

## Hartford Hospital Code of Conduct

### *Introduction to the Standards:*

The true foundation of Hartford Hospital has always been its commitment to providing quality care to our patients and to the communities we serve. This remains our mission today. We are committed to maintaining the highest standards of integrity and excellence in all areas of healthcare delivery and management. As members of Hartford Hospital's team, we are *each* responsible to uphold these same high standards in all aspects of our work and our professional relationships.

Hartford Hospital's Code of Conduct summarizes these standards of behavior and their underlying values, and it provides guidance to ensure that we always behave ethically and legally. This approach is based on Hartford Hospital's strong value system which drives our daily work actions, including such things as service, partnership, stewardship, integrity, quality, and innovation. Things like truth; compassionate care and treating individuals with respect and dignity are the basis for our value system.

The Code of Conduct is included in the Human Resources Policy & Procedure Manual, which is available on the Hospital intranet, and in hard copy in each department. It is an important part of our values. It spells out our expectations for how we should conduct ourselves in the work place, with all parties, including patients, their families, payors, vendors, government officials, fellow employees and team members of Hartford Hospital. The seven standards in this document provide specific guidance to our employees, medical staff, directors, officers, contractors, vendors, volunteers and all other persons associated with the Hospital.

No Code of Conduct, however, can substitute for our own internal sense of fairness, honesty and decency. So if you encounter a situation or are thinking about doing something that may technically be within the guidelines of the Code of Conduct, but which "doesn't feel quite right," always consult an appropriate person [i.e. your supervisor, Human Resources, the Director of Corporate Compliance or the Compliance Helpline (800-431-5572)] to be sure you and the hospital continue to work within the spirit and intent of the Code of Conduct. The Board of Directors and the Hospital's Executive Management have approved this Code of Conduct.

Please keep the following in mind as you read these standards:

- Hospital refers to all operating units and business units.
- The Hospital may, at any time, add to or change this Code of Conduct without prior notice. However you will be told of changes as quickly as is reasonably possible.
- Nothing in this Code of Conduct is intended to provide, or should be construed as providing, any additional employment rights to employees or others.

- Disciplinary actions for violating these standards can be found in the Hospital’s Human Resource policies manual. Those who violate the standards in this Code of Conduct may be terminated or have their privileges suspended, or even removed. In some cases, those who violate the Code of Conduct may be guilty of violating civil and/or criminal law.

This document covers a wide variety of situations that you may encounter. Please review it carefully and use it whenever you have questions about business conduct. You must carefully read the Compliance Policy and Compliance Manual. After reading it, you must sign a statement certifying that you received the Manual and that you understand the Compliance Policy and will comply with the applicable policies. If you have questions about situations you face, please contact your supervisor, HR or the Corporate Compliance Department.

### ***Overview of the Standards:***

This section provides a summary of the nine primary standards that make up the Hospital’s Code of Conduct. Additional sections of this document provide further details.

#### **Standard 1: Legal Compliance**

We conduct all of our business in strict compliance with all federal and state laws and regulations. These laws and regulations, include but are not limited to, the areas of discrimination, fraud and abuse, the environment, antitrust and political influence.

#### **Standard 2: Business Ethics**

We are committed to the highest standards of business ethics. At all times, employees must exercise honesty and integrity in their work and must never do anything unethical or illegal. All your actions, whether or not included in this Code of Conduct, must comply with this mandate.

#### **Standard 3: Confidentiality**

We maintain strict confidentiality of patient, employee and business-privileged information.

#### **Standard 4: Conflicts of Interest**

We avoid actual and/or possible conflicts of interest. We never use our position in the Hospital to profit personally or to assist others to do so at the expense of the Hospital.

#### **Standard 5: Business Relationships**

All business transactions with third parties are conducted in accordance with federal and state laws and regulations and are free from improper, unethical or illegal arrangements.

#### **Standard 6: Protection of Assets**

We must always strive to protect and preserve the assets of the Hospital through efficient and effective use of resources.

**Standard 7: Quality of Care**

We are committed to providing high quality care to its patients.

**Standard 8: Research Compliance**

We abide by high ethical standards and comply with all Federal and State laws in the conduct of research, investigation, and clinical trials at the Hospital.

**Standard 9: Personal Duty to Report**

We are committed to correcting wrongdoing wherever it may occur at the Hospital. We each have an obligation to report any actual or perceived improper activities to a supervisor, Human Resources, the Director of Corporate Compliance or the Compliance Helpline.

**DETAILED STANDARDS****STANDARD 1:  
LEGAL COMPLIANCE**

The Hospital conducts all of its business activities in strict compliance with all federal and state laws and regulations. The following standards are meant to guide you in legal compliance. These following standards describe some, but not all, applicable laws. You are expected to be aware of and follow the laws that affect the way you fulfill your duties to the Hospital. *If you have any questions about legal issues affecting your job you should refer them to your supervisor or the Corporate Compliance Department (5-2036).*

**Standard 1.1 - Discrimination**

We believe in fair and equitable treatment of employees, volunteers, patients, families, business associates and the general public.

We are committed to a policy of hiring, training and promoting employees and volunteers based on their abilities, achievements, experience and conduct. We do not discriminate based on race, color, creed, religion, national origin, sex, marital status, sexual orientation, disability, genetic information, age or any other classification protected by law, with respect to the hiring, compensation, promotion, discipline, discharge from employment or other terms or conditions of employment, or with respect to providing patient care services and other accommodations. All patients will receive the same quality care, regardless of payer source.

We will not tolerate any form of harassment or discrimination. Disciplinary action, including termination, may be imposed against those who discriminate within the workplace. Any employee accused of harassment or discrimination against others will be investigated in accordance with Human Resource policies.

**Standard 1.2 - Fraud and Abuse**

The Hospital is committed to compliance with all state and federal fraud and abuse laws and regulations, including but not limited to the false claims, Anti-kickback and Stark

laws. We expect all employees to refrain from any conduct that may violate, or have the appearance of violating, fraud and abuse laws. Employees and representatives of the Hospital are prohibited from presenting or causing to be presented claims for payment that are false or fraudulent, including but not limited to:

- Submitting false, misleading or fraudulent claims to the government or third-party payer (e.g., submitting claims that do not correctly characterize the actual services provided, submitting claims for services not performed, submitting claims that do not otherwise comply with applicable requirements, etc.)
- Giving or receiving inducements in exchange for patient referrals. Inducements can be cash, or anything of value, such as a discount or a free service or piece of equipment.
- Making false representations to any party in order to gain or retain participation in a government program or to obtain payment for a service.
- Paying more than fair market value for physician services.

We are committed to maintaining a corporate culture which is in compliance with rules, regulations and sound business practices. We accept our responsibility to self-govern and to monitor our practices to insure compliance with relevant laws, regulations and with our Code of Conduct.

We are committed to providing care that is both necessary and appropriate to meet the medical needs of our patients. We are conscientious in our submission of claims to the government and to private payors to insure charges submitted reflect truth and accuracy and conform to pertinent laws and regulations. We continue to operate oversight systems and controls designed to insure that claims are submitted appropriately and that they are supported by full and accurate documentation.

Subcontractors engaged by the Hospital to perform billing or coding services are required to have the necessary skills and quality assurance procedures in place to ensure accurate claims. Hartford Hospital prefers to contract with entities who have established their own ethics and compliance programs.

### **Standard 1.3 – 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 patients, regardless of ability to pay. Anyone with an emergency medical condition will be treated in an emergency situation, provided we have the capacity and capability. We will not delay the medical screening and necessary stabilizing treatment in order to seek financial and demographic information. We will not admit, discharge or transfer patients with emergency medical conditions simply based on their ability or inability to pay or any other discriminatory factor. Patients with emergency medical conditions will only be

transferred to another facility at the patient's request or if the patient's medical needs cannot be met at the Hospital (e.g., we do not have the capacity or capability) and appropriate care is knowingly available at another facility. Patients will only be transferred in strict compliance with State and Federal EMTALA regulatory and statutory requirements.

#### **Standard 1.4 - Environmental**

The Hospital is subject to many legal requirements under a variety of environmental laws concerning the handling, release, reporting, transporting and disposal of hazardous materials and wastes. Employees who handle or who are responsible for hazardous materials or waste, must be knowledgeable about these materials and the environmental regulations affecting them. We respect our environment and conserve natural resources. Therefore, it is important that staff use resources appropriately and efficiently, recycling where possible, and disposing of all waste in accordance with applicable laws and regulations. Hartford Hospital and its staff are committed to working cooperatively with authorities in the interest of insuring an environment free from contamination.

#### **Standard 1.5 - Antitrust**

All Hartford Hospital employees must refrain from conduct that violates antitrust laws or similar laws regulating competition. We must not engage in any behavior that might interfere with fair competition. For example, Federal and State antitrust laws prohibit price fixing and bid rigging as well as collusion, which includes sharing price or cost data with competitors. Boycotts, certain exclusive dealing and price discrimination agreements against competitors, vendors or purchasers, including bribery, misappropriation of trade secrets, deception, intimidation and similar unfair practices, are also covered by these laws.

#### **Standard 1.6 - Political Activities**

Employees may not contribute any of the Hospital's money, goods or services to any political candidate, party or organization in violation of the law. However, employees remain free to participate in, or personally contribute their own money, if they wish, to any political candidate, party or organization. We have many contacts and dealings with governmental agencies and officials. All such contacts and related transactions must be conducted in an honest and ethical manner. Any attempt to influence governmental agencies or officials by improper means is strictly prohibited. Specifically, no hospital resources or business courtesies, such as meals and entertainment, shall be extended to government officials or government representatives. Hospital resources include financial and non-financial donations such as using work time or the Hospital's telephone to solicit for a political cause or candidate. The Hospital's property may not be loaned or used for any political campaign.

We analyze legislation, make recommendations and take public positions on issues having a direct affect on our business. All such activities are to be conducted in an honest and ethical manner and within the prescribed limits established by legal and regulatory authorities for tax-exempt organizations.

### **Standard 1.7 - Taxation**

As a charitable tax-exempt organization, the Hospital has an obligation to use its resources in a way that promotes the public good rather than the private or personal interests of any individual. In general, a tax-exempt entity may not permit those in a position to influence Hospital decisions to benefit personally. Therefore, we avoid compensation arrangements in excess of fair market value, accurately report payments to appropriate taxing authorities, and file all tax and information returns consistent with applicable laws. Tax-exempt organizations cannot make political contributions. It is important to know that if you contribute to a political campaign, it is as an individual with your own personal funds, and not as a representative of the Hospital. Any attempt to influence governmental agencies or officials by improper means is strictly prohibited.

## **STANDARD 2: BUSINESS ETHICS**

We are committed to the highest standards of business ethics. At all times, we must exercise honesty in our work and never deceptively or illegally deprive any person or organization of money or property. Employees and other representatives of Hartford Hospital shall not offer any financial inducement, gift, payoff, kickback, or bribe to induce, influence, or reward favorable decisions of any government personnel or representative, any contractor, or vendor in a commercial transaction, or any person in a position to benefit the Hospital or other staff members in any way. Hartford Hospital prohibits engagement in corrupt business practices of any kind, either directly or indirectly. In accordance with the Anti-kickback laws, employees or representatives of the Hospital are prohibited from making or offering payment or providing any other thing of value to another person with the understanding or intention that such payment or other thing of value is to be used for the purpose of inducing referrals.

### **Standard 2.1 - Honest Communication**

Employees, representatives and agents of the Hospital are expected to be honest in their communications with patients and their families, attorneys, staff members, auditors and government officials and with all of those with whom the Hospital does business. This means that no misleading statements may be made about our services or products or those of our competitors. Employees, representatives and agents of the Hospital are expected to be honest in coding for services rendered, in filing claims for reimbursement, and in seeking payment for services. Those who have any responsibilities in this area are expected to be absolutely honest and accurate in submitting claims and bills.

### **Standard 2.2 - Misappropriation of Proprietary Information**

Disclosure of privileged information belonging to the Hospital, its patients or any other person or part of the Hospital's operation is strictly prohibited. Improper use or disclosure of any contract, document, computer program, price list, fee schedule, publication, product or information in violation of a third party's interest in such item is also prohibited. The copying of documents or computer programs in violation of copyright or licensing agreements is also prohibited.

### **Standard 2.3 – Exclusion from Federal Healthcare Programs**

We will not knowingly contract with, employ, engage, or bill for services rendered by an individual or entity that is excluded or ineligible to participate in Federal healthcare programs; suspended or debarred from Federal government contracts; or has been convicted of a criminal offense related to the provision of healthcare items or services and has not been reinstated in a Federal healthcare program after a period of exclusion, suspension, debarment, or ineligibility.

### **STANDARD 3: CONFIDENTIALITY**

Strict confidentiality of patient, employee and business-privileged information must be maintained at all times. To improperly release this information could be harmful to the subjects of the information and to Hartford Hospital itself.

#### **Standard 3.1 - Patient Information**

The Hospital collects protected health information relating to the patient's medical condition and history in order to care for the patient. Protected Health Information includes any information that may identify the patient and can be found in many places, including medical records and financial information. All employees are required to abide by the Health Insurance Portability and Accountability Act (HIPAA) that has been enacted to assure that patient information is kept private, confidential, and secure. Consistent with HIPAA privacy regulations, we do not use, disclose or discuss patient-specific information with others unless it is necessary to serve the patient or required by law. Although it is appropriate to use confidential patient identifiable information for treatment, payment and operations, such information may not be disclosed to third parties without prior written approval of the patient. If questions arise regarding an obligation to maintain the confidentiality of information or the appropriateness of releasing information, seek guidance from your supervisor or the Privacy Officer.

#### **Standard 3.2 - Personnel**

Salary, benefit and other personal information relating to employees must be kept confidential. Information should be accessed only for Hospital business reasons.

#### **Standard 3.3 - Proprietary Information**

Information about the Hospital's strategies and operations is a valuable asset and should be treated as proprietary and confidential. Confidential information includes personnel data, patient lists and clinical information, pricing and cost data, information pertaining to acquisitions, affiliations and mergers, financial data, research data, strategic plans, marketing strategies, techniques, associate lists and data maintained by the Hospital's suppliers and sub-contractor information and proprietary computer software. Employees and agents of the hospital have an obligation to actively protect and safeguard this confidential, sensitive, and proprietary information in a manner designed to prevent the unauthorized disclosure of information. Hospital proprietary information may not be disclosed to anyone without proper authorization. Keep these documents protected and secure.

### **Standard 3.4 – Information Security and Confidentiality**

In order to maintain the confidentiality and integrity of information security, confidential information, should be sent through the Internet only in accordance with information security policies and procedure. Maintaining the confidentiality, availability, and integrity of information (software, licensing agreements) the Hospital owns or of which it is the custodian is imperative. Because so much of our clinical and business information is generated and contained within our computer systems, it is essential that each person with access to our information system comply with all Hospital information security policies and procedures.

### **STANDARD 4: CONFLICTS OF INTEREST**

Employees, officers, agents and board members of Hartford Hospital must conduct their personal and Hospital business activities in such a way as to avoid actual and/or potential conflicts of interest. An individual's position at Hartford Hospital must never be used for personal gain or to assist others to do so at the expense of the Hospital. A conflict of interest may occur if outside activities or personal interests influence or appear to influence the ability to make objective decisions in the course of performing your responsibilities on behalf of the Hospital. When it comes to a conflict of interest, it must be remembered that our success depends on how we are perceived by others. Members of Hospital management, medical staff, individuals involved in strategic planning and other key individuals, owe a duty of undivided loyalty to the Hospital. Persons holding such positions may not use their position to profit personally or to assist others in profiting in any way at the expense of the Hospital. A conflict of interest may also exist if the demands of any outside activities hinder or distract from an individual's job performance or cause the use of Hospital resources for other than Hospital purposes. Any questions about whether an outside activity might be or appear to be a conflict of interest should be directed to the employee's Department Head or the Corporate Compliance Department or Director of Human Resources prior to pursuing the activity.

#### **Standard 4.1 - Conflicts**

To personally benefit directly or indirectly from business conducted with the Hospital is considered a conflict of interest. Employees shall not compete directly or indirectly with us in the purchase or sale of goods or services.

#### **Standard 4.2 - Gifts**

All employees must refuse to accept any gifts, favors or hospitality which might influence, or appear to influence, their decision making or actions affecting the Hospital. Although the Hospital discourages gifts, a gift of nominal value (\$50 or less from an individual or entity in a single year) may be accepted. Cash or cash equivalents (i.e. checks, stocks, etc.) may never be accepted. You are expected to use common sense and good judgment in accepting or rejecting gifts to avoid any expectation or perception that business decisions will be influenced as a result. To the extent possible, appropriately accepted gifts (i.e. perishables such as cookies, candy, etc.) should be shared with co-

workers. You should never solicit gifts from patients, vendors, suppliers, contractors or others. No gift should be received with the expectation that a supplier or contractor will receive more business from us as a result of the gift. Hartford Hospital's *Gifts and Gratuities Policy*, your supervisor, HR or the Corporate Compliance Office should be consulted for further clarification when necessary.

## **STANDARD 5: BUSINESS RELATIONSHIPS**

All of our business transactions with all third parties must be legal and ethical. The following standards are intended as a guide in dealings with suppliers, vendors, contractors, providers, third-party payers and government entities. It is Hartford Hospital's intent that this policy be so encompassing as to avoid even the appearance of improper business conduct.

### **Standard 5.1 - Contracting**

Employees may not use "insider" information for any business activity conducted on behalf of the Hospital. All business relations must be at arm's-length.

### **Standard 5.2 - Business Inducements**

Employees, officers and agents of Hartford Hospital must not offer, give, solicit or receive any form of bribe or other improper payment or inducement. Hospital commissions, rebates, discounts and the like are customary and acceptable business practices if they are consistent with applicable law, Hospital policy and properly documented. Such business practices should never involve payments, discounts or rebates made to any employee for personal gain.

### **Standard 5.3 – Subcontractors and Suppliers Relationships**

We must manage our subcontractor and supplier relationships in a fair and reasonable manner, free from conflicts of interest and consistent with all applicable laws and good business practices. Our selection of subcontractors, suppliers, and vendors will be made on the basis of objective criteria including quality, technical excellence, price, delivery, and adherence to schedules, services, and maintenance of adequate sources of supply. Our purchasing decisions will be made based on the supplier's ability to meet our needs, and not on personal relationships and friendships. We employ the highest ethical standards in business practices in source selection, negotiation, determination of contract awards, and the administration of all purchasing activities.

The Hospital will manage subcontractor and supplier relationships in a fair and reasonable manner, consistent with all applicable laws and good business practices. Competitive procurement is promoted to the maximum extent practical.

### **Standard 5.4 - Supplier Sponsored Training, Seminars, Travel and Entertainment**

Employees may attend local, supplier sponsored workshops, seminars and training sessions. Supplier sponsored out-of-town seminars should only be accepted with the advanced approval of management. There should be a valid business purpose to the trip of benefit to the Hospital. The waiver of seminar or conference fees or providing for

travel costs is acceptable only if the employee is participating as a presenter, a member of a panel discussion, or information forum. Employees may accept limited supplier or vendor business courtesies such as reasonable meals, local transportation and entertainment that are modest in value and related to a legitimate purpose. Honoraria received as a result of participation in a formal educational program may accrue to the employee subject to approval of the Director of Corporate Compliance.

Honoraria or expense reimbursement for travel for an employee's spouse or family member, or for travel to extravagant locations (i.e. outside the USA) or for activities whose primary focus is social with minimal business purposes (i.e., resort, spa, etc), is prohibited.

Hartford Hospital encourages good business relationships between hospital members and our business partners. These relationships may be fostered by opportunities to socialize from time to time outside the hospital setting. Equal sharing of expenses, (meals, golf, entertainment, etc.) allows us to enjoy social opportunities while avoiding even a perception of impropriety.

Travel and entertainment expenses should be consistent with the individual's job responsibilities, along with the needs and resources of Hartford Hospital. Employees should receive no personal or financial gain from business travel and entertainment. Reasonable judgment should be used regarding the appropriateness of expenses.

Hartford Hospital's *Gifts and Gratuities Policy*, your supervisor or the Corporate Compliance Department should be consulted for further clarification when necessary.

### **Standard 5.5 – Physician Relationships**

It is important that those employees who interact with physicians, particularly regarding making payments to physicians for services rendered, leasing space, recruiting physicians to the community, and arranging for physicians to serve in leadership positions in facilities, are aware of the requirements of the laws, regulations and policies that address relationships between facilities and physicians. Any business arrangement with a physician must be structured to ensure compliance with legal and regulatory requirements, including all Stark rules. Such arrangements must be entered into in writing.

We accept patient referrals and admissions based solely on the patient's medical needs and our ability to render the needed services. We do not pay or offer to pay anyone, employees, physicians, or other personas or entities – for referral of patients.

No Hospital employee or any other person acting on behalf of the Hospital is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of patients. Similarly, when making patient referrals we are not allowed to receive any payment in cash or kind for patient referrals, in violation of the Anti-kickback Provisions.

Violations of any of the above may have grave consequences for the Hospital as well as the individuals involved, including civil and criminal penalties and possible expulsion from participation in the federally funded healthcare programs.

## **STANDARD 6: PROTECTION OF ASSETS**

Our employees must always strive to protect and preserve the assets of the Hospital through efficient and effective use of resources. They must properly and accurately record the true nature of all financial transactions.

### **Standard 6.1 - Internal Controls**

All financial information must reflect actual transactions. The Hospital maintains a system of internal controls to provide reasonable assurances that all transactions are executed in accordance with management's authorization and are recorded in a proper manner so as to maintain accountability of the Hospital's assets. No undisclosed or unrecorded funds or assets may be established. All of our employees share responsibility for maintaining and enforcing internal controls set up in their areas. These controls ensure that assets of the Hospital are protected and the financial records are accurate and reliable.

### **Standard 6.2 - Financial Reporting and Records**

The Hospital has established and maintains a high level of accuracy and completeness in the documentation and reporting of its financial records. These records serve as a basis for managing its business and are important in meeting our obligations to patients, employees, suppliers and others. They are also necessary for compliance with tax and financial reporting requirements. At the Hospital, we are required by Federal and State laws and regulations to submit certain reports of our operating costs and statistics. The compliance with federal and state laws, regulations, and guidelines relating to all cost reports is essential. These laws, regulations, and guidelines define what costs are allowable and outline the appropriate method used to claim reimbursement for the cost of services provide to program beneficiaries. Hospital policies address cost report compliance and articulate our commitment by: providing corporate and departmental policies and procedures; providing effective and timely education and training programs for finance personnel regarding federal and state laws, regulations and guidelines, and corporate polices; maintaining a standardized work paper package to provide consistency in the preparation, organization, presentations, and review of cost reports; applying a uniform cost report review process; identifying and excluding non-allowable costs; adhering to documentation standards; and using transmittal letters to report protected items and make other appropriate disclosures.

All issues related to the preparation, submission and settlement of cost reports must be performed by or coordinated with our Finance Department. Anyone having concerns regarding questionable accounting or auditing matters is required to report such matters to his or her Department Head or to Corporate Compliance.

#### **Standard 6.4 - Personal Use of Corporate Assets**

Our assets should not be used for personal purposes. All of our property must be used in a manner that is in the best interest of the Hospital. No one should use Hospital assets for purposes that don't benefit the Hospital. Any community or charitable use of organization resources must be approved by the employee's supervisor in advance.

### **STANDARD 7 QUALITY OF CARE**

The Hospital is committed to providing quality care in a safe, responsible, reliable, accessible, appropriate and cost-effective manner, with the least possible discomfort and inconvenience to the patient. To that end, the Hospital will measure clinical outcomes and patient expectations of service, leading the community in both quality and value standards.

#### **Standard 7.1 - Patient Dignity**

We take care to provide for the patient's dignity, comfort and convenience and we treat each patient with consideration, courtesy and respect.

#### **Standard 7.2 - Safety**

The Hospital is committed to creating a safe healthcare environment. Employees and agents of the hospital have a duty never to ignore any deficiency or error, no matter how small or insignificant. Therefore, it is essential that all such matters be brought to the attention of those who can properly assess and redress the problem. Employees are obligated to report any questionable incidents to their supervisors, Human Resources, the Director of Corporate Compliance or the Compliance Helpline (800-431-5572).

#### **Standard 7.3 – Access to Care**

We ensure all patients admitted to our facilities receive optimum, cost-effective care, regardless of payer source or level of reimbursement.

#### **Standard 7.5 – Honesty and Integrity**

We are encouraged to communicate and demonstrate openness, honesty, and integrity through lawful and positive relationships with patients, payors, colleagues, vendors, government officials and regulatory agencies.

#### **Standard 7.6 – Standards of Care**

We shall periodically assess and evaluate medical program goals and objectives to assure maintenance with current standards of practice.

#### **Standard 7.7 – Quality of Care for All**

We recognize our patients have the right to receive appropriate and high quality care services without discrimination due to race, creed, gender, national origin, sexual orientation, disability, age, or source of payment.

#### **Standard 7.8 – Patient Choice and Informed Consent**

Patients shall always be provided with choice when being referred by the Hospital to other service providers. In addition, the Hospital is committed to its patients being well informed about treatment alternatives and the various risk factors associated with each treatment or no treatment. We respect our patients' right to be involved in their plan of care.

## **STANDARD 8 RESEARCH COMPLIANCE**

### **Standard 8.0 – Research Compliance**

Hartford Hospital follows high ethical standards and complies with federal and state laws and regulations in any research, investigation and clinical trials conducted by our physicians and professional staff. The Hospital does not tolerate research misconduct. Some examples of research misconduct include but are not limited to, coercing patients, falsifying results and misappropriation of ideas or data. The Hospital is committed to protecting the rights and safety of all research subjects during all research, investigations, and clinical trials.

## **STANDARD 9 PERSONAL OBLIGATIONS TO REPORT**

### **Standard 9.0 – Personal Obligations to Report**

We are committed to ethical and legal conduct that is compliant with all relevant laws and regulations and to correcting wrongdoing wherever it may occur at the Hospital. Each employee has an individual responsibility for reporting any activity by any employee, physician, subcontractor or vendor that appears to violate applicable laws, rules, regulations, accreditation standards, professional codes, federal healthcare conditions of participation, Hospital policies or procedures or this Code. If a matter that poses compliance risk to the organization or that involves an issue of medical necessity, clinical outcomes or patient safety is reported, and if the reporting individual doubts that the issue has been given sufficient or appropriate attention, the individual has an obligation to report the matter to higher levels of management, HR, the Director of Corporate Compliance or the Compliance Helpline (800-431-5572) until satisfied that the full importance of the matter has been recognized and addressed.

To obtain guidance on a compliance issue or to report a concern, individuals may choose from several options. Hartford Hospital encourages the resolution of issues, including human resources related issues (e.g., payroll, fair treatment and disciplinary issues), through the proper channels.

When calling the Helpline, an employee may choose to remain anonymous. Hartford Hospital maintains, to the full extent of the law, the confidentiality of any individual who reports concerns or possible misconduct. Consistent with our Core Values, Hartford Hospital maintains a Non-retaliation Policy that protects anyone who reports a concern in good faith.

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**COMPLIANCE IS ALL OF OUR BUSINESS. WHEN YOU BELIEVE THERE MAY BE A PROBLEM OR IF YOU KNOW A PROBLEM EXISTS.....**

- 1. You may contact the Director of Corporate Compliance Office at (860) 545- 2036...internally/ext. 5-2036.*
- 2. Visit the Compliance Intranet site or stop by the Compliance Office (Conklin Bldg 312).*
- 3. Call the Compliance Helpline at **1-800-431-5572**. The Helpline is available 24 hours a day, 7 days a week, 52 weeks a year*

**Questions and Answers:**

**Q** Why have a formal document outlining business conduct?

**A** It's important to clarify our expectations for ethical and legal behavior by all who are involved in the mission and work of Hartford Hospital. Much of what constitutes ethical behavior is second nature to individuals. Yet sometimes we find ourselves in situations where we're unsure of what to do or how to act. This Code of Conduct will assist you in those situations. Most large organizations have such a document to guide their employees, officers, agents and board members.

**Q** What is the supervisor's role in administering these standards?

**A** Supervisors are held accountable and responsible for ensuring that their employees understand the Code of Conduct. As a supervisor, you must listen to your employees' issues, find appropriate answers and deal with problems. You are also a role model and must set the ethical examples.

**Q** Who's responsible for understanding and complying with the laws and regulations that apply to my work area?

**A** Each of us is responsible for understanding and complying with relevant laws and regulations, Hospital policies and procedures, professional codes and this Code of Conduct as they relate to our work areas. If you have questions, ask your supervisor.

**Q** What should I do if my supervisor does something or instructs me to do something that I think may be wrong, against the law, or against the standards set forth in the Code of Conduct?

A Talk to your supervisor again to make sure that you clearly understand what is being done or being asked of you. If, after clarifying, you believe it is improper, state your concerns to the supervisor and give him or her a chance to rethink the decision. If the situation isn't resolved to your satisfaction, immediately contact the Director of Corporate Compliance, HR or the Helpline.

Revised and Approved:  
April 30, 2007