Education and teaching are part of the core mission of Duke Health. We provide and encourage continued learning for our personnel and associated health care providers. We educate future health care providers and leaders. We educate patients and their families, significant others, or caregivers about a patient’s condition and care. And we educate the communities we serve about health care topics of concern to them.

- When students or trainees participate in patient care, we provide the supervision needed to ensure that all aspects of patient care are appropriate.
- We provide meaningful and practical learning experiences for health care students and trainees.
- We provide training and education that support individuals’ career development and advance the performance of the organization as a whole.
We complete all training (e.g. Compliance, HIPAA, Lab Safety, and Fire & Safety) that is required for us to do our work, as well as to ensure that Duke Health is compliant with all applicable laws, regulations, and policies.

Our compliance education program works to ensure that every employee, governing board member, member of the faculty, medical staff, student, vendor, and volunteer understands this Code of Conduct and the basic principles of the Compliance Program. All of these individuals sign a statement showing that they have received a copy of this Code and agree to abide by its terms.
We follow the highest ethical standards and comply with federal and state laws and regulations, as well as with our own policies in any research, investigations, and clinical trials involving human subjects or animals.

We educate all personnel who serve on or would be expected to interact with the Institutional Review Boards (for human subjects) and the Institutional Animal Care and Use Committee (for animal subjects) about applicable laws, regulations, and guidelines, including those of the Office for Human Research Protections, as well as our own policies and procedures. Procedures and guidelines for research can be found at irb.mc.duke.edu, compliance.duke.edu and docr.som.duke.edu.
INTEGRITY IN OUR ACTIONS

Section 3
PRIVACY/CONFIDENTIALITY

We use confidential information—information that should remain private, whether medical, staff-related, business, financial, or personal—only as needed to do our jobs. We respect and maintain the confidentiality of patients’ protected health information.

Protected health information (PHI) is any health information that could identify a particular person. The person could be living or deceased. The information could be about the past, present, or future health of a person. The information could be written on paper, displayed or stored in computers, or it could be spoken. Examples include patient charts, reports, x-rays, billing systems, nursing notes, and conversations about patients.

Under the HITECH Act, Duke Health has the obligation to report breaches of PHI. A breach is generally presumed when an incident of an unauthorized use, access or disclosure under the Privacy Rule occurs – unless the Compliance Office performs a risk analysis that reveals a low probability that PHI has been compromised.

Upon the determination of a breach incident, Duke has reporting responsibilities to the patient, research subject, and the Department of Health and Human Services. ALL STAFF have a duty to report any allegation of a breach, including unauthorized accesses or disclosures, to their manager and/or to their respective Compliance Office.

Consistent with the North Carolina Identity Theft Protection Act, we have procedures in place to protect the confidential nature of Social Security Numbers (SSN) without creating unjustified obstacles to the conduct of the business of Duke Health. We take the appropriate measures to protect against unauthorized access or use of personal information.

To protect the confidentiality of patient information, we strictly follow our privacy and security policies and procedures.

- We access only the information that we need to perform our work.
We do not share information with others unless there is a legitimate need for others to know the information in order to perform their work.

We do not access the patient information of our colleagues, friends or family members without appropriate written authorization or when it is not part of our job responsibility.

Because so much of our information is generated and contained within our computer systems, we protect our computer systems and the information contained in them by creating a strong password, not sharing passwords, and by adhering to our information security policies and procedures.

When sending patient information electronically, we do so securely, using encryption as required by privacy and security policies.

We protect electronic patient information by ensuring we only use mobile devices that are properly encrypted such as encrypted laptops, thumb drives and other mobile devices.

We only use Duke’s shared network or approved secure cloud storage to store files containing PHI. For more details, go to security.duke.edu

We also take steps to maintain the confidentiality of:

- Information about personnel actions.
- Private financial, pricing, and cost information not of public record.
- Information regarding intellectual property (such as inventions) of the organization that is not intended for public disclosure and similar information of other entities that is shared with the organization on a confidential basis.
- Computer software programs.
- Service provider, vendor, or contractor information.
- We do not discuss sensitive topics involving business operations with any competitors, service providers, vendors, or other contractors without the approval of the appropriate supervisor.
- We do not obtain confidential information about competitors through improper means.
- We do not post sensitive information including PHI or patient pictures on personal social media pages.
- When we have questions or wish to report concerns regarding confidentiality, contact your respective Compliance Office using the phone numbers listed on the back of the Code of Conduct.

For more details, see the Breach of Protected Health Information/Patient Privacy Policy, Confidentiality Agreement, Protecting the Confidentiality of Social Security Numbers, and Electronic Communication policy at (egrc.duhs.duke.edu).
PRIVACY AND SECURITY TIPS

Protecting Spoken Information

- Knock first and ask to enter patient room.
- Close doors or curtains when talking about treatments or doing procedures.
- Speak softly in semi-private rooms.
- Ask permission before speaking about a patient’s care in front of visitors.
- Don’t discuss patient information in waiting rooms, the cafeteria, and other public areas.
- Direct visitors to the information desk.
- Don’t leave messages about patient conditions on answering machines.

Protecting Information on Paper

- Find the owner of “lost” papers.
- Shred information no longer needed.
- Don’t leave papers unattended.
- Use a cover sheet and check the fax number when faxing confidential information.

Protecting Information on Computers

- Keep computer screens pointed away from the public.
- Log off or secure your workstations when leaving your work area.
- Keep passwords secure.
- Report computer viruses.
- Properly encrypt handheld devices and laptops.
- Store files containing PHI only on Duke’s shared network or approved secure cloud storage.
- Use encryption when sending e-mails containing patient and other confidential information.
- Research protocols utilizing protected health information should have a current research data security plan on file with the institutional review board.
MARKETING

We use many forms of communication to provide and receive information between our co-workers, those we serve, those with whom we conduct business, and the public. Communication may occur verbally or through written documents, electronic mail (e-mail), facsimile (fax), voice mail, by computer, audio and video recordings, and marketing.

- We make sure we use all forms of communication appropriately.
- We release information to the media, public, and courts only through the appropriate channels in accordance with the DUHS Policy: Media Inquiries (egr.duhs.duke.edu)
- We present all communication regarding our services, including marketing and advertising, in a truthful and informative manner that provides a fair representation of services and care provided.
- We will adhere to all federal and state laws, regulations and rules governing marketing and advertising. Marketing materials related to DCC will be submitted to the relevant governmental agency, including Medicare, for approval prior to use.

CONFLICT OF INTEREST AND/OR COMMITMENT

Staff members are expected to always perform their work for the benefit of Duke and its patients, students, and customers. Duke defines “Conflict of Interest” and “Conflict of Commitment” as follows:

- **Conflict of Interest**: A “Conflict of Interest” exists when a staff member has a relationship with an outside organization that can potentially bias the staff member in such a way that he/she (or a member of their immediate family) could potentially stand ultimately to benefit financially by his or her relationship to that outside organization.

- **Conflict of Commitment**: A “Conflict of Commitment” exists when a staff member (or a relative of a staff member) has a relationship with an outside organization that may potentially bias or influence the staff member in making decisions in his or her capacity as a Duke employee. Any relationship with an outside organization that requires frequent and/or prolonged absence from Duke may represent a Conflict of Commitment.
In our business relationships with consultants, service providers, suppliers, vendors, and other contractors, we base all of our decisions on quality of services and products, competitive pricing, and organizational policy—not on personal relationships or personal benefit.

We do not offer, solicit, or accept any gifts or gratuities that may influence or appear to influence our objectivity in performing our work.

DCC, its providers, staff, and contractors are prohibited from providing gifts to beneficiaries as inducements for receiving services from or remaining with DCC or its providers.

Please review the Duke Health Gifts and Courtesies Policy. Supervisors should consult with their respective Compliance Office for questions they may have about gifts.

See the DUHS (egr.duhs.duke.edu) and Duke University (compliance.duke.edu) conflict of interest policies and the Duke Health Gifts and Courtesies Policy (egr.duhs.duke.edu) and Frequently Asked Questions attached to the policies.
POLITICAL ACTIVITY AND CONTRIBUTIONS

Employees are encouraged to vote and take part in the political process. However, the use of DUHS, PDC, or SOM/SON property or funds to support a political cause, party, or candidate for public office is prohibited.

- We do not use Duke Health assets such as telephones, copiers, and our work time to support any political activity.
- We clearly indicate that the political views we express as individuals are our own.

PROFESSIONAL ACCOUNTABILITY PROGRAM (PACT)

The PACT program is designed to foster a safe and productive work environment by promoting physician behaviors which are conducive to a culture of safety and consistent with the DUHS value based culture. PACT supplements ongoing professionalism efforts by providing a more consistent approach to reporting, identifying, monitoring and responding to physician needs as they arise.

GOVERNMENT INVESTIGATIONS

We fully comply with the law and cooperate with any appropriate request by a government agency for information. Any non-routine inquiry, civil investigative demand, subpoena, or request of another agency regarding DUHS, PDC, SOM/SON or any facility, division, or person associated with DUHS, PDC, and SOM/SON should be reported immediately to the DUHS, PDC, or Duke University Compliance Office, a DUHS Facility Compliance Officer, or the administrator on call. This notification will ensure that the appropriate individuals, including the Office of Counsel, are made aware of the request and can properly respond to it, and that all patient privacy rights are maintained. See DUHS (egr.c.duhs.duke.edu) and PDC (intranet.dm.duke.edu/ent/pdc) policies on Search Warrant, Subpoena, and Civil Investigative Demand and Visits by Investigators or Auditors. See Duke University’s (compliance.duke.edu) Notification policy.
DOCUMENTATION

We are committed to timely and accurate documentation across all functions, which include patient/caregiver interventions, services provided, and/or goals or outcomes achieved.

- We do not falsify any record, contract, or other document.

- We truthfully and accurately maintain all paper and electronic data, including medical records and financial reports, in accordance with applicable laws, regulations, and policies.

- Only authorized individuals should access medical and billing records.

- We are responsible for the accuracy of clinical documentation, including any carried forward documentation. The clinician is responsible to update any carried forward content and verify the accuracy and medical necessity of current encounter.

- We maintain all medical and billing records as required by law.
All cost reports submitted comply with federal and state laws, regulations, and guidelines.

We will submit accurate quality and other relevant data in accordance with federal and state laws, regulations and guidelines.

We store medical and billing records in a safe and secure place for the time required by law or policy.

We maintain and retain documents related to the respective Compliance Program.

CODING AND BILLING

Coding is the way we identify and classify health information (such as diseases and procedures) based on the care provided as documented in a patient’s medical record. Submitting these codes in the billing process is the way we identify charges for services we have provided. Our coding and billing practices strive to comply with all laws governing federal- and state-funded health care programs, and with the requirements of insurance companies.

We are committed to timely, complete, and accurate coding and billing. We bill only for services that we actually provide, document, and believe to be medically necessary.

We select billing codes that we believe in good faith accurately represent the services that we provide and that are supported by documentation in the medical record according to regulatory requirements and guidelines.

We address and respond to billing and coding inquiries and questions.

We make every effort to correct inaccuracies in billing in a timely manner as required by applicable laws and policies.

Employees should report concerns regarding the appropriateness of coding and billing practices to the appropriate supervisor, Facility Compliance Officer, or the DUHS, PDC, or Duke University Compliance Office.
FRAUD, WASTE AND ABUSE

To prevent Fraud, Waste and Abuse: Follow DUHS’ Code of Conduct, DUHS Policies and procedures, document for services that are actually performed, report concerns of violations. There is no retaliation for good faith reporting of concerns.

- **FRAUD**: Intentionally submitting false information to the government or a government contractor in order to get money or a benefit.

- **WASTE**: Overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare Program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.

- **ABUSE**: Actions that may, directly or indirectly, result in unnecessary costs to the Medicare Program. Abuse involves payment for items or services when there is not legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.

FALSE CLAIMS ACT

It is a violation of the Federal and North Carolina False Claims Act to knowingly submit or cause another person or entity to submit false claims for payment of government funds, such as filing with Medicare a claim for payment for services that were not provided. Penalties for such action(s) may be three times the amount the government paid out for damages plus civil penalties of $5,500 to $11,000 per false claim, and criminal cases may include imprisonment. Health care organizations also can be excluded from participation in federal health care programs. The False Claims Act contains provisions that allow employees with actual knowledge of alleged false claims to sue on behalf of the government. These individuals will be protected from retaliation, e.g. harassment, demotion, and wrongful termination, as a result of the employee’s lawful acts in furtherance of a false claims action.
FINANCIAL REPORTING

Our organization’s financial information serves as the basis for managing our business so that we are able to serve our patients, research participants, colleagues, and others. It is also necessary for compliance with tax and financial reporting requirements.

- We maintain accounting records according to generally accepted accounting principles.
- We maintain a system of internal controls to ensure accuracy and completeness in documenting, maintaining, and reporting financial information.
- We cooperate fully with internal and external auditors and any regulatory agencies that examine our books and records.
SAFEGUARDING OUR ASSETS

Our “assets” include more than facilities, property, equipment, inventory, office supplies, and funds. Our assets also include employee time, business strategies, financial data, computer software, patents, trademarks, inventions and devices, as well as intangible intellectual property and other information. Everyone is responsible for using corporate assets properly.

- We take appropriate steps to protect corporate assets against loss, theft, or misuse. We report possible loss or theft to our supervisor.
- We handle any purchase, transfer, or sale of assets in accordance with applicable policies and procedures.
- We do not use materials, equipment, or other assets for purposes not directly related to business or without prior approval from our respective supervisors, except for limited personal convenience.
- We do not photocopy or distribute material from books, periodicals, computer software, or other sources if doing so would violate copyright laws.

- We follow intellectual property laws.
- We e-mail sensitive electronic information securely according to policies and procedures including encryption of PHI when emailing to third parties (outside Duke email system), and use encryption when storing sensitive information on mobile devices.

CONTRACTS

We employ the highest business standards in selecting, negotiating, and approving all contracts with third parties.

- We maintain confidentiality regarding pricing and terms of contracts.
- In contracting with vendors, insurance companies, and other contractors, we comply with all laws and regulations, including the receipt of fair market value in the payment and receipt of services and products.
- We inform consultants, service providers, vendors, and other contractors that they are expected to comply with this Code.
WE WANT YOUR FEEDBACK
It is critical that our Compliance Program is effectively communicated throughout all levels of the organization. Compliance is the responsibility of all members of Duke Health. The Compliance Program and this Code may be modified to reflect future changes in laws and regulations or to improve compliance communication. Please submit your Compliance Program suggestions to the respective Compliance Office.

COMPLIANCE OFFICES

DUHS Compliance Office: To reach the DUHS Compliance Office with any compliance questions or concerns, please call 919-668-2573 or the DUHS Integrity Line at 800-826-8109, send an e-mail to compliance@dm.duke.edu, or visit our Web site at: intranet.dm.duke.edu/compliance.

Office of Audit Risk and Compliance (ORAC): For SOM/SON questions or concerns contact DECO at 919-684-2475 or the Duke University Compliance and Fraud Hotline at 800-849-9793, send an e-mail to deco@duke.edu, or visit the Web site at: compliance.duke.edu.
INTEGRITY IN ACTION

You may contact the Human Resource Office at your facility regarding Human Resources issues. If you have questions about the Code, the Compliance Program, a privacy or security issue, or need additional information, contact:

**DUHS Compliance Office** ........................................................................................................ 919-668-2573

**DUHS Integrity Line 1-800-826-8109**

Other DUHS Contacts:
- **Davis Ambulatory Surgery Center** .............................................................................................. 919-470-1008
- **Duke Raleigh Hospital** ........................................................................................................ 919-862-5936
- **Duke Regional Hospital** ......................................................................................................... 919-613-6880
- **Duke University Hospital** ....................................................................................................... 919-613-6880
- **Duke Home Care and Hospice** ................................................................................................. 919-620-3853
- **DUHS Diagnostic Services** ..................................................................................................... 919-681-8878
- **Duke Primary Care** ................................................................................................................. 919-613-6392
- **Duke Connected Care** ............................................................................................................. 919-668-2573
- **Patient Revenue Management Organization** ........................................................................... 919-684-6026
- **Private Diagnostic Clinic Compliance Office** ........................................................................... 919-613-6459
- **Duke University Office of Audit, Risk & Compliance** ............................................................... 919-684-2475
- **University Ethics and Fraud Hotline 1-800-849-9793**

For SOM/SON questions or concerns contact the Duke University Office of Audit, Risk & Compliance at 919-684-2475, send an e-mail to deco@duke.edu, or visit our Web site at: compliance.duke.edu
INTEGRITY In ACTION
Compliance Program

By signing this form, I acknowledge that I have been oriented to the Duke Health Compliance Program, have received my personal copy of the Duke Health Code of Conduct, and agree to abide by its terms, as it may be amended from time to time.

Signature (sign above)

Name (as it appears on social security card; please print above)

Date

Employer/ Entity

Department and Supervisor

Please complete, sign, and mail copy of form to:
DUHS COMPLIANCE OFFICE
DUMC 3162
DURHAM, NC 27710

Keep a copy for your supervisor. Thank you.