

One Brooklyn Health System, Inc.

## Code of Ethics and Conduct



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## Our Mission

*We provide greater access to high quality medical care and keep our communities healthy through an integrated care system that respects the diversity of our communities and addresses both the health needs and unique factors that shape them.*

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## Message from the Chief Executive Officer

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The Code of Conduct (the Code) serves as One Brooklyn Health System's (OBH) foundation for expectations of behavior related to workplace conduct and professionalism. The Code identifies principles for performance in the workplace and specifies expectations with regard to all applicable laws and regulations.

The Code is designed to assist us in our day-to-day conduct, by which our patients, our colleagues, other health care and business communities and regulatory authorities will judge our integrity. For the Code to be effective, all employees, physicians, contractors and vendors have a responsibility to raise concerns or questions regarding potential violations of the Code and do that without fear of retaliation from anyone at One Brooklyn Health (OBH). We all have a role to play in supporting a safe, respectful and caring workplace.

One Brooklyn Health leadership thanks you for your commitment to providing an environment of integrity in which to work and serve our patients. We assure you, our patients, and the communities we serve that One Brooklyn Health holds firm to its mission and values. With your cooperation, we will continue to be a leading provider of health care services that respects the diversity of our communities and addresses both the health needs and unique factors that shape them.

President and Chief Executive Officer

# Our Commitment to Compliance

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## The Code of Ethics and Conduct

The Code provides guidance for how we can carry out the mission and vision of OBH. The Code reflects OBH's core mission and vision which are to:

- Provide quality, cost effective healthcare;
- Address the healthcare needs for our community;
- Provide an integrated healthcare system to our community;
- Promote and facilitates preventive care;
- Fosters education and research;
- Treat everyone with respect and dignity;
- Focus on patient satisfaction and cultural awareness;
- Increase pride in ourselves and what we do.

Our Code provides guidance for you so that you can respond properly when compliance/privacy-related issues arise. It is designed to assist you in the performance of your job within appropriate moral, ethical and legal standards. The Code is not intended to cover every situation. Rather, it can help you to make the right decisions or ask the right questions.

The Code and the associated OBH policies and procedures apply to

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We expect and require everyone affiliated with OBH to perform their job duties and responsibilities in a law-abiding, honest and trustworthy manner.

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everyone who has a relationship with our organization, including but not limited to Board of Trustee members, officers, employed and non-employed staff, vendors, volunteers, consultants and contractors. We also expect all individuals and organizations working on behalf of OBH to adhere to the ethical standards set out in the Code.

We are committed to having an ethical environment at OBH founded on these principles:

- Treat all patients, visitors and workforce members with Respect, Dignity, Integrity and Compassion;
- Know, understand and adhere to laws, regulations and OBH policies relevant to job duties;
- Treat all patients based on clinical needs;
- Screen and stabilize all patients who seek emergency medical treatment regardless of ability to pay;



- Report any potential conflicts of interest, including taking anything of value for referrals; and
- Report any compliance or HIPAA concerns through appropriate channels.

Everyone at OBH is responsible for maintaining an ethical environment. Your actions in the workplace must demonstrate your commitment to honesty, respect, dignity, integrity and compassion. You will be held accountable every day. Your job performance will be evaluated in part, based on your compliance with Code, OBH's Principals of Behavior and with OBH's compliance/HIPAA related policies and procedures.

Certain OBH Compliance policies are referenced in this Code. Other compliance policies can be reviewed and downloaded from the Intranet or obtained from a supervisor in hard copy form.

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You have a duty to know, understand and comply with the requirements of all OBH policies, regardless of whether they are referenced in this Code.

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## OBH's Compliance Program

OBH's compliance program demonstrates the organization's firm commitment to the highest standards of ethics and compliance.

The Chief Compliance Officer leads the program and reports to the Board of Trustees. Operationally the Chief Compliance Officer reports to the President and CEO of OBH.

The compliance department carries out the day-to-day implementation of the compliance program.

### *Special Responsibilities of Supervisors, Managers, Directors and Leadership*

- Set an example by acting as a role model for the Code, Brookdale Principals of Behavior and organizational expectations;
- Make sure work areas reflect Brookdale's commitment to compliance and quality healthcare;
- Emphasize, educate and support the importance of the Code to the workforce;
- Management must maintain an open environment that encourages workforce members to raise concerns;
- Management must impose consistent and appropriate discipline as needed and foster a culture of no retaliation for reporting concerns; and

- Promote honesty and integrity and act as a model for others.

### *Discipline*

Anyone employed by OBH who violates the Code or related policies and procedures will be subject to progressive disciplinary action. The discipline imposed will be determined on a case-by-case basis and will depend upon the nature, severity and frequency of the violation.

Possible disciplinary actions include:

- Verbal Warning;
- Written Warning;
- Suspension; and
- Termination of employment.

Please contact the Office of Corporate Compliance whenever you have questions about any compliance-related issue. OBH's Human Resources staff also can provide guidance on workplace issues arising from the Code of Ethical Conduct and/or OBH's policies and procedures.

## Duty to Comply and Report

### Reporting Obligations

It is the duty of every Trustee and workforce member of OBH to comply fully with all governing laws, regulations, OBH policies and procedures and this Code. Everyone must offer their complete cooperation with any investigation by OBH and/or governing authorities.

You are required to report to the Compliance Officer or the Compliance Helpline any actual or suspected violations of the Code, OBH policies and procedures, and/or federal or state law. You must also report any other compliance/HIPAA related issues, including but not limited to conflicts of interest, patient privacy and security, fraud, or other misconduct of any type relating to OBH's operations.

### *Consequences for Not Reporting Potential Compliance Issues*

The failure to comply with the laws and/or to report suspected violations of state or federal law can have serious consequences for OBH and for any affiliated individual who fails to comply or report. The individual may be terminated from employment (or from his/her contractual arrangement with OBH) or be subject to other disciplinary measures, depending on the nature of the violation.

Concerns should be reported any of the following ways:

- Contacting supervisor or department leadership;
- Contact the Compliance Helpline at 877-647-6723 or via email at [compliance@obhny.org](mailto:compliance@obhny.org);
- Contact the IT Helpline at 718-240-7500 about any lost or stolen electronic device; or
- Contact the Human Resource Department at 718-240-5456, 347-217-2243, or 718-604-5385 about issues related to payroll, discipline or harassment.

### *Non-Retaliation and Non-Intimidation*

OBH will enforce the whistle blower protections under the law. OBH will prohibit anyone from retaliating against or intimidating an employee who discloses a compliance/HIPAA concern. OBH will immediately investigate and take appropriate action with respect to all suspected acts of retaliation or intimidation. Any individual who is found to have retaliated or intimidated a workforce member in any way will be subject to immediate progressive discipline based on the nature of the offense.

### *Responding to Potential Compliance Issues*

OBH is committed to investigating all reported concerns promptly, thoroughly and confidentially, to the extent possible

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We do not permit anyone to retaliate in any manner against an individual who reports any potential compliance problem or violation of law in good faith.

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and appropriate. The Chief Compliance Officer will direct the investigation of any compliance concerns or reports. When an internal investigation substantiates a reported violation, we will initiate corrective actions or other changes that may be needed to remedy the problem.

These actions can include making prompt repayment of any government funds to which we are not entitled, notifying the appropriate government agency, instituting disciplinary action and implementing systemic changes to prevent a re-occurrence of the problem.

### Deficit Reduction Act of 2005 - False Claims Acts

Under the Deficit Reduction Act of 2005, any employer who receives more than \$5 million per year in Medicaid payments is required to provide information to its employees about the Federal and New York State False Claims Acts, the rights of employees to be protected as whistleblowers, and the employer's policies and procedures for detecting and preventing fraud, waste and abuse.

The Act also impose liability on individuals who knowingly submit a false record in order to obtain payment from the government or who obtain money from the federal government to which he/she is not entitled and then uses false statements or records in order to retain the money.

The Act permit private parties to bring actions to recover money on behalf of the United States and to share in a percentage of the proceeds obtained by the government. Persons who bring these actions are protected against retaliation.

Examples of false claims include:

- Billing for a higher level of services than were actually performed;
- Billing for services that were not medically necessary;
- Billing multiple codes instead of one for a drug panel test to increase reimbursement;
- Submitting a claim under one patient's name when services were provided to another person;
- Signing off on a record using someone else's name;
- Altering claim forms or medical records;
- Billing for services provided by an unlicensed provider;
- Failing to repay overpayments within 60 days of identification;
- Submitting false or inaccurate pricing or rebate information on pharmaceuticals to a Federal health care program;
- Enrolling a beneficiary in a Medicare Advantage program without the beneficiary's consent.

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## Our Commitment to Our Patients

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### High Quality Patient Care

OBH's number one priority is the delivery of the highest quality of care possible. Our main concern is for the well-being, comfort and dignity of our patients. We do not make any distinction in the availability of services or the care we provide based on age, gender, disability, race, color, religion, national origin, actual or perceived sexual orientation, marital status, veteran status, any other class protected by law or based on the source of payment for the patient or the patient's ability to pay.

- We treat all of our patients equally with compassion, integrity, respect and dignity;
- We provide only care that is medically necessary and appropriate;
- We make clinical decisions based upon identified health care needs regardless of how OBH is reimbursed or compensated; and
- We will provide and help patients understand the financial assistance that is available to them.



### Patient Choice

All patient care at OBH is administered in accordance with the “Patient’s Bill of Rights in New York State”. Every patient is provided with a statement of these rights and with a Notice of Privacy Practices. These patient rights include:

- The right to make decisions regarding medical care;
- The right to refuse or accept treatment;
- The right to informed decision-making;
- Rights related to how the patient’s health information is used and maintained by OBH.

### Emergency Treatment

We follow the Emergency Medical Treatment and Active Labor Act (EMTALA) in providing an emergency medical screening examination and necessary stabilization to all persons who present themselves for emergency care, regardless of ability to pay or any other discriminatory factor. Patients with emergency medical conditions are transferred to another facility at the patient’s request or if the patient’s medical needs cannot be met by OBH because we do not have the capacity or capability to do so. Patients must consent to any transfer and all transfers are accomplished in strict compliance with state and federal EMTALA regulatory and statutory requirements.

### Protecting Patient Information

We demonstrate our respect for our patients by protecting the confidentiality of all personal information they share with us for the purpose of receiving quality medical care. This information known as “Protected Health Information” or PHI, can include patients’ names, addresses, phone numbers, social security numbers, medical diagnoses, family illnesses, financial information and other personal information. Federal and state laws, including Health Insurance Portability Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health (HiTECH) as well as quality of care standards, require us to keep this information confidential. OBH workforce members who are patients in our facilities also must be accorded the highest level of confidentiality with respect to their medical records and the PHI contained in them.

We must never use, disclose or discuss patient specific information except as necessary for patient care or as required by law for treatment, payment or legitimate business operations. Subject to emergency exceptions, patient and member privacy will be protected and patient specific information will be released only to persons authorized by law or by the patient’s written authorization.

Some examples of inappropriate use or disclosure are:

- Discussing patients’ cases in a public area where conversation may be overheard by others;

- Permitting access to a patients’ record by individuals who are not involved in legitimate activities relating to the patient; or
- Accessing employees’ medical records when they are receiving medical care at our facilities unless it is for treatment, payment or healthcare operations.

If you are unsure of the rules governing the release of patient related data, ask and be sure you understand them before you release any information.

Anyone affiliated with OBH who engages in the unauthorized use or disclosures of patient information will be subject to progressive disciplinary action up to and including termination of employment and may also be subject to civil and criminal penalties.

### Patient Records

OBH makes every effort to ensure that entries made into patient’s records are clear and complete and record exactly the service that was provided to the patient. OBH strives to ensure that patient records do not contain guesswork, exaggeration or miscoding.

### Research

We conduct research according to the highest ethical standards and in full compliance with federal and state laws and regulations. All projects done will comply with the OBH Institutional Review Board (IRB) policies and procedures. We do not tolerate research misconduct.

When we ask patients to participate in research projects, we will advise them of all alternative treatments available to them and the risks and benefits of the proposed treatments. We want patients to

make informed decisions as to whether or not to participate in research projects. Any patient that chooses not to be involved in research will still have their care or access at OBH unchanged by any research decision.

### Responsible Conduct of Research

Truth, integrity and credibility are critical and distinctive principles of the OBH. These principles are essential for the progress of scientific research and to preserve the trust of the public in the research community. OBH has set standards and procedures for its researchers and in



order to preserve truth, integrity and credibility in research, to prevent research misconduct, and to deal efficiently and fairly with any allegations or other indications of research misconduct. All protocols will be strictly followed and all results will be reported completely and accurately.

If you have any questions about the conduct of research with patients, you may contact the Administrator of the Institutional Review Board at 718-240-6776.

If you wish to report a compliance/HIPAA related concern about any research being conducted at OBH you can call the compliance helpline at 877-647-6723, 24 hours a day, seven days a week.

## Credentialing

One important aspect of our commitment to high quality care is the proper credentialing of all health care providers associated with OBH.

We conduct credentialing reviews for:

- Hospital employees whose work requires a license; and
- Temporary and non-employed staff, such as voluntary physicians, visiting physicians, and agency-employed nurses.

Credentialing reviews occur before the relationship between OBH and the individual commences. We rectify those credentials at regular intervals in accordance with regulatory requirements. We also conduct background checks on individuals who work in our facilities,

If you become aware of an unauthorized disclosure of patient or member information, you must report it immediately to your supervisor or to the Office of Corporate Compliance. OBH prohibits retaliation against any person who makes a good faith report of a privacy violation



regardless of whether their position requires a license, to ensure that they do not have criminal backgrounds.

All employees, physicians and vendors are checked against all relevant excluded provider lists each month in accordance with the New York State Office of Medicaid Inspector General's requirements. Any individual found to be on any of the excluded lists, will be separated from the facility.

## Adverse Event Reporting

New York State law requires us to report to the Department of Health certain adverse patient events within 24 hours after their occurrence. Our health care providers are required to report such incidents to designated OBH

administrators immediately upon learning of them. Failure to do so constitutes an unacceptable practice and is grounds for discipline.

## Marketing and Advertising

We market OBH's services in a fair, truthful and ethical manner and adhere to the applicable federal and state regulatory standards. Our marketing materials are designed to reflect only the services available and the level of the providers' licensure and accreditation. OBH uses marketing and advertising to educate the public, report to our community and increase awareness of our services and to recruit staff members. Any use of the OBH logo, name or trademarks in any public marketing material or social media must have prior consent.



# Our Commitment to Government Regulators

## Coding and Billing

One of the important aspects of the OBH commitment to compliance is the dedication to the preparation and submission of accurate claims for payment to federal and state health care programs.

All claims for payment for any service provided by OBH must be supported by complete documentation in the medical record, proper coding based on that record and bills that accurately reflect the coding. We can bill only for those goods and services actually provided and medically necessary. Accurate and timely documentation also depends on the diligence and attention of clinical providers who treat patients in our facilities. We expect those providers to provide us with complete and accurate information in a timely manner.

OBH should always bill accurately for services rendered in accordance with the law and with its agreements with third party payers. When we receive a question from a patient or a third-party payer about an invoice or charge, we will promptly address the question or refer the matter to the person who is authorized to address it.

Under federal law, all identified overpayment must be refunded to the government payer within 60 days of

identification. Failure to do so can result in fines and other penalties.

## Cost Reports

OBH receives reimbursement under federal and state health care programs. These programs require us to submit complete and accurate reports of our costs of operation and other relevant information.

These laws, regulations and guidelines define what costs are allowable and outline the appropriate methodologies to claim reimbursement for the cost of services provided to program beneficiaries.

## Anti-Kickback/Bribes

OBH strictly prohibits its employees and other service providers from offering, paying, asking for, or accepting money or other benefits in exchange for patient or member referrals, purchases, leases or orders.

## Not-For-Profit Tax-Exempt Status

OBH is a tax-exempt entity because of its charitable mission. We provide community benefits that include health care services, medical training, education, research and community outreach activities.

## Antitrust

OBH engages in activities that are subject to state and federal antitrust laws. Generally these laws prohibit competitors from entering into agreements to fix prices or to reduce price competition. We should not provide information about OBH's business to a competitor. In addition, we are to refrain from engaging in unfair practices that might restrict competition.

## Record Retention

Accurate and complete records are crucial for the continuity of patient care, appropriate and proper billing, and for compliance with regulatory, tax and financial reporting requirements. Everyone who enters information into a medical record, business record, regulatory or financial report has a responsibility to do so in a truthful, accurate legible and timely manner. These records must be retained by OBH as required by federal and state laws.

## Response to Government Inquiries

OBH cooperates fully with government inquiries and investigations. We do not prevent persons affiliated with OBH from speaking with government officials. However, you should contact your supervisor and the Legal Affairs Department (718-240-5777) before doing so. When we receive a request for documents or a subpoena, we refer it to the Legal Department which will

coordinate our response and ensure that it is appropriate and complete. We never destroy, alter or change OBH records requested by or related to a government investigation.



## Accreditation and Surveys

In preparation for, during, or after surveys, OBH workforce members deal with all accrediting bodies in a direct, open and honest manner. No action should ever be taken in a relationship with an accrediting body that would mislead the accrediting organization or its survey teams, either directly or indirectly.

## Our Commitment to Our Business Partners



Our business partners, suppliers, contractors, physicians and others with whom we do business are vital to our success. We always treat them with respect, professionalism and fairness.

We examine the background of our business partners before allying with them to ensure they demonstrate high standards of ethical business conduct.

### *Supplier, Vendor, Subcontractor, Attorney and Consultant Relationships*

OBH selects our suppliers, vendors, subcontractors, attorneys and consultants based on the quality, price, delivery and supply of their goods and services. We obtain these services only when there is a legitimate need for them.

### *Referral of Patients*

We do not pay or offer to pay anyone - colleagues, physicians or any other person or entity - for the referral of patients or members.

Similarly, we do not accept payments for referrals we make. When OBH discharges patients and refers them to other providers, we ensure that the referrals are based on the patient's documented need for the referred services, the ability of the referred provider to meet that need, and patient choice. Our patient's freedom to choose a service provider must be honored at all times. Financial relationships with providers with whom OBH has a referral relationship are reviewed to ensure compliance with the relevant laws.

### *Gifts and Interactions with Industry*

OBH does not solicit, accept, make or offer to make any payment nor does OBH accept or provide any thing of value to another person or company with the understanding or intention that such payment is to be used for an unlawful or improper purpose. This includes payment for referrals. OBH does not offer to give gifts of any kind to government officials, except for modest refreshment valued at less than \$10.

Any gifts or gratuities from any vendor must adhere to the OBH policy on gifts and gratuities. Specific approval and criteria must be met and documented.

## Our Commitment to Our Colleagues

### Conflicts of Interest

We have a duty to avoid conflicts of interest and a duty of loyalty to OBH. Our business conduct must always put OBH's interests ahead of our personal interest. All workforce members must adhere to and comply with the OBH Conflicts of Interest policy.

- We do not use our positions or confidential information obtained in the course of our work for personal gain.
- We make sure that any outside jobs or positions do not conflict with our work at OBH.
- We disclose to our managers and the Compliance Officer any potential conflicts of interest.

If involved in research, the OBH Research Conflict of Interest Policy will be enforced, in addition to the other policies. It is a violation of OBH policy to accept cash gifts of any amount provided in connection with our employment or job duties.

Examples of potential conflicts of interest include:

- Acting as a director, partner, consultant or employee of a firm that provides services, supplies or equipment to OBH or a competitor of OBH.

- Having a material financial interest (or a family member having a financial interest) in a firm that is either a competitor of, or vendor, or potential vendor to OBH.
- Purchasing or leasing real estate that may increase in value based on knowledge that OBH may have an interest in the property.
- Hiring subordinates or OBH vendors to perform personal work for yourself or your family without appropriate administrative approval.
- Having your research funded by a company or evaluating a product, owned, manufactured or distributed by a company in which you (or a family member) have a financial interest.

### Confidentiality of Business Data

In addition to patient information, other information created by OBH in the conduct of business, such as staff data, financial data, development plans, proprietary research data, making strategies or information about pending or contemplated business deals, is confidential information that belongs to OBH. All data relating to employees, including data generated when employees are patients at OBH is strictly confidential.

**We are obligated to avoid conduct that could create a conflict of interest.**



When you receive confidential information in the course of performing your job duties you must not use it for your own or your family's benefit and you may never disclose it to others for their personal use.

Information received by OBH, under an obligation to maintain its confidentiality, is also confidential information which, if you receive such information, is to be utilized only for the purpose for which it was provided and may not be disclosed in violation of the obligation to maintain its confidentiality.

### Substance Abuse and Impairment in the Workplace

OBH works diligently to maintain an alcohol-free and drug-free environment. If we suspect that you are under the influence of drugs or alcohol, you will be required to submit to appropriate drug or alcohol testing. If you are found to be performing any activity for OBH while impaired by or under the influence of alcohol or illegal drugs you will be subject to disciplinary action up to and including termination of employment as appropriate.

### Controlled Substances

Pharmaceutical drugs may be handled only by properly authorized individuals who do so as a part of their job duties and responsibilities. You may not under any circumstances divert pharmaceuticals for personal use or sale. You are expected to protect the integrity of OBH by

safeguarding the drugs entrusted to you.



### Non-Discrimination and Equal Employment Opportunity

OBH promotes diversity in its workforce at all levels of our organization. We are committed to providing a work environment where everyone is treated with respect, courtesy and dignity. We are an equal opportunity employer and do not discriminate on the basis of race, color, creed, religion, gender, national origin, actual or perceived sexual orientation, veteran status, age or disability.

We comply with all laws, regulations and policies relating to equal employment opportunity in hiring, reductions in force, transfers, terminations, evaluations, recruiting, compensation, promotions and discipline. We make reasonable accommodations to the known physical and mental limitations of qualified individuals with disabilities.

### Harassment

OBH strives to provide a workplace that is free from harassment and disruptive behavior. Degrading jokes, slurs, intimidations or other harassing conduct are not acceptable at OBH.

Sexual harassment can be particularly harmful to the work environment and is prohibited. This prohibition includes unwelcome sexual advances or requests for sexual favors in conjunction with your employment. Verbal and physical harassment or abuse and any other behavior that creates an intimidating, hostile or offensive work environment have no place at OBH. If you engage in this conduct, you will be subject to progressive discipline.

If you observe or experience any form of harassment or violence, you must report it to your supervisor, the Human Resources Department, any member of management, the Chief Compliance Officer or the compliance helpline at 877-647-6723. In addition, a Work-Related Incident Form should be completed and submitted in accordance with the OBH policy.

### Leadership and Professionalism

OBH is committed to the highest standards of excellence in the practice of medicine and strongly believe that collaboration, communication and cooperation are essential for the provision of safe and competent patient care.

Appropriate professional and cooperative behavior means any reasonable conduct intended to advocate for patients, to recommend improvement in patient care and to participate in the operations, leadership or activities of the staff, including the Medical staff. Behaviors that undermine a culture of safety include but are not limited to:

- Use of profanity in the workplace;
- Refusal to speak or respond to others;
- Inappropriate physical contact;
- Sexual, religious, racial or other unlawful harassment;
- Throwing objects; or
- Any destruction of OBH property.

Violations of the Code by any workforce member will be addressed in accordance with our policies. Violations by providers credentialed by the medical board, physician trainees and medical students will be addressed by the procedures provided for in the By-laws, Rules and Regulations of the Medical Staff and the relevant OBH policies. Issues relating to non-credentialed workforce members will be addressed by the policies in the Human Resources policy manual.

Anyone who observes or is subjected to inappropriate conduct by any workforce member can notify their supervisor, Human Resources Department, Chief Compliance Officer, the Compliance Helpline at 877-647-6723 or via email at [compliance@obhny.org](mailto:compliance@obhny.org). Employees who make such reports in good faith cannot be retaliated against for making the report



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All individuals associated with OBH must treat others with respect, courtesy and dignity and must conduct themselves in an appropriate, professional and cooperative manner

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## Health and Safety

OBH is committed to providing a workplace that is safe, healthy, smoke-free and in compliance with all applicable laws and regulations.

It is important that you immediately advise your supervisor of any workplace injury or any circumstance presenting a danger of injury so that timely corrective action can be taken to resolve the problem. In addition, a Work-Related Incident Form should be completed in accordance with the OBH policy.

## Environmental Protection

We are to dispose of all waste and other materials and store all chemicals and substances in accordance with applicable laws and regulations. It is important to file all necessary

**environmental reports accurately and promptly and to cooperate fully with all governmental authorities in the event of an environmental incident.**

## Political Contributions

We do not use OBH revenues directly or indirectly for political activities or in support of political campaigns. We do not reimburse personal expenses related to any political activities, including money spent in support of any political candidate. You may not solicit political contributions from your colleagues in OBH. We do not take positions on political elections or campaigns.

## Use of OBH Resources

Each of us is responsible for preserving OBH's assets including time, material supplies, equipment and information. All communication systems including, but not limited to, telephones, computers, electronic mail, Intranet, Internet access and voice mail are the property of OBH and are to be used primarily for business purposes in accordance with OBH policies.

## Intellectual Property

OBH is committed to adhering to all applicable intellectual property laws. We will respect the intellectual property and copyright laws regarding books, trade journals, and other applicable resources. All software used in connection with OBH work must be properly licensed and used in accordance with the terms of that license.

## Screening of Excluded Individuals and Entities

OBH will not knowingly employ, appoint, elect, contract or bill for any individual or entity that has been listed as debarred, excluded or is otherwise ineligible for participation in federal or state health care program. Monthly we search the lists of excluded and ineligible persons including the U.S. Department of Health and Human Services, Office of the Inspector General, the General Services Administration and the New York State Department of Health's exclusion lists.

You are required to report to OBH if you become excluded, debarred or ineligible to participate in Federal or State health care programs or have been convicted of a criminal offense related to the provision of health care items or services.

## Media Relations

All requests from reporters or the general public for information should be referred to the External Affairs office at 718-240-7273 or [media@bhmcny.org](mailto:media@bhmcny.org). Employees should never release information without the permission of the External Affairs Department.

## Responsible Use of Social Media

PHI, employee health information and confidential business information (such as OBH business plans or contracts) must not be posted on Facebook, Twitter

or any other social media site unless specific advanced written permission is obtained from the External Affairs Department.

## Compliance Resources

Compliance Office  
718-613-4219

Anonymous Compliance Hotline  
877-647-6723