTLY INVOLVED IN THE TREATMENT OR CARE OF AN ACQUAINTANCE?

If you are the patient's treating provider, case manager, crisis professional, nurse, etc.:

- You may only access protected health information (PHI) related to your involvement in the patient's care.
- You may share PHI only with the treatment team as needed for treatment, payment, or operations.
- You may not share info with anyone who does not have a work-related reason to know or without the proper consent of the patient. Working at NCHC does not automatically equal having a right to PHI. You must have a work-related reason or be involved in the person's treatment, payment, or operational functions (i.e., quality audits, DHS surveys).

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**IF YOU RECOGNIZE ANY PRIVACY BREACHES OR VIOLATIONS, PLEASE FILL OUT AN OCCURRENCE REPORT SO IT CAN BE PROPERLY INVESTIGATED.**

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## TO HELP MAINTAIN PATIENT, CLIENT, RESIDENT PRIVACY AND CONFIDENTIALITY:

- Access patient medical records only when it is required for your job. Just because you have access to medical records and protected health information does not mean you can look at anything or anyone.
- If authorized: access, use and disclose only the minimum protected health information needed to get the job done.
- Do not access medical records of co-workers, friends, family members or others listed unless for a work-related reason or with approval.
- Log off and lock your computer whenever you leave your workspace. Employees who leave their workstations without logging off are responsible if someone else uses their login and password to access medical records.

## CONSEQUENCES OF UNAUTHORIZED ACCESS

Consequences could mean termination of your employment and applies to intentionally and inappropriately accessing records, whether for purposes of curiosity, malicious intent, or personal gain of:

- Your spouse/partner
- Your siblings
- Your children/grandchildren
- Co-workers
- Friends/neighbors
- Public figures or those of media interest
- Any patient without a legitimate, authorized, work-related reason



## CYBER SECURITY

Storing and transmitting electronic records makes our systems and accessing information more efficient, simpler, and less costly but it also comes with added responsibility to maintain patient privacy by protecting it from hacks, breaches, and other cyber threats.



# CYBERSECURITY: DO'S & DONT'S

### **DON'T PUT PROTECTED INFO ON PERSONAL COMPUTERS OR DEVICES.**

Use only company-approved and encrypted devices when you work with protected information. Never download or copy protected information to your personal computer or to any device that unauthorized people have access to. Never download or back up information about patients/clients/residents, or employees to the cloud without approval.

### **LOCK YOUR MONITOR WHEN YOU STEP AWAY.**

Lock your computer screen by pressing CTRL+ALT+DELETE>LOCK. When working in a patient record, lock your screen even if you are just stepping away for a moment.

### **STAYING SAFE ON SOCIAL MEDIA.**

Don't use social media (TikTok, Snapchat, Facebook, Twitter, Instagram, etc.,) to communicate PHI. This includes pictures and video. Please see our Social Media policy for more details on appropriate use of social media while working.

### **USE STRONG PASSWORDS AND NEVER SHARE THEM.**

Make your passwords hard for others to guess, but easy for you to remember so you don't have to write them down.

### **REPORT MISSING DEVICES IMMEDIATELY.**

Report lost or stolen devices to your manager immediately. Don't delay even if you think it will still be found.

### **SECURE MOBILE DEVICES.**

Never leave mobile devices (even encrypted) unlocked or unattended.

### **SECURE EMAILS WITH PROTECTED INFORMATION.**

Never send patient/client/resident, or employee info outside the organization unless you use encrypted email or another NCHC approved security tool (Outlook's Secure Mail, TLS, or e-Transfer). Never send protected information to yours or anyone's personal email, even if you think you are sending securely. Any exceptions must be approved by the HIPAA Privacy Officer.

### **PROTECT AGAINST VIRUSES.**

Don't open emails with attachments or links from unknown and unexpected senders. "Spam" and "phishing" emails and infected files can release a virus into our network or trick you into giving protected info.

### **ASK IF YOU AREN'T SURE HOW TO KEEP INFO OR DEVICES SECURE.**

Talk to your manager, call CCITC, IMS, or get in touch with Compliance. They will get you additional guidance or training.

# PROTECTING THOSE WE SERVE

## from Caregiver Misconduct

*We have zero tolerance for caregiver misconduct as safeguarding those we serve is our top priority.*



### ABUSE:

- **PHYSICAL** – hitting, slapping, pinching, kicking, or intentionally causing harm
- **VERBAL** – threats of harm, saying things intentionally to frighten the client
- **SEXUAL** – harassment, inappropriate touch, assault
- **MENTAL** – humiliation, harassment, intimidation, threats of punishment, depriving care or possessions



### NEGLECT:

Intentionally withholding care; failure to carry out a plan that could reasonably be expected to cause pain, injury or death of a client



### MISAPPROPRIATION OF PROPERTY:

Theft of money, identity, credit cards, jewelry, property misuse, such as using a client's phone without consent



### EXPLOITATION:

Taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats, or coercion



### RESIDENT TO RESIDENT ALTERCATION:

Incidents that occur between residents in the nursing home must also be reported



### INJURY OF UNKNOWN ORIGIN:

An injury should be classified as an injury of unknown origin when both of the following conditions are met:

1. The source of the injury was not observed by any person or the source of the injury could not be explained by the resident.
2. The injury is suspicious because of the extent or the location (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.

## IF YOU WITNESS ABUSE

If you witness any of these abuses to a client, resident or patient, it is your responsibility to make sure the following protocol is carried out:

### ● WITNESS RESPONSIBILITY

- Immediately protect the person
- Notify your manager
- Fill out an occurrence report in SafetyZone

### ● MANAGER RESPONSIBILITY

- Immediately protect the person
- Investigate all allegations of misconduct
- Document the results of your investigation
- Report allegations/incidents to the Division of Quality Assurance (DQA) as appropriate

### ● MANAGER/WITNESS RESPONSIBILITY

- For any situation that could include a potential criminal offense, contact law enforcement
- Adult Protective Services (715.841.5160) aids elder adults/adults-at-risk who have been/are currently being abused, neglected, or exploited

## YOU MAY ALSO LEARN OF AN INCIDENT BY:

- Receiving a verbal/written statement from an individual
- Receiving a verbal or written statement from someone in a position to have knowledge of the incident
- Discovering an incident after it occurred
- Hearing about an incident from others
- Observing physical/emotional/mental injury to an individual
- Observing misappropriation of an individual's property
- Otherwise becoming aware of an incident





# CONTINUOUS IMPROVEMENT



# ATTESTATION

*All employees will complete an acknowledgment form that states they have read and understand our Code of Conduct and agree to abide by its guidelines.*

## THE ACKNOWLEDGMENT FORM STATES THAT THE EMPLOYEE WILL:

1. I confirm that I have received a copy of the Code of Conduct or know where to find it.
2. I understand that it is my responsibility to read the Code of Conduct and I agree to do so.
3. I also understand that anything that was unclear to me in the Code of Conduct can be clarified by my supervisor or the Compliance Officer.
4. I do not currently know of any violations of the Code of Conduct.
5. I understand that I have a personal duty to bring all (real or suspected) violations of the Code of Conduct to the attention of my supervisor and/ or Compliance Officer. I will utilize the resources listed in the Code to speak up. Retaliation should be reported immediately.
6. I understand that it is against NCHC policy to be retaliated against for upholding the Code of Conduct and for obeying the laws and regulations that apply to my job.

I agree that I have read and understand and will comply with the terms of this Code of Conduct and all applicable policies and procedures. I understand that my failure to comply with the Code of Conduct may result in disciplinary action, up to and including termination of employment.