

**Key: Policy**

1 = AFSCME MOU-Sec. X  
2 = BH  
3 = AFSCME MOU 17.1  
4 = County  
5 = DHHS

**HUMBOLDT COUNTY  
DEPARTMENT OF HEALTH & HUMAN SERVICES  
BEHAVIORAL HEALTH (BH)  
COMPLIANCE PROGRAM**

**Behavioral Health CODE OF CONDUCT**

**PURPOSE**

The purpose of the BH Code of Conduct is to ensure that all BH employees, affiliated staff, and contractors are committed to conducting their activities ethically and in compliance with all applicable State and Federal statutes, regulations and guidelines applicable to Federal health care programs and with all BH Policies and Procedures which pertain to their employment or contract. This Code of Conduct also serves to demonstrate the BH's dedication to providing quality care to its clients and families, and to submitting accurate claims for reimbursements to all payers.

**CODE OF CONDUCT- GENERAL STATEMENT**

- The Code of Conduct is intended to provide BH employees, affiliated staff, and contractors with general guidelines to enable them to conduct the business of the BH in an ethical and legal manner;
- Every BH employee, affiliated staff and contractor is expected to sign and uphold the Code of Conduct
- Failure to comply with the Code of Conduct or failure to report reasonably suspected issues of noncompliance may subject the BH employee or affiliated staff, to disciplinary action up to or including termination of employment.
- Failure to comply with the Code of Conduct or failure to report reasonably suspected issues of noncompliance may subject the BH contractor to sanctions, up to and including contract termination.
- Since it is BH Administration's goal that every compliance related concern be thoroughly investigated, the pivotal liaison with the Compliance Committee is the individual's supervisor/manager who is expected to foster communication with staff, respond quickly to identified concerns, maintain confidentiality as applicable, and feedback results of investigations to involved staff and the Compliance Committee.

All BH employees, affiliated staff and contractors:

1. Shall perform their duties in good faith and to the best of their ability; (1,2)
2. Shall comply with all statutes, regulations and guidelines applicable to Federal health care programs and with the BH's own policies and procedures which pertain to their employment or contract; (2)
3. Shall seek guidance from their immediate Supervisor, the Quality Improvement Manager, or the Compliance Officer when they are uncertain of the meaning or application of a statute, regulation, policy or the legality of a certain practice or activity; (2)
4. Shall not obtain any improper personal benefit by virtue of their employment or contractual relationship with the BH; (3)
5. Shall notify the Deputy Directors, Compliance Officer or Director immediately upon the receipt (at work or at home) of any inquiry, subpoena or other agency or government request for information regarding the BH; (2)
6. Shall not destroy or alter BH information or documents in anticipation of or in response to a request for documents by any applicable governmental agency or from a court of competent jurisdiction; (1)
7. Shall not engage in any practice intended to unlawfully obtain favorable treatment or business from any entity, physician, patient, resident, vendor or any other person or entity in a position to provide such treatment or business; (3)
8. Shall not accept any gift, for personal gain, from non-County persons/entities with whom staff engages in business or professional activities. (2, 3)
9. Shall disclose to the Director any financial interest, official position, ownership, interest or any other relationship that they (or a member of their immediate family) have with the BH vendors or contractors; (2,4)
10. Shall not knowingly participate in any false billing of patients, government entities or any other party; (1)

11. Shall not knowingly participate in preparation of any false cost report or other type of report submitted to the government; (1)
12. Shall not pay or arrange for the BH to pay any person or entity for the referral of patients to the BH and shall not accept any payment or arrange for the BH to accept any payment for referrals from the BH; (3)
13. Shall not use confidential BH information for their own personal benefit or for the benefit of any other person or entity while employed at or under contract to the BH or at any time thereafter; (3)
14. Shall not disclose information pertaining to the BH's patients without the express written consent of the patient or pursuant to court order or in accordance with the applicable laws and the BH applicable policies and procedures; (5, 2)
15. Shall report to work free from the influence of drugs and alcohol, except as prescribed by a medical professional, and shall not unlawfully manufacture, distribute, dispense, sell, possess or use any drug in the workplace. Supervisors will report immediately to administration any employee believed to be under the influence of a controlled substance while at work. Employees believed to be under the influence of drugs, narcotics, or alcohol will be required to leave the premises. Arrangements will be made to provide safe transit for the employee, if warranted. (2,4)
16. Shall promptly report to their Supervisor, their Chain of Command, the Compliance Officer or the Integrity Hotline any and all violations or reasonably suspected violations of any statute, regulation or guideline applicable to Federal health care programs or violations of the BH's own policies and procedures, including the Code of Conduct, by other employees or contractors; (2)
17. Shall have the right to use the confidential disclosure program and/or the Integrity Hotline without fear of retaliation with respect to disclosures and with the BH's commitment to maintain confidentiality as appropriate; and (2)
18. Shall not engage in or tolerate retaliation against employees or contractors who report suspected wrongdoing. (2)
19. **INTEGRITY HOTLINE; 24/7 --- 1-866-292-9286**



**CODE OF CONDUCT CERTIFICATION**

I, \_\_\_\_\_  
Please Print Name Position/Title

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\_\_\_\_\_ Program/Agency Name  
Specify relationship to BH

Acknowledge that:

1. I have received a copy of the attached Code of Conduct.
2. I have read and understand the attached copy of the Code of Conduct.
3. I agree to comply with the attached copy of the Code of Conduct.

Signed \_\_\_\_\_  
Date \_\_\_\_\_

Please return this signed original Certification to the Humboldt County Department of Health & Human Services, Behavioral Health – Managed Care, 720 Wood Street, Eureka, CA 95503.

Thank you.

Distribution:  
Original - Employee Services' File  
Copy - Person Signing the Certification