

Administrative Policy and Procedures

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Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Responsible Department/Division/Committee:

Office of Health Sciences Schools Compliance

Policy:

Stony Brook University School of Dental Medicine (hereinafter referred to as "SDM") Corporate Compliance Code of Conduct (hereinafter referred to as "Code") is strictly adhered to by all SDM representatives in their activities for and on behalf of the SDM. The Code is an essential component of the SDM Corporate Compliance Program. It is based on the mission, vision, and values of the SDM and defines the basic principles with which all SDM Representatives must comply. The Code requires all SDM Representatives to comply with applicable federal and state laws, rules and regulations, SDM policies and procedures, and appropriate standards of ethical conduct and to have a working knowledge of the legal and ethical requirements affecting their SDM activities.

This Code does not replace or supersede the Policies and Procedures of The State University of New York at Stony Brook.

Definitions:

Anti-Kickback Statute ("AKS") – refers to a criminal law that prohibits the knowing and willful payment of "remuneration" to induce or reward patient referrals or the generation of business involving any item or service payable by

the federal health care programs (e.g., drugs, supplies or health services for Medicare or Medicaid patients).

Gifts: Includes, but is not limited to, money, services, loans, travel, lodging, meals, refreshments, entertainment, discounts, or forbearance of an obligation or a promise that has monetary value.

Immediate Family Member - shall include spouse; birth and adoptive parents, children, and siblings; stepparents, stepchildren, and stepsiblings; fathers-in-law, mothers-in-law, brothers-in-law, sisters-in-law, sons-in-law, and daughters-in-law; and grandparents and grandchildren. (NY PHL §238. Definitions)

Nominal Value: Is considered such a small amount that acceptance could not reasonably be interpreted or construed as intending to influence a State employee or public official. Items of nominal value, such as food or beverage less than fifteen dollars, are considered nominal. Alcoholic beverages, cash, and cash equivalents (e.g., gift cards), regardless of value, are not allowed.

Protected Health Information - A patient's oral, written, or electronic health information created or received by a Covered Entity that is identifiable or for which there is a reasonable basis to believe that the data can be used to identify the patient and relates to 1) the past, present, or future physical or mental health condition of a patient, or 2) the provision of health care or payment for health care to a patient. HIPAA details the below 18 identifiers that render health information identifiable:

1. Names
2. All geographic subdivisions smaller than a [State](#), including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code in certain situations.
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, and date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
4. Telephone numbers;
5. Fax numbers;
6. Electronic mail addresses;
7. Social security numbers;

8. Medical record numbers;
9. [Health plan](#) beneficiary numbers;
10. Account numbers;
11. Certificate/license numbers;
12. Vehicle identifiers and serial numbers, including license plate numbers;
13. Device identifiers and serial numbers;
14. Web Universal Resource Locators (URLs);
15. Internet Protocol (IP) address numbers;
16. Biometric identifiers, including finger and voice prints;
17. Full-face photographic images and any comparable images; and
18. Any other unique identifying number, characteristic, or code.

Remuneration - includes transferring anything of value, directly or indirectly, overtly, or covertly, in cash or in-kind.

Research misconduct - is fabrication, falsification, or plagiarism in proposing, performing, or reviewing research or reporting research results. (Federal Research Misconduct Policy available at <https://ori.hhs.gov/federal-researchmisconduct-policy>)

- (a) Fabrication is making up data or results and recording or reporting them.
- (b) Falsification is manipulating research materials, equipment, or processes or changing or omitting data or results such that the research is not accurately represented in the research record.
- (c) Plagiarism is appropriating another person's ideas, processes, results, or words without giving appropriate credit. Note: Unless the activity in question is funded by the National Science Foundation (NSF), this statement of policy and procedures does not apply to authorship or collaboration disputes. These exclusions from the Plagiarism definition are consistent with the federal Office of Research Integrity's position on the matter. See <http://ori.hhs.gov/ori-policy-plagiarism>.

Research misconduct may include the destruction, absence of, or respondent's failure to provide research records where these actions constitute a significant departure from the accepted practice of the relevant research community. Honest errors or differences of opinion are not considered to be research misconduct.

SDM Representatives: Faculty; staff; volunteers; students; Graduate Medical Education trainees, including State; Research Foundation; personnel employed

through contracted agencies; contracted or subcontracted agents; vendors or consultants who furnish products or services on behalf of the SDM; and other individuals affiliated with the SDM regardless of whether the individual is paid by Stony Brook University or The Research Foundation or Stony Brook University Hospital.

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I. OUR COMMITMENT TO ETHICS AND COMPLIANCE

A. Leadership Commitment to Ethics and Compliance

The SDM is proud of its long tradition of ethical and responsible conduct. The Code of Conduct reflects SDM's mission, core values and vision. The SBM Executive Vice President and SDM Dean have authority over compliance with governmental laws and regulations.

The SDM promotes relationships based on mutual trust and respect and provides an environment where individuals may question a practice without fear of intimidation or retaliation. The Code of Conduct demonstrates the SDM's commitment to compliance with federal and state laws on fraud, waste, and abuse and the standards of conduct expected for all SDM Representatives.

The Code of Conduct provides guidance on resolving questions regarding legal and ethical issues, establishes mechanisms for reporting possible violations of law or ethical principles within the SDM, and provides tools for making the right choices when confronted with difficult situations. The Code of Conduct imposes requirements that may be stricter than those mandated by law, reflecting the SDM's goal of conducting its mission with the highest level of integrity.

B. SDM Representatives' Commitment to Ethics and Compliance

SDM Representatives are expected to adhere to the Code of Conduct whenever acting on behalf of the SDM, in all business activities with other SDM Representatives, patients, and their families, government regulators, or the general public. Violations of legal or ethical requirements jeopardize the welfare of the SDM, SDM Representatives, patients, and the communities the SDM serves. SDM Representatives are also responsible for performing in a manner that is honest and law-abiding.

SDM Representatives are responsible for reporting actual or suspected violations of the Code of Conduct and ethical and legal concerns. To report an actual or potential violation or if there are any questions about the application or interpretation of the Code of Conduct, SDM Representatives may use any of the ways of communication described in Section III below.

Each SDM Representative is responsible for compliance and fulfilling the Code. The Dean for the SDM and/or their designee has the authority for compliance with governmental laws and regulations. The Senior Vice President for the Health Sciences has ultimate oversight over the SDM's Corporate Compliance Program.

The Corporate Compliance Program is intended to define the standards of conduct expected of all SDM Representatives, to provide guidance on how to resolve questions regarding legal and ethical issues, and to establish mechanisms for reporting possible violations of law or ethical principles within the SDM. The standards of conduct are designed to assist SDM Representatives in making the right choices when confronted with difficult situations. The Code imposes requirements that are often more exacting than those mandated by law, reflecting the SDM's goal of carrying out its mission with the highest level of integrity. The willingness of each SDM Representative to raise ethical and legal concerns is essential. Responsibility for ethical behavior ultimately rests with each person's exercise of independent judgment.

All SDM Representatives must abide by the letter and spirit of the Code, adhere to the highest ethical standards of conduct in all business activities, and act in a manner that enhances the SDM's standing within the community. To this end, the SDM promotes relationships based on mutual trust and respect and provides an environment where individuals may question a practice without fear of intimidation or retaliation.

Appointment and retention of SDM Representatives at any SDM facility is contingent on acceptance of and compliance with the Code. Vendors, consultants,

and others acting on behalf of the SDM are expected to adhere to similar standards in their dealings with the SDM and with others on the SDM's behalf.

The Corporate Compliance Program described in this document establishes a framework for legal compliance, particularly compliance with federal and state laws on fraud, waste, and abuse. It is intended to reflect collective good judgment and common sense. It is not intended to replace other compliance practices or rules and regulations as defined in SDM Policies and Procedures. Whenever SDM Representatives see a situation that does not appear to comply with the Code, they must bring the concern to the attention of their Supervisor, the Associate Dean for Clinical Affairs, the Director of Health Sciences Schools Compliance, or the Chief Compliance Officer. An SDM Representative who questions the application or interpretation of the Code must use the procedure specified in Section IV below. SDM Representatives are assured that they may question a practice without fear of intimidation or retaliation.

The SDM has implemented a Corporate Compliance Program (Compliance Program) demonstrating and reflecting the SDM's commitment to integrity, ethics, and compliance. The Compliance Program supports the SDM's commitment to conduct business and patient care practices in an honest, ethical, and proper manner. The Compliance Program also incorporates preventive, detective, and corrective measures to reduce the potential for fraud, waste, and abuse and has systems and processes in place to identify and self-correct errors.

II. DISTRIBUTION AND ACKNOWLEDGEMENT OF THE CODE OF CONDUCT

SDM Representatives shall be provided with a copy of the SDM Code of Conduct upon hire and annually. The SDM Code of Conduct will also be made available on the School of Dental Medicine public-facing internet sites and upon request made to the Office of Health Sciences School Compliance.

Upon hire, all SDM Representatives shall participate in compliance training that incorporates the SDM Code of Conduct. A copy of the SDM Code of Conduct will be provided with the training. SDM Representatives are required to review and attest to compliance with the SDM Code of Conduct.

Annually all SDM Representatives will participate in training that includes a review of the Code that shall, at a minimum, address critical areas such as compliance with laws and regulations, prevention of fraud, waste, and abuse, non-intimidation and nonretaliation, and conflicts of interest, proprietary rights, privacy and confidentiality, and appropriate use of SDM assets.

The Acknowledgment of review and attestation with the SDM Code of Conduct shall be maintained by the SDM Human Resources.

The SDM Code of Conduct is reviewed no less than annually by the Director of Health Sciences Schools Compliance to determine whether revisions are warranted. Updates are reported to the SBM Executive Vice President .

All written agreements with outside contractors and vendors providing services directly to the SDM must specify that the organization has a similar Code of Conduct.

SDM Representatives who are subject to the requirements under the Protection of People with Special Needs Act are additionally required to comply with the requirements under the Protection of People with Special Needs Act.

Failure to comply with the requirements of review and attestation of the Code of Conduct may result in adverse action consistent with the applicable collective bargaining agreements, Stony Brook University's Code of Student Responsibility, or the SDM Honor Code.

III. STANDARDS OF CONDUCT

The SDM has strict rules to guard against and guidelines to address fraud or dishonest behavior or activities.

If you detect or suspect any improper activities on the part of an SDM Representative, you must immediately report this information so an investigation is initiated (see Section IV). Withholding knowledge of improper activities is a violation of the Code. If evidence of a violation of the Code is established, any involved SDM Representative is subject to disciplinary action up to and including dismissal, consistent with any applicable collective bargaining agreements, Stony Brook University's Code of Student Responsibility, or the SDM Honor Code. Any such evidence is reviewed by the Chief Compliance Officer and, where appropriate, the Office of General Counsel. SDM Representatives must conduct their activities in a manner to protect the integrity of clinical decision-making, regardless of how the SDM compensates or shares financial risks with its leaders, managers, faculty, and clinical staff. Below are the Standards by which SDM Representatives must comply:

A. Refrain from Misrepresentations

Honesty based on clear communication is the cornerstone of the ethical disclosure of information. SDM Representatives must make no misrepresentations or dishonest statements in conducting the SDM business. SDM Representatives must report and record all information accurately and honestly, whether on marketing materials, patient records, requests for payment, timesheets, clinical research records, financial reports, or otherwise. Marketing materials must accurately reflect accreditation, licensure, and services available.

B. Prevent Fraud, Waste, and Abuse and Non-Intimidation and Non-Retaliation (Whistleblower Protections)

1. Prevent Fraud, Waste, and Abuse

SDM Representatives must comply with the requirements of the Federal and New York State False Claims laws and regulations in preventing and detecting any fraud, waste, or abuse in the organization and are protected as whistleblowers under these laws. Liability may be imposed on any person who submits a claim to or seeks reimbursement from the Federal or State government knowing that the submission is false. (See policies and procedures for **“SDM Responsibilities for Preventing and Detecting Fraud, Waste, and Abuse Related to Federal and State Funded Health Care Programs.”**)

- a. Fraud refers to an intentional or deliberate act to deprive another of property or money by deception or other unfair means. It is associated with the intentional submission of false information to get money or a benefit.
- b. Waste includes practices that, directly or indirectly, result in unnecessary costs to federally funded programs, such as overusing services. It is often associated with the misuse of resources.
- c. Abuse includes actions that may, directly or indirectly, result in unnecessary costs to federally funded programs. It is associated with paying for items or services when there is no legal entitlement to that payment.

2. Non-Intimidation and Non-Retaliation (Whistleblower Protections)

The SDM prohibits anyone from taking any retaliatory or intimidating action against an SDM Representative if the SDM Representative does any of the following:

- a. discloses or threatens to disclose to a supervisor or to a public body an activity, policy, or practice of SDM that the SDM Representative (1) reasonably believes is in violation of law, rule, or regulation; or (2) believes that that action poses a substantial and specific danger to the public health or safety;
- b. provides information to, or testifies before, any public body conducting an investigation, hearing, or inquiry into any such activity, policy, or practice by the SDM; or
- c. objects to or refuses to participate in any such activity, policy, or practice.

The Office of Compliance will immediately investigate all reported acts of retaliation or intimidation and take appropriate action.

C. Deliver Innovative, World-class Oral Health Education, Patient Care, and Research

1. The SDM maintains a core mission of increasing the accessibility of high-quality oral healthcare services locally and globally.
2. Through integrating innovative technologies and embracing person-centered care, the SDM builds upon the reputation of a provider of world-class care by providing positive experiences and evidenced-based treatment plans.
3. Through the expansion of local programs and international service programs, the SDM has developed strategies to provide dental services to diverse populations and underserved persons in a growing number of communities.

D. Submit Accurate Documentation for All Business Records

All SDM Representatives are responsible for ensuring accurate, transparent, and truthful documentation. Falsification of records or documents (e.g., medical records, timecards, financial records, etc.) is a very serious violation of SDM policies and is strictly prohibited. Falsification of business records with intent to defraud is also a felony pursuant to New York State Penal Law § 175.05. SDM Representatives who falsify documents are subject to disciplinary action, up to

and including termination, pursuant to the applicable collective bargaining agreement and possible prosecution by applicable authorities.

E. Submit Accurate Billings and Financial Reports

1. SDM Billing Activities

The SDM is committed to the accurate preparation and submission of claims to federal and state programs and third-party payers in accordance with legal and regulatory requirements. The SDM prohibits any practice related to claim misrepresentations or conspiracy to commit fraud.

SDM Representatives participating in billing must comply with legal and regulatory mandates. At least annually, the Office of Health Sciences Schools Compliance performs auditing and monitoring reviews to ensure compliance program efficacy.

The following conduct is unacceptable by SDM Representatives when billing patients, federal and state programs (including Medicare and Medicaid), and third-party payers or others:

- Knowingly making any false statement of fact for use in determining rights to a benefit or payment;
- Knowingly making any false statement of fact in any application for payment or benefit;
- Knowingly concealing or failing to disclose an event affecting a right to a benefit or payment with the intent to fraudulently secure the benefit or payment in an amount greater than is due or when no such benefit is authorized;
- Knowingly converting a benefit or payment for a use other than for the use of the person in whose name the application for the benefit was made;
- Knowingly requesting payment in violation of the terms of an assignment or an agreement with the payer; and
- Knowingly claiming, charging, accepting, or receiving any payments for tests and procedures unless they are medically necessary and are billed according to applicable regulations.

Under federal and state law, the SDM must report and return an overpayment within 60 days of its identification. Penalties may be imposed when the SDM staff has or should have, through the exercise of reasonable diligence, determined that the SDM has received an overpayment. SDM representatives must immediately report overpayments to their supervisors and the Office of Health Sciences Schools Compliance.

2. Faculty Working in the Dental Care Center

All faculty members working in the Dental Care Center are expected to familiarize themselves with and abide by applicable laws, rules, and regulations pertaining to clinical documentation to support billing. Faculty members working in the Dental Care Center are responsible for accurate and timely clinical documentation in the dental record to support the level of services billed. This responsibility includes following applicable rules on documentation for coding dental procedures.

F. Ensure Proper Use of the SDM Assets

All managers must use appropriate internal accounting controls over all areas of their responsibility to safeguard the SDM's assets and the accuracy of financial records and reports.

All SDM Representatives have a role in protecting SDM assets, and it is our collective duty to:

- Fully and accurately complete and maintain all financial records consistent with proper business practices;
- Protect SDM personal, private, sensitive, or confidential information and resources from unauthorized use or disclosure;
- Observe authorized levels of access and utilize only approved IT technology devices or services;
- Immediately report suspected information security incidents or weaknesses to the appropriate manager and the Information Security Department;
- Avoid interfering with official business or an employee's job responsibilities.

G. Ensure Accurate Facility Certification

SDM Representatives must truthfully state the conditions or operations of any facility for participation in federal or state government programs or when responding to inquiries by an accrediting body. SDM Representatives must truthfully represent information regarding ownership and control of a facility or affiliated entity.

H. Obtain Certificates of Need/Licensure

Various regulatory and accreditation bodies license the SDM. Each SDM Representative is expected to familiarize themselves with the regulations governing their area, stay abreast of new developments, and to alert their

supervisor to possible noncompliance with licensure and accreditation requirements. SDM Representatives are to refer questions regarding regulatory requirements for the Dental Care Center to the Associate Dean for Clinical Affairs.

State law may require the SDM to obtain the prior approval of the New York State Department of Health before constructing new facilities, renovating existing facilities, purchasing major medical equipment, changing the services it provides, or making other significant capital expenditures. SDM Representatives are to refer any questions regarding certificates of need to the Office of Campus Planning, Design, and Construction.

I. Prevent Unfair Trade Practices

The SDM complies with all laws pertaining to the restraint of trade and unfair competition. Such laws generally forbid any kind of understanding or agreement, whether written or verbal, between competitors to fix or control fees for services or to engage in any other conduct that results in restraint of competition.

The following conduct is prohibited:

- Attempts to unlawfully monopolize the provision of dental services;
- Fixing or unlawfully controlling fees or prices, including setting unreasonably low fees or prices to drive or keep competitors out of the market;
- Telling a supplier that the decision to purchase goods or services is dependent upon the supplier's seeking dental services at the SDM;
- Engaging in any other antitrust arrangements (e.g., tying arrangements);
- Unlawfully reducing or eliminating competition over price, terms of business, or services offered;
- Unlawfully refusing to deal with, or to boycott, suppliers, third-party payers, or other providers;
- Conducting discussions, conversations, or other communications with competitors about the division of either patients, geographic areas, or services; the circumstances under which business will be conducted with suppliers, insurance companies, patients, or customers (including boycotts); or marketing efforts;
- Discussing with competitors the future business plans of the SDM or those of any competitors;
- Discussing with competitors such information as pricing, reimbursement, or salary levels.

Participation in surveys among competitors regarding the information on such things as salaries and fees is permissible only if (1) a non-competitor third party manages the survey ; (2) the information provided by survey participants is based on data more than three months old; (3) at least five schools of dental medicine participate in the survey; and (4) the information provided is not identifiable. Contact the Office of General Counsel if you have questions regarding trade practices.

J. Prevent Unlawful Referrals and Kickbacks

SDM Representatives are prohibited from directly or indirectly offering, paying for, soliciting, or accepting money or anything of value in exchange for patient or member referrals. As a provider of patient care, the SDM must not receive any improper inducement from its vendors to influence it in making decisions regarding the use of particular products or the referral or recommendation of patients to other providers of goods and services paid for by Medicare or Medicaid.

1. The Anti-Kickback Statute

The Anti-Kickback statute is a criminal law that specifically prohibits the knowing and willful payment of remuneration from inducing or rewarding patient referrals or the generation of business involving any item or service payable by the Federal health care programs (e.g., drugs, supplies, or health care services for Medicare or Medicaid patients).

New York Social Services Law prohibits medical assistance providers from soliciting, receiving, accepting, or agreeing to any payment or consideration in exchange for the referral of services for payment by Medicaid. Federal and state laws impose criminal and administrative sanctions for violating the Anti-Kickback Statute.

The SDM must scrupulously avoid being either the offeror or the recipient of an improper inducement. Care must be taken in structuring relationships with persons not employed by the SDM so as not to create a situation where the SDM appears to be offering an improper inducement to those who may be in a position to refer or influence the referral of patients to the SDM.

2. The Physician Self-Referral Law (Stark Law)

SDM Representatives must not make referrals for designated health service* to an entity in which the SDM Representative or their immediate family member has a financial relationship**.

Under the Stark Law, Physicians (and Dentists) are generally prohibited from referring patients to receive services payable by Medicare or Medicaid from entities with which the physician (dentist) or an immediate family member has a financial relationship unless an exception applies. New York extends the prohibition to health care providers authorized to order clinical laboratory services, pharmacy services, radiation therapy services, or x-ray or imaging services.

SDM Representatives must become familiar with these laws and ensure that all activities are conducted in such a manner that no question may arise as to whether any of these laws have been violated. SDM Representatives should direct any questions concerning these statutes or any business arrangement subject to Anti-Kickback, the Stark Law, or any anti-referral laws to the Office of General Counsel.

*Examples include dental services, radiology, medical or equipment and supplies, and drugs.

**Examples include ownership or investment interest in an entity and any compensation arrangement involving any remuneration to a faculty member or immediate family member by the entity.

K. Adhere to Tax-Exempt Requirements

In general, the New York State Tax Law provides an exemption from sales tax for purchases made by the SDM. Purchases made by SDM Representatives are exempt from sales tax only if such purchases are made on behalf of the SDM for legitimate SDM activities. SDM Representatives may not purchase personal items through the SDM even if the SDM is reimbursed by the SDM Representative. SDM Representatives must comply with all SUNY and Stony Brook University Procurement Policies and New York State Finance Law when making purchases on behalf of SBUH. Questions on these issues should be referred to the Office of General Counsel.

L. Avoid Inappropriate Gifts

Soliciting, giving, or accepting gifts and entertainment can sometimes be construed as an attempt to influence the other party. No personal gifts can be offered or received if the action could raise a reasonable question concerning whether the gift was offered or received to influence a person in the exercise of

proper business judgment or is intended as a reward for any official action on the SDM Representative's part. SDM Representatives may not solicit, accept, or offer any gift of more than Nominal Value. For further guidance regarding gifts, read DMAD0012 Gifts Policy. If you have any questions, contact the Director of Health Sciences Schools Compliance or the Chief Compliance Officer.

M. Engage in Appropriate Fundraising

The SDM adheres to SUNY policy in that only fundraising or solicitation of funds that result in a benefit to the University is permitted unless specifically authorized by the President or designee. Such events must be consistent with the missions, goals, and mandates of the University.

SDM Representatives must report all fundraising activities through the Advancement Office of Stony Brook University. SDM Representatives must not undertake solicitation and fundraising to support student activities and projects within the SDM without appropriate written authorization.

N. Prevent Theft

SDM Representatives must not take, convert, consume, or use the property or funds belonging to the SDM or any company or private person without the owner's consent or proper authorization. If you suspect an SDM item is missing due to theft, you must report it to the University Police.

O. Commit to Fairness and Equity

The SDM is committed to creating fair and equitable learning and work environments. All SDM Representatives must abide by the rules, regulations, and policies related to equal employment, educational opportunity, sexual misconduct, and affirmative action. The SDM prohibits discrimination on the basis of race, sex, sexual orientation, gender identity or expression, religion, age, color, creed, national or ethnic origin, disability, marital status, familial status, pregnancy, genetic predisposition, criminal convictions, domestic violence victim status, and veteran or military status and all other protected classes under federal or state laws in the administration of its policies, programs, and activities. SDM representatives with discrimination-related concerns are encouraged to contact the Office of Equity and Access (OEA). If you choose to report a concern with OEA, the action does not bar you from filing a complaint with an outside agency such as the State Division of Human Rights or the Equal Employment Opportunity Commission.

Students are encouraged to contact the Student Accessibility Support Center (SASC) with their accommodation requests due to disability. SDM Representatives who require accommodation due to disability, religious observation, or religious practice are encouraged to contact OEA.

The SDM reaffirms our commitment to creating a learning and working environment free of sexual harassment and discrimination. The SDM takes reported incidents seriously and encourages its members to report such violations to either OEA, Labor Relations, or Human Resources. Such violations may result in discipline, up to and including termination of employment.

P. Comply with Procurement Policy

The Dean and/or Assistant Dean for Finance and Administration or their designees are the only authorized administrative officers who can provide School-wide financial approval to initiate the University procurement process. The SBUH Procurement and SBU Procurement are the authorized departments to enter into contractual agreements with prospective vendors in accordance with SUNY guidelines.

SDM Representatives are not independently authorized to bind the SDM to financial commitments and must not permit a vendor to start providing goods or services without an executed agreement or prior authorization by the Dean and/or Assistant Dean for Finance and Administration or designee and the SBUH Procurement or SBU Procurement.

Vendors who provide goods, services, loan equipment, demo equipment, or consignment goods without authorization from the Dean and/or Assistant Dean for Finance and Administration or designee and the SBUH Procurement or SBU Procurement will not be paid and are subject to being denied future access to SDM business.

Q. Avoid Conflicts of Interest

A conflict of interest arises if a person's judgment and discretion are or may be influenced by personal considerations or if the interests of the SDM are jeopardized. Please refer to the standards listed in the SDM Conflict of Interest Policy, such as:

- SDM Representatives must promptly disclose any existing or new relationships that may give the appearance of a conflict of interest to the

Director of Health Sciences Schools Compliance or the Chief Compliance Officer or Chief Compliance Officer.

- SDM Representatives must also report any investment or ownership in a competitor, supplier, or entity which refers patients to the SDM.
- SDM Representatives must not supervise or report to an immediate family member.
- SDM Representatives must not have outside employment that interferes with their performance at the SDM.

SDM Representatives should not use equipment, materials, or proprietary information owned by the SDM for any outside employment purpose. SDM Representatives are to avoid situations that present the appearance of or actual conflict of interest. For complete guidance to State policy on these types of issues, please refer to New York State Ethics: A Guide to Public Law and Public Officer's Law, both published by the New York State Ethics Commission. See also New York State Public Officers Law §73, §74.

R. Comply with Labor and Employment Laws

1. Employer-Employee, Relationship

It is the SDM's policy to comply fully with all applicable labor laws and other statutes regulating the employer-employee relationship and the workplace environment. Under federal and state law, it is illegal for the SDM or an SDM Representative to pay or to receive any money or other thing of value from any labor organization that represents the SDM employees (this does not include the amount paid in the normal course of business, e.g., union dues, political action committee). No SDM Representative may interfere or retaliate against another SDM Representatives who seek to invoke their rights under those laws.

SDM Representatives should refer questions regarding the laws governing labor and employee relations to the Director of Labor Relations.

2. Non-Retaliation, Non-Intimidation

The SDM promotes a safe environment for employees, patients, students, and visitors free from violence, harassment, and other threatening behaviors. SDM Representatives who experience or observes disruptive behavior, inclusive of conduct or behavior that may be perceived by a reasonable person as demeaning, intimidating, offensive, harassing, or, discriminatory to a targeted individual or group, should submit a report regarding such behavior to the Compliance Helpline.

SDM Representatives are not permitted to engage in intimidation or retaliation against another individual for reporting compliance-related concerns in good faith.

S. Comply with Immigration Requirements

The SDM only hires persons who are legally authorized to work in the United States, consistent with federal law. SDM Representatives should refer questions on immigration issues to the Human Resources Office.

T. Comply with Environmental Health and Safety Requirements

All SDM Representatives encountering hazardous materials and regulated medical waste must comply with environmental laws and regulations and follow the environmental safety procedures explained in SDM's Policies and Procedures.

SDM Representatives are expected to:

- Comply with all laws and regulations governing the handling, storage, and use of hazardous materials, other pollutants and regulated medical wastes;
- Comply with permits that allow SDM to safely discharge pollutants into the air, sewage systems, water pollution control facilities, or onto or into land;
- Hire only reputable licensed services to transport and dispose of hazardous and polluted materials and regulated medical wastes; and
- Accurately maintain the records required by the environmental laws and regulations.

No one at the SDM may participate in concealing improper discharge or disposal of hazardous materials, pollutants, or regulated medical wastes. Any SDM Representative who has reason to believe that there have been violations of this or any other aspect of the SDM's environmental compliance procedures should report immediately to the Chief Compliance Officer.

If you are made aware or notice potential or actual infringement of the laws and rules regarding hazardous materials and waste, immediately advise your Supervisor, the Associate Dean for Clinical Affairs, or the University Director of Environmental Health & Safety or Chief Compliance Officer.

U. Control Pharmaceuticals: Prescription Drugs, Controlled Substances

The SDM, and therefore its SDM Representatives, is legally responsible for the proper distribution and handling of pharmaceutical products and preventing unauthorized access to them. The diversion of any prescription drug or controlled

substance, including a drug sample, in any amount for any reason to an unauthorized individual or entity is forbidden.

It is SDM's policy that all SDM Representatives be both diligent and vigilant in conducting their obligations regarding SDM's prescription drugs and controlled substances in accordance with all applicable laws, regulations, and SDM policies and procedures. The policies and procedures are available in written form in SDM's Administrative Policy and Procedures. Every authorized professional employee is expected to adhere to the highest professional standards in safeguarding pharmaceuticals; preventing unauthorized use or access; securing and documenting the use of scheduled controlled substances and for their return or disposal.

Any violation of any law or SDM policy involving non-controlled or controlled drugs will constitute grounds for discipline, up to and including, dismissal. Should you become aware of potential violations of any law, policy, or regulation relating to pharmaceuticals, you must immediately advise the Associate Dean for Clinical Affairs, the Director of Health Sciences Schools Compliance, or the Chief Compliance Officer.

V. Adhere to Research Grant Requirements

All research conducted at Stony Brook University involving human subjects must conform to the Stony Brook University Institutional Review Board ("IRB") policies and procedures and to the SDM Informed Consent Policy. SDM Representatives must submit all grant proposals involving human subjects to the Institutional Review Board (IRB) for review and approval.

Grant recipients must be certain that funds used are in accordance with the approved research protocol.

The Institutional Animal Care and Use Committee (the "IACUC") has been established in accordance with federal law and the Public Health Service policy to evaluate the University's program of animal use. All proposals for animal care and use must be approved by the IACUC to assure compliance with federal and state laws and guidelines.

Researchers must be vigilant in considering whether grants could involve improper inducements for the referral of patients to the SDM. This may occur, for example, in a study of drug efficacy underwritten by a pharmaceutical company if

the protocol were not appropriately designed. If improper, such referral practices would constitute "kickbacks" in violation of federal and state law.

SDM Representatives are reminded that research must conform with SBUH and regulatory requirements responsive to the SDM conflict of interest and anti-kickback policies and relevant regulatory requirements.

SDM Representatives should direct any questions concerning whether a research proposal implicates the anti-kickback or other statutes to the Office of General Counsel, or University Office of Research Compliance.

W. Avoid Scientific Misconduct

Stony Brook University (hereinafter referred to as the University) is committed to excellence in all scholarly endeavors. Individuals must adhere to the highest professional standards of scientific integrity in planning, conducting or in reporting the results of research activities conducted under the auspices of this University.

All SDM Representatives must report observed, suspected or apparent research misconduct, and will cooperate with the Research Integrity Officer and other University officials in the review of allegations and the conduct of Inquiries and Investigations. Research misconduct may include the destruction, absence of, or respondent's failure to provide research records where these actions constitute a significant departure from accepted practice of the relevant research community. Honest errors or differences of opinion are not considered to be research misconduct.

The full policy on Research Misconduct can be found here:

https://www.stonybrook.edu/policy/pdf/research_misconduct_policy.pdf

X. Ensure Appropriate Political Participation/Government Relations

SDM Representatives must distinguish between personal and organizational political activities. Unless specifically requested by the SDM to represent it before legislative or other governmental bodies, SDM Representatives must clearly label any personal communication with legislators as their own beliefs.

If contacted by legislators or regulators regarding SDM's position on public issues, or if you have any questions, please refer them to the Office of General Counsel.

Y. Confidentiality of Protected Health Information

The SDM is committed to maintaining the confidentiality of employees, patients and other sensitive or proprietary information in accordance with the applicable legal and ethical standards.

The SDM prioritizes the confidentiality and privacy of our patients and requires Hospital Representatives to adhere to confidentiality, privacy and security policies, procedures, and laws, including the Health Insurance Portability and Accountability Act ("HIPAA").

SDM Representatives must:

- Actively protect and safeguard patients' Protected Health Information ("PHI") and patient's personal information whether that information is paper, electronic, verbal or telephonic;
- Only access a patient's medical record when involved in that patient's care or when access is required for a legitimate and authorized work-related purpose (e.g., billing, administrative, teaching, or research);
- Share only the minimum necessary information to accomplish the work-related task;
- Seek permission from the patient before discussing patient information in front of patient family members and/or visitors.
- Take special precautions when managing sensitive PHI associated with the following populations, those with: substance use disorder, mental health illness and Human Immunodeficiency Virus ("HIV");

SDM Representatives who engage in unauthorized disclosure, access or use of information pertaining to our patients or others are subject to disciplinary action in addition to possible civil or criminal sanctions. Any person who becomes aware of a known, suspected or alleged unauthorized use, access, or disclosure of PHI, must report it immediately to their Supervisor, the Chief HIPAA Privacy Officer, the Chief Compliance Officer or at <https://sbuh.complianceprohealth.com/report/privacy-newu>. The Chief Privacy Officer or designee investigates all known, suspected or alleged HIPAA violations.

Questions about the patient confidentiality rules or any other HIPAA Privacy matter should be referred to the Chief HIPAA Privacy Officer or designee.

Z. Ensure Confidentiality of SDM Information

SDM Representatives must not disclose to others any confidential information obtained during the course of employment. Confidential information includes SDM's methods, processes, techniques, computer software, equipment, service marks, copyrights, research data, clinical and pharmacological data, marketing and sales information, personnel data, patient lists, patient clinical data, financial data, plans and all other proprietary information which are in the possession of the SDM and which have not been published or disclosed to the public. SDM Representatives are responsible and accountable for the integrity and protection of business information.

SDM Representatives must carefully manage and properly secure documents and electronic media containing sensitive information concerning patients and SDM Representatives. SDM Representatives must pay particular attention to the security of data stored on computer systems. If you observe employee misuse of confidential information or individuals whom you do not recognize using terminals in your area, immediately report this to the Associate Dean for Clinical Affairs, the Chief Information Security Officer, or Chief HIPAA Privacy Officer.

AA. Ensure Confidentiality of Information Owned by Others

SDM Representatives may only use, or access confidential information owned by third parties when there is a written agreement approved by the Office of Procurement or the Office of General Counsel. If SDM Representatives have information in their possession that could be confidential to a third party or may have restrictions placed on its use, they should consult with the Office of General Counsel.

Additionally, software is intellectual property that may be protected by copyright, patent, and trade secret laws or considered confidential information. The Office of General Counsel reviews and executes software and licensing agreements. SDM Representatives must follow policy **IM0044 Security of Information Technology Resources** and strictly follow the terms and conditions of license agreements, such as provisions not to copy or distribute software. The exception is a copy for backup purposes.

Personally owned or acquired software or equipment must not be used on or copied on an SBU-owned computer system.

BB. Ensure Proper Retention and Destruction of Records

SDM Representatives are expected to comply fully with the records retention and destruction schedule consistent with the SUNY Retention schedule. If SDM Representatives believe documents should be saved beyond the applicable retention period, their supervisor should be consulted. This supervisor should contact the Office of General Counsel, Chief Compliance Officer, or the Finance Department, depending on the nature of the documents in question.

CC. Government Investigations

While it is the SDM's policy to cooperate with any government investigation, the SDM must only act with the advice of legal counsel. Therefore, the Office of General Counsel must coordinate all cooperation with the government in these matters. Clinical services and divisions are not authorized to engage external consultants, auditors, or legal counsel in connection with compliance matters except with the advance approval of the Chief Compliance Officer.

IV. COMPLIANCE WITH THE CODE

A. Questions Regarding the Code

The Director of Health Sciences Schools Compliance is responsible for the implementation of the SDMs Corporate Compliance Program, under the direction of the Chief Compliance Officer for Stony Brook Medicine, including the Corporate Compliance Code of Conduct. The Director of Compliance works with others in the SDM, as necessary, with respect to elements of implementation, including training and enforcement of this Corporate Compliance Code of Conduct.

SDM Representatives should direct any questions regarding the applicability or interpretation of the Code to the Director of Health Sciences Schools Compliance in person, in writing, or by telephone. SDM Representatives should address any correspondence relating to the Code to the Director of Health Sciences Schools Compliance marked "CONFIDENTIAL."

B. Reporting of Suspected Violations

SDM Representatives must report suspected violations of this Corporate Compliance Code of Conduct. As a matter of policy, no SDM Representative will be disciplined or subjected to retaliatory action because they made a report in good faith. Where possible, the SDM protects the confidentiality of the SDM Representative making the report.

To report a compliance concern or to make a compliance inquiry, contact the Chief Compliance Officer, Patricia Cooper, at (631) 444-5864.

Reporting of compliance concerns or inquiries can also be made to:

- your Supervisor, who is then required to report the suspected violation to the Director of Health Sciences Schools Compliance;
- the Director of Health Sciences Schools Compliance, Christian Martin, at (631) 638-3088
- the Corporate Compliance Helpline (866) 623-1480 or <https://www.compliance-helpline.com/sbuh.jsp> (which is available 24 hours a day, seven days a week) to report anonymously or by name;
- by mail to the Director of Health Sciences Schools Compliance at 101 Nicholls Road, Health Sciences Center, Level 2, Room 502, Stony Brook, NY 11794-8430.

An SDM Representative need not be absolutely certain that a violation has occurred before making a report; the reasonable belief that a violation may have occurred is sufficient. SDM Representatives are required to come forward with any information, without regard to the identity or position of the suspected offender. All compliance inquiries and reports of potential violations are promptly investigated and reported to the Senior Vice President of Health Sciences.

C. Investigation of Suspected Violations

The SDM promptly investigates all reports of suspected violations of the Corporate Compliance Code of Conduct and maintains confidentiality to the extent consistent with the SDM's interests and legal obligations. If an investigation of an alleged violation is undertaken and the Chief Compliance Officer believes the integrity of the investigation is at stake because of the presence of SDM Representatives under investigation, the SDM Representative(s) allegedly involved in the misconduct is removed from their current work activity until the investigation is completed, consistent with the appropriate collective bargaining agreement, where applicable. In addition, steps are taken to prevent the destruction of documents or other evidence relevant to the investigation. SDM Representatives must cooperate with investigations.

While it is the SDM's policy to cooperate with any government investigation, the SDM must only act with the advice of its legal counsel; therefore, the Office of General Counsel must coordinate all cooperation with the government in these matters. Clinical services and divisions are not authorized to engage external

consultants, auditors, or legal counsel in connection with compliance matters except with the advance approval of the Chief Compliance Officer.

D. Discipline for Violations

Disciplinary actions may occur for:

- Violations of the Code of Conduct.
- Failure to report a Code violation or cooperate during an investigation.
- Failure by a violator's supervisor(s) to reasonably detect and report a violation of the Code of Conduct.
- Retaliation or Intimidation against an individual for reporting a violation or possible suspected violation of the Code of Conduct.

Disciplinary action may, when appropriate, include dismissal. Any discipline applicable to union members is taken in accordance with the appropriate collective bargaining agreement.

Disciplinary decisions are reported to the Senior Vice President for Health Sciences, as required.

Forms:

SDM Code of Conduct Attestation

Policy Cross Reference:

- DMAD0012 SDM Gifts
- SDM Reporting Compliance Violations or Suspected Violations and Non-Intimidation/Non-Retaliation
- SDM Responsibilities for Preventing and Detecting Fraud, Waste, and Abuse Related to Federal and State Funded Health Care Programs
- SDM Conflict of Interest
- SDM Employee Responding to Governmental Investigations

Relevant Standards/Codes/Rules/Regulations/Statutes:

Title 18 NYCRR 504.3

Title 18 NYCRR 504.8

Title 18 NYCRR Parts 514, 515, 516, 517, 518, 519, 520, 521

Title 19 NYCRR Part 934

New York State Public Officers Law §73, §74, §80, §94

42 USC § 1396a(a) (68)

31 USC §§ 3729-3733 31

USC Ch. 38

NY Labor Law § 740

NY Labor Law § 741

NY State Finance Law §§ 187-194

References and Resources:

None