



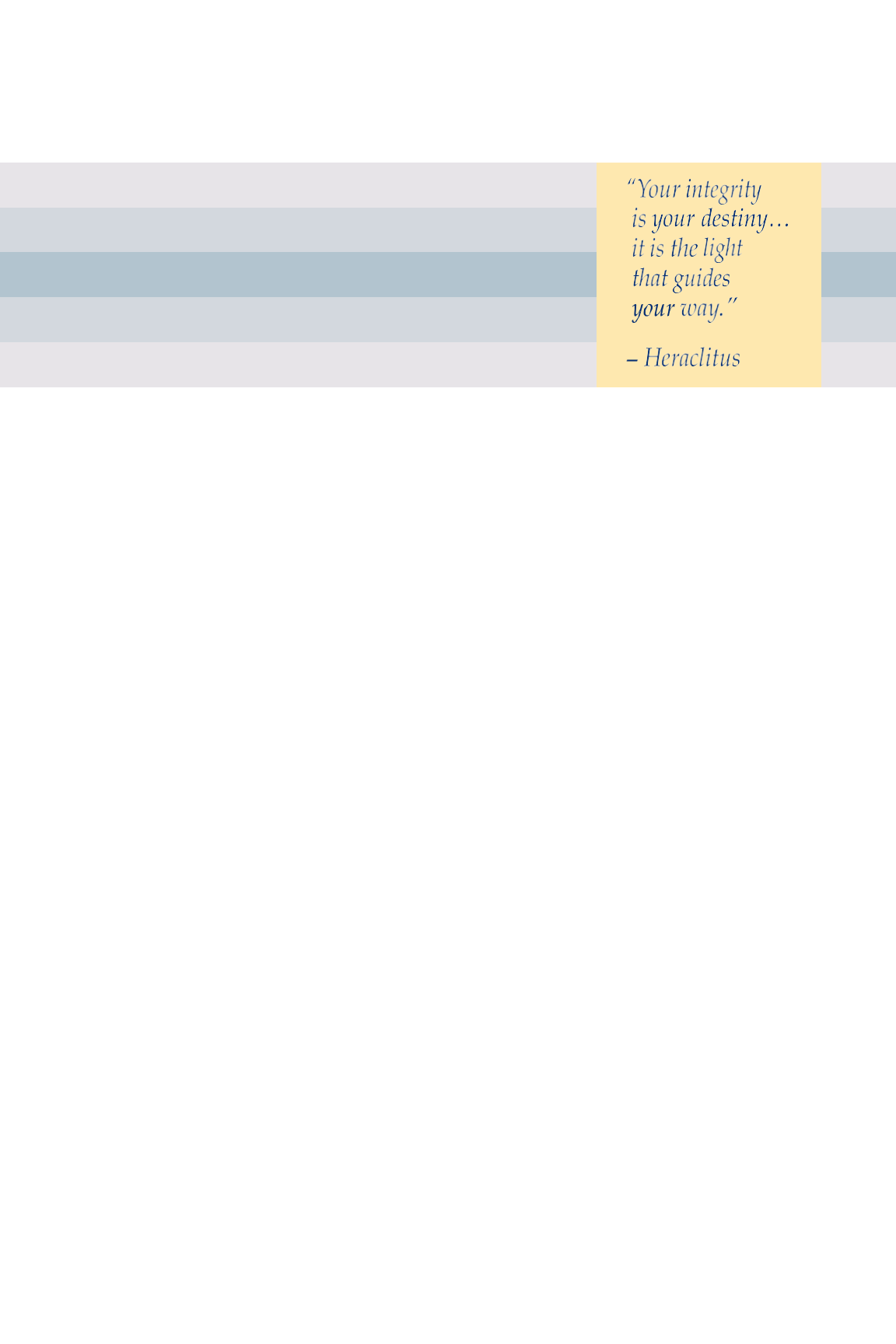
**Office of Compliance and Privacy  
2201 Henderson Mill Road NE, Suite 150  
Atlanta, Georgia 30345**

**Emory Trust Line:  
1-888-550-8850  
[www.EmoryTrustLine.com](http://www.EmoryTrustLine.com)**



# Compliance Program Manual

*Revised September 2025*



*"Your integrity  
is your destiny...  
it is the light  
that guides  
your way."*

*– Heraclitus*

## *Letter from Emory Healthcare*

The Emory Healthcare, Inc. Compliance Program is designed to help us meet our organizational goals of excellence. It defines the standards of conduct expected from each member of the Emory Healthcare (EHC) community. This program is a “regulatory and ethics quality assurance program” that reflects EHC’s commitment to the high legal, ethical, moral and governmental standards in meeting our fundamental mission of providing quality care to patients.

It is important that each of you, as members of our EHC community, realize the value of your contribution to our organization and to our success. In providing services for EHC, be aware that your actions directly reflect upon EHC as a whole. This means that our reputation for honesty and integrity is in your hands.

In your service to EHC, you are expected to know the rules that apply to your work, to follow the rules and to help us find and report violations so that problems can be corrected. As a representative of EHC, it is important that you actively participate in and promote compliance.

This Compliance Program, along with EHC and related entities policies and procedures, provides the guidelines you need to meet these responsibilities. However, no compliance program can anticipate and address every situation. In many cases, common sense and good judgment will guide you. When you are uncertain or find a problem, talk to your supervisor or call the Office of Compliance and Privacy at 404-778-2757 or the Emory Trust Line at 1-888-550-8850 or make a written report at [EmoryTrustLine.com](http://EmoryTrustLine.com). We are all responsible for preventing problems and for becoming a part of the solution when a problem occurs.

Thank you for joining our commitment to ethical and compliant conduct in the provision of health care and for helping EHC meet its goal of being a good organizational citizen.



Joon S. Lee  
Chief Executive Officer  
Emory Healthcare, Inc.

# Note from the Staff of the Office of Compliance and Privacy (OCP)

The EHC Compliance Program assists in fostering a business culture founded on ethical principles. It also supports or works to help minimize the threat of any fraud enforcement action by the government. It is our goal to give specific direction and guidance in detecting and resolving compliance issues. The Compliance Program is a plan of “Ethics in Action” and may be updated or changed periodically.

We invite you to contact our office to schedule compliance/privacy training with your team, or to receive assistance in understanding coding, billing or compliance and/or privacy issues. We have a staff that is experienced in these areas and are willing and eager to assist you.

Our goal is to foster open communication, provide training and answer questions or concerns asked by employees, physicians and board members. A corporate compliance program empowers all of us to do the right thing. It empowers us to detect problems and provides ways for us to solve problems collectively.

## **Important Information**

Office of Compliance & Privacy: 404-778-2757

E-mail: [ehcCompliance@emoryhealthcare.org](mailto:ehcCompliance@emoryhealthcare.org)

Emory Trust Line: 1-888-550-8850

Emory Trust Line Website: [EmoryTrustLine.com](http://EmoryTrustLine.com)

Compliance Intranet Website: [www.ourehc.org/departments/compliance/index.html](http://www.ourehc.org/departments/compliance/index.html)

## **Additional Important Information**

Office of Quality & Risk: 404-686-2820 (Quality)  
404-686-2470 (Risk)

Environmental Health & Safety Office: 404-727-5922

Office of the General Counsel: 404-727-6011

# EHC Compliance Pledge

**As members of the EHC team, we each pledge to:**

**FOLLOW** all laws, regulations and EHC policies. The laws, regulations and ethical principles that govern health care are complicated. Some of them are summarized in this manual. Many more are reflected in detail in EHC's policies and procedures.

**ASK** questions if the rules are unclear. If the rules are unclear, ask your supervisor or other management personnel or call the Office of Compliance and Privacy at 404-778-2757 or send an email to [ehcCompliance@emoryhealthcare.org](mailto:ehcCompliance@emoryhealthcare.org). Keep asking until you get a satisfactory answer.

**ACT** when you think something is not right. When you think something is not right, discuss the issue with your supervisor. If you are not comfortable doing that or you are not satisfied with the response you receive, bring your issue to higher management personnel in your area. If you still are not comfortable, call the Office of Compliance and Privacy at 404-778-2757 or the Emory Trust Line at 1-888-550-8850 or login to [EmoryTrustLine.com](https://EmoryTrustLine.com).

**REPORT** potential violations. Follow this same line of communication when you know a law, regulation, health care policy or rule has been broken or if you are asked to break one of them. It is EHC's policy that no employee is punished for raising an issue or reporting a concern in good faith. Your adherence to the EHC Compliance Program will be considered in your performance evaluation.

**BE** a part of the solution if a problem is found. When a problem is identified, EHC needs you to help solve the problem. Immediate and long-term correction is critical in making sure a problem is not repeated.

**ENGAGE** in ethical conduct and expect ethical conduct from others. Participate only in those activities you are sure are ethical.

**The following guidelines will help you do the right thing:**

- If you know or think something is wrong, do not do it, even if someone is pressuring you.
- If you are concerned about something you are doing or are worried that it might be discovered, stop, get advice, report the concern and redirect your actions so you know you are doing the right thing.

**This program covers, but is not limited to:**

- Emory Healthcare, Inc.
- Emory Children's Center, Inc.
- Emory Clinic
- Emory Decatur Hospital
- Emory Dunwoody ASC
- Emory Dialysis, LLC
- Emory Hillandale Hospital
- Emory Johns Creek Hospital
- Emory Long-Term Acute Care
- Emory Rehabilitation Hospital in Partnership with Select Medical
- Emory Rehabilitation Outpatient Center in Partnership with Select Medical
- Emory Saint Joseph's Hospital
- Emory Saint Joseph's, Inc.
- Emory Specialty Associates
- Emory University Hospital
- Emory University Hospital Midtown
- Emory University Orthopaedics & Spine Hospital
- Emory Hospital at Warner Robins
- Emory Hospital at Perry
- The Wesley Woods Center of Emory University, Inc.

*For the purposes of this publication, the above institutions are collectively referred to as Emory Healthcare or EHC.*

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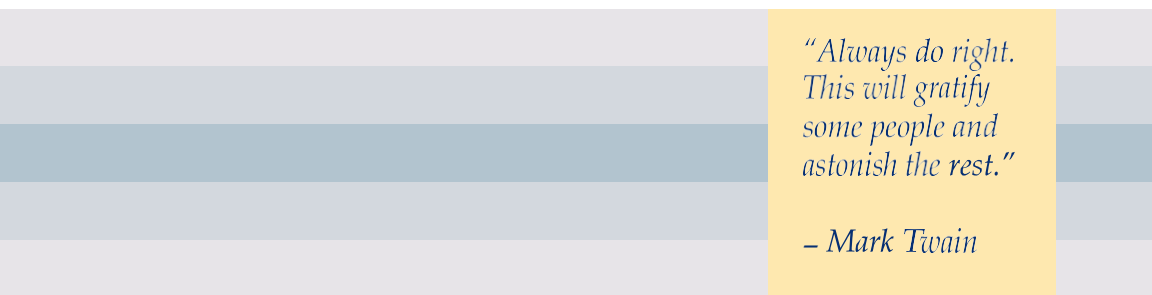
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*“Always do right.  
This will gratify  
some people and  
astonish the rest.”*

*– Mark Twain*



# The EHC Compliance Program

The EHC Board of Directors has directed the development of a comprehensive compliance program. The Board of Directors' absolute commitment to compliance reflects EHC's high standards of business ethics and patient care.

**Purpose:** EHC has been, and continues to be, committed to conducting business in full compliance with all applicable federal, state and local laws and government regulations. We are committed to preventing and detecting noncompliance. In support of that commitment, EHC has established this Compliance Program and adopted standards of conduct and other policies to guide our activities.

**Ethics:** EHC's Compliance Program represents and supports the ethical values and responsibilities we have to our patients, to each other, our community, and to laws and regulations. As EHC employees, we should always strive to do the right thing and encourage each other to do so as well, including operating with accountability, integrity, transparency and honesty. These ethical values in action sometimes require us to go above and beyond basic values and expectations, looking at our duty to our patients, each other, and EHC.

**Oversight:** Oversight of the Office of Compliance and Privacy is accomplished through the establishment of the Management Compliance Committee and reporting to the EHC Board of Directors and Emory University Audit and Compliance Committee.

The EHC Board has appointed a Chief Compliance Officer (CCO) who has day-to-day oversight of the Compliance Program. The CCO functions as an independent and objective party who reviews and evaluates compliance issues and concerns within the organization.

**Training and Education:** Training and education are important components of your Compliance Program. The Office of Compliance and Privacy coordinates training regarding the Compliance and Privacy rules and regulations as well as policy-based training specific to departmental needs. If you identify a training need in your department, please contact the Office of Compliance and Privacy at 404-778-2757 or [ehcCompliance@emoryhealthcare.org](mailto:ehcCompliance@emoryhealthcare.org) to schedule a training class.

Departments are responsible for ensuring a process to keep updated on changing laws and regulations that impact their area of responsibility and are encouraged to coordinate with Compliance staff for updated education and support.

**Confirmation of Commitment:** You will be asked to sign a statement confirming that you have received the Compliance Program Manual, that its contents have been reviewed with you and that you understand it is your responsibility to read the manual and ask any questions you may have. You will also need to agree that you understand that compliance with these policies is mandatory and that adherence to the EHC Compliance Program will be considered in your performance evaluation.

It is important that each employee understands his or her responsibility not only to adhere personally to the Compliance Program, but also to actively participate in and promote compliance at EHC. The EHC Compliance Program cannot succeed without your participation and support.

**Resources:** The Office of Compliance and Privacy can provide many resources for your use. The compliance, privacy and audit & analysis staff, with its considerable expertise, are available to help you understand and comply with the many rules and standards that govern the health care business. Please take advantage of these resources.

**Reports of Concern:** Our compliance pledge states that when your instincts tell you something is not right, you are expected to ACT. We are all required to help detect and report problems. You should report problems to your supervisor or higher management personnel in your department.

If you are not comfortable doing that or you are not satisfied with the response you receive, contact the Office of Compliance and Privacy at 404-778-2757, [ehcCompliance@emoryhealthcare.org](mailto:ehcCompliance@emoryhealthcare.org), the Emory Trust Line at 1-888-550-8850, or login to [EmoryTrustLine.com](http://EmoryTrustLine.com).

EHC policy prohibits retaliation against an employee for making a good faith report of noncompliance under this program. If you are worried about being punished for making a report, please contact the Office of Compliance and Privacy.

**Internal Review of Reports:** Once you have reported a concern, your supervisor or the Office of Compliance and Privacy will review the facts to determine whether and to what extent there is a problem. Each of us is expected to provide all necessary information and to cooperate fully in this review process. Legal advice may be sought on how to proceed with internal reviews.

**Correction:** When a problem is confirmed, immediate corrective action includes stopping the behavior and/or correcting the system or process that caused the problem. To prevent the problem from happening again, a root-cause analysis will be conducted and a change in a system or procedure. If the problem led to EHC's receipt of an overpayment, the money will be repaid appropriately.

The Office of Compliance and Privacy will assist departments in training and monitoring to ensure that the correction is effective.

**Enforcement and Discipline:** Failure to follow the standards of conduct under this program and the related policies and procedures will result in disciplinary action, up to and including termination from employment or from a contract with EHC. The specific discipline will depend on the violation. However, fulfilling your duty to report what you believe to be a real problem will not result in discipline.

**Monitoring Compliance:** The Office of Compliance and Privacy and other departments will use monitoring and auditing systems designed to detect non-compliant conduct and to determine that the compliance program is effective. Monitoring can include regularly scheduled reviews of risk areas, documentation, or coding and billing of physician and hospital services, or focused reviews to evaluate a new process, suspected problem, or to test the correction of a problem. We will have ongoing risk assessments and audits that may focus on particular business arrangements, reimbursement or areas specified in the Office of Inspector General's Special Fraud Alerts and Work Plan.

Results of specific reviews are reported to the appropriate department heads and individuals. Summary reports are made to the appropriate board committees.

Review results also serve as the basis for corrective action, follow-up training and follow-up reviews.

## Standards of Conduct

We at EHC are dedicated and proud to treat our patients and conduct our business in a manner consistent with our medical, legal and ethical obligations and our own high standards of integrity and quality. These standards of conduct are a guide to assist us in making decisions in our day-to-day operations. In addition to these standards of conduct, all affected employees shall follow other EHC policies and procedures as may be adopted from time to time by subsidiary corporations or operating units of EHC.

*"Nothing can bring you  
peace but the triumph  
of principles."*

*– Ralph Waldo Emerson*

## CARING FOR OUR PATIENTS

**Patient Care:** EHC is committed to providing medically necessary, quality health care in a setting that honors patients' rights and dignity.

**Medical Need:** Patients are admitted based on medical need. Clinical care is based on identified patient health care needs.

**Nondiscrimination:** EHC does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, sexual identity, age, or disability in access to healthcare services. It is EHC's policy to comply with the Affordable Care Act, Section 1557- Nondiscrimination in Health Programs and Activities.

**Patient Choice:** EHC honors the rights of patients to make decisions about the health care they receive. Patients also participate in discharge planning and have the right to choose home care, nursing home care and other post-discharge providers.

**Emergency Care:** An appropriate medical screening and stabilizing treatment, if needed, for emergency medical conditions will be provided to each patient who comes to an Emory Hospital for emergency treatment.

**Transfers:** A patient will be transferred to another facility only if the patient requests the transfer (after being informed of the related risks) or if another facility can better meet the patient's medical needs and the patient consents to the transfer. A transfer is made only after all relevant information is provided to the receiving facility and the receiving facility accepts the patient.

**Patient Information:** EHC protects the confidentiality of patient information.

The information collected from and about a patient is protected health information (PHI). It is used to provide care for the patient and should only be shared with those involved in the patient's care. We are committed to maintaining patient privacy and confidentiality. The only exceptions to this rule are when the patient consents to or authorizes release of information or when a law or regulation requires or authorizes use or disclosure. While all patient information must be protected, certain laws require additional security for extremely sensitive records such as those relating to alcohol or substance abuse, mental health treatment and the human immunodeficiency virus.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides federal patient privacy and security rules. We should all be familiar with these rules and our policies regarding patient confidentiality, privacy and security.

Our patients have the right to keep health care information about themselves from being inappropriately used and/or disclosed. See the EHC Patient Privacy and Rights at Emory Healthcare at [www.emoryhealthcare.org](http://www.emoryhealthcare.org)

**Confidentiality** is the practice of keeping private the information shared between a patient and their healthcare provider. It's a legal and ethical obligation for healthcare professionals to protect patient information. .

**Privacy** The HIPAA Privacy Rule **establishes national standards to protect individuals' medical records** and other individually identifiable health information. Privacy is the protection of patients' personal and medical information. It includes the security of patient records, the discretion of healthcare providers, and the physical privacy of patients.

**Security** The Health Insurance Portability and Accountability Act (HIPAA) Security Rule establishes national standards to protect electronic health information.

If you have concerns about patient confidentiality, privacy or security, speak with your supervisor or call/email the Office of Compliance and Privacy or the Emory Trust Line.

EHC follows the applicable laws and regulations that provide patients the right to inspect, obtain a copy of and amend their health information.

### **Data Security: Log-in IDs, Passwords and Encryption**

EHC uses many electronic applications for business purposes, education modules and patient care. Log-in IDs and passwords are unique to individuals and can constitute legal signature, so it is very important that they be safeguarded. It is EHC's policy that they only be used by the individual to whom they belong. **Sharing or inappropriate use of your login ID or password subjects you to disciplinary action up to and including termination from employment.** All mobile devices, such as laptops, flash drives and disks must be encrypted. Contact the EHC Help Desk at 404-778-4357 (HELP) for more information.



## Identity Theft Prevention

Practicing identity theft prevention can help detect and prevent identity theft in connection with the creation and maintenance of patient accounts and medical information. If you become aware of activity indicating possible identity theft, you should determine whether such activity indicates a threat of identity theft. If you determine that identity theft or attempted identity theft is likely or probable, you should immediately report the activity to your supervisor for further investigation and resolution.

## CARING FOR OUR PERSONNEL

**Employment:** EHC is committed to providing a safe, productive, non-discriminatory working environment.

**Non-Discrimination:** EHC provides equal opportunity to a diverse workforce, and each employee is to be treated with respect and dignity.

**Safety:** EHC has policies and procedures that emphasize our commitment to a safe workplace. Each of us is required to know the safety rules that apply to our jobs. We also are expected to help enforce these rules. Please inform your supervisor or any EHC administrator immediately if:

- You become aware of an unsafe condition,
- You are uncertain about safe handling of hazardous chemicals or medical waste, etc., or
- You experience harassment or threats of violence.

*"I knew, or I thought I knew, the difference between right and wrong, and I saw no reason why I might not always do the one and avoid the other."*

*– Benjamin Franklin*

**Drugs and Alcohol:** EHC is committed to maintaining workplaces free from unlawful use of drugs and alcohol. All employees and contractors must report to the workplace free of the influence of drugs and alcohol. If you become aware that someone at work is under the influence of drugs or alcohol or is possessing, distributing, dispensing or manufacturing alcohol or illegal drugs at work, report it to your supervisor immediately. Such individuals pose a safety threat to our patients and our coworkers. If you take a prescribed drug or over-the-counter medication that could affect your ability to work, notify your supervisor.

**Respect for Fellow Employees:** Employees should be respectful and considerate of one another regardless of position or relationship.

**Harassment:** Harassment of any person on the basis of race, color, national origin, religion, sex, sexual orientation, age, disability or veteran status is strictly prohibited. EHC will not tolerate any form of harassment and is committed to maintaining a workplace environment free from harassment.

## CONDUCTING OUR BUSINESS

**Community Benefit: EHC conducts its business to benefit the community.**

EHC is a not-for-profit, tax-exempt organization, and it complies with laws and regulations that permit EHC to maintain this status.

EHC conducts its business to further its charitable purposes and uses its resources to benefit the community. Resources may not be used to benefit the private interests of any individual within EHC.

Tax returns and financial reports are prepared accurately and in accordance with the law.

*“Good, the more  
communicated,  
the more abundant  
grows.”*

*– John Milton*

*"Yield not to evils,  
but attack all the  
more boldly."*

*– John Milton*

## **Conflicts of Interest: EHC personnel should avoid even the appearance of conflicts of interest.**

**Potential Conflicts of Interest:** We all must avoid situations in which our personal interests or outside activities influence, or could appear to influence, decisions we make in performing our duties for EHC. While each situation is different, conflicts of interest, potential conflicts of interest or the appearance of a conflict of interest may arise from the following types of activities:

- You have a personal or family financial interest in a competitor, supplier, vendor or entity that does business with EHC
- Your involvement in outside business activities such as other employment interferes with your ability to perform your duties for EHC
- You use EHC materials, equipment, business information or the Emory name or mark for personal or non-Emory purposes
- You receive payment or expenses from current or potential vendors for attending or participating in seminars, consulting or other activities
- You give or offer gifts or other items or services that are, or may appear to be, intended to influence a vendor's decision to do business with EHC or to obtain a more favorable rate from a vendor.

Employees, physicians, staff, residents and students may not accept gifts from patients or families of patients. Patients or their families who want to give personal gifts to employees, staff or physicians, in cash or in kind, should be referred to the EHC Development Office for gift-giving policies and procedures. In addition, employees, physicians, staff, residents and students may not refer such gifts to their families nor make a suggestion to this effect.

**Disclosure:** Relationships that may give the appearance of a conflict of interest or are a conflict of interest must be disclosed to your supervisor. These will be reviewed on a case-by-case basis with advice of legal counsel, if necessary.

**Relationships with Vendors:** Selection of our vendors, suppliers and subcontractors will be made on the basis of objective criteria. Any discounts received from a vendor, supplier or subcontractor must be reported to the appropriate finance department to ensure accurate accounting and cost reporting.

**Anti-Kickback: Payment to or from referral sources is prohibited. EHC does not pay and will not accept payment for patient referrals or other business.**

EHC will not offer, give, ask for or accept anything of value that is or may be viewed as a reason to refer patients or other business to EHC. Referrals of patients are made and accepted based on patient choice, medical need and the ability to provide needed services.

**Legal Restrictions:** Financial and business arrangements between EHC and physicians and other referral sources are structured to comply with federal and state laws and regulations, including the Anti-Kickback laws, the Stark laws, the Georgia Patient Self-Referral law and Georgia fee-splitting prohibitions. Violations of these laws can result in significant criminal and civil fines, as well as licensure actions and exclusion from Medicare and Medicaid programs.

**Fair Market Value:** Payments under any contract must be within verifiable fair market value for the services or goods received, and the arrangement must be accurately reflected in a written agreement approved through EHC's contract approval process.

**Payment to Patients Is Prohibited:** EHC will not waive insurance or health plan co-payments or deductibles or provide free services or other value for the purpose of influencing individuals to request or receive EHC services or products.

Appropriate financial accommodations, including waiver of co-pays or deductibles, may be given to patients after they have been screened by the Business Office, and it has been documented that they meet criteria for financial hardship status. Any waiver of co-pays, deductibles or charges made under these criteria will be disclosed to all third parties responsible for paying the patients' bills.

**Billing and Reimbursement:** EHC seeks payment based on medically necessary services actually provided and accurately documented.

**Billing for Services:** EHC bills only for services rendered. Billing will occur only for services appropriately documented. EHC takes great care to ensure that all billing to government and private payers reflects truth and accuracy and conforms to all pertinent federal and state laws and regulations.

**Supporting Records:** All claims for payment by EHC must be accurate and supported by records reflecting:

- The medical necessity of items and services provided to the patient
- A complete description of specific items and services provided, and
- The identity of the individuals involved in providing the care.

All documentation supporting a claim must be appropriately organized in a readable form and must be made available for audit and review.

**Coding:** Billing codes assigned to all claims for payment must be supported fully in the record. Any false or misleading statements to a government agency or private payer will not be tolerated and will result in severe disciplinary action, up to and including termination from employment or from a contractual relationship with EHC. When appropriate, EHC will disclose the situation to the relevant government agency or private payer.

**Knowledge of the Rules:** If you are involved in providing billable services or in creating or processing charges and claims for payment, you are expected to know and follow the documentation, and coding and billing requirements of government and private payers that apply to your responsibilities. These same expectations apply to contractors providing coding and billing services to EHC.

*“Integrity is one of several paths. It distinguishes itself from the others because it is in the right path, and the only one upon which you will never get lost.”*

– M.H. McKee

**Errors or Concerns:** If you discover errors or problems with any claims for payment, you must alert your supervisor or the Business Office. If you are not comfortable reporting to your supervisor or the Business Office, contact the Office of Compliance and Privacy at 404-778-2757 or the Emory Trust Line at 1-888-550-8850, or login to EmoryTrustLine.com. Following review of the facts, if appropriate, the supervisor or Business Office will report the matter to the Office of Compliance and Privacy. If there is an error or concern that results in a payment or other regulatory matter, the OCP will report the matter to the plan sponsor. It is EHC's policy to return any money received in error as appropriate. Credit balances are refunded routinely.

**Cost Reporting: EHC will claim only accurate, allowable costs on its cost reports.**

In addition to billing for specific health care services, some EHC entities submit annual cost reports to government payers for reimbursement of administrative, overhead and other general costs.

EHC will comply with federal and state laws that define what costs are allowable and outline required methods of preparing and submitting the cost reports.

Accurate cost reporting is dependent on the accuracy of cost information collected from many departments and areas. Misrepresentation or falsification of these data will not be tolerated and will lead to disciplinary action, up to and including termination of employment.

If you discover that an error or inaccuracy may have been included in a cost report that has been or will be filed with the government, notify your supervisor or the Office of Compliance and Privacy immediately.

**Understanding the Federal and State False Claims Acts (FCAs)**

**The False Claims Acts:** It is EHC's policy to assure that claims for services paid for by government and private payers are complete and accurate when submitted for payment. The FCAs are federal and state laws that provide for penalties to be assessed if claims submitted to government payers are false or fraudulent.

The liability of persons/organizations that submit false claims is a civil penalty of not less than \$14,308 and not more than \$28,618, plus three times the amount of damages the government sustains because of the act of the person/organization. The applicable statute allows a private person to bring a lawsuit on behalf of the United States or the state of Georgia if the private person has knowledge that a false or fraudulent claim has been knowingly submitted or caused to be submitted to the government. The FCAs prohibit retaliation such as discharge, demotion or suspension of employees that act lawfully in furtherance of the FCAs.

EHC has established monitoring processes for claims submission, education requirements and an internal reporting process whereby employees can report compliance concerns anonymously. An investigation process and a non-retaliation policy for employees who report compliance concerns have been established to prevent and detect fraud, waste and abuse in federal and state payment programs. This manual also contains standards of conduct that govern EHC employees.

EHC requires employees to report compliance issues internally and has processes whereby such issues are investigated. Employees are protected from retaliation for good faith reporting of concerns. Please call the EHC Office of Compliance and Privacy at 404-778-2757 or the 24/7 Emory Trust Line at 1-888-550-8850, or login to [EmoryTrustLine.com](https://EmoryTrustLine.com) to report compliance issues or concerns anonymously.

**Marketing: EHC markets its services and competes honestly and fairly.**

**Community Education and Marketing:** Marketing and advertising are used to inform the public about health care generally and about EHC specifically. EHC honors the public’s trust in our honesty and the quality of our services. All EHC community education and marketing initiatives are informative and accurate and do not exploit public fears or concerns. Patient health information may be used for marketing purposes as allowed by the HIPAA privacy rules, which are set out in EHC marketing policies.

Marketing personnel are not paid based on volume of referrals or business.

*“Try not to become a man of success, but rather try to become a man of value.”*

*– Albert Einstein*

**Antitrust:** EHC competes fairly for business. The antitrust laws are intended to promote fair competition in the marketplace. These laws may be violated by discussing EHC business with competitors. Engaging in conduct that violates the antitrust laws is prohibited.

We all must avoid activities that might reduce competition. Sometimes, “talking shop” with competitors at conferences or social events can create antitrust concerns. Examples of discussions to avoid include sharing cost or pricing information, discussing EHC marketing strategies, agreeing not to use certain suppliers or agreeing to limit territories. If you are approached to discuss this type of information, do not respond and immediately report any concerns to your supervisor or to the Office of Compliance and Privacy.

**Business Information: EHC creates and maintains its business information based on accuracy, integrity and confidentiality.**

EHC business information and business records are valuable assets of the organization. This information is vital to EHC operations and must be created and maintained to ensure the accuracy, integrity, and confidentiality of the information.

In the course of your employment, you may become aware of confidential business information concerning personnel data, pricing and cost data, negotiations and business deals, research data, patient lists and clinical information, marketing plans, strategic plans, supplier and contractor information or other business information. You are expected to maintain the confidentiality of such information.

Remember also that all communications systems, including e-mail, Internet access and voice mail, are the property of EHC or related entities and are to be used for EHC business.

*“Honesty is a question of right and wrong, not a matter of policy.”*

*– Unknown Source*



*"With regard to excellence, it is not enough to know, but we must try to have and use it."*

*– Aristotle*

**Applicant, Employee and Contractor: EHC will not employ or do business with individuals or entities excluded or debarred from government programs.**

Applicants and current employees and contractors are required to disclose whether they have ever been convicted of crimes or excluded or debarred from government health care or contracting programs. EHC will evaluate this information and take action in accordance with all applicable policies, laws, and regulations. Failure to make complete and accurate disclosure may result in termination.

**Research: EHC follows ethical standards and accurate accounting in research.**

To expand knowledge and treatment of disease, EHC may participate in and facilitate clinical research. When research studies include patient care, the patient is fully informed about the research, the risks, the benefits and the alternatives. Refusal of a patient to participate in research does not affect the patient's care or access to EHC services.

Billing for investigational devices and other clinical trials is performed in compliance with applicable regulations and grant requirements.

*"A person is not given integrity. It results from the relentless pursuit of honesty at all times."*

*– Unknown Source*

**Environmental: EHC conducts its operations mindful of the need to preserve natural resources.**

All facilities are operated with necessary permits, approvals and controls, and in accordance with environmental laws and regulations. Where it is required for their job, employees and contractors must learn and follow proper procedures for handling medical and chemical waste and other hazardous materials. All personnel are required to report any situations that may be potentially damaging to the environment.

**RELATING TO THE GOVERNMENT**

**Government Interaction: EHC deals honestly and appropriately with state and federal government personnel.**

**Statements to the Government:** EHC will make good faith efforts to ensure that all representations and submissions to government agencies, employees and contractors are accurate. Care must be taken to review and ensure the accuracy of statements on applications, reports and claims submitted to the government for licensure, certification or payment, or in response to inquiries, audits or investigations. Giving incomplete, inaccurate or misleading information to the government may lead to termination from employment and prosecution for filing false statements or claims and/or for obstruction of justice.

**Hiring Government Employees/Contractors:** If a former or current government employee or contractor wishes to become employed by or a consultant to EHC, he or she should consult with their human resources and legal services departments. Compliance with various conflicts of interest and other rules will be evaluated, and each situation will be considered on a case-by-case basis.

**Payments to Government Employees/Contractors:** EHC prohibits offering or making payments or giving anything of value to government employees or contractors as required by applicable laws, regulations and policies. If you become aware of any such inappropriate interaction, report it to your supervisor or to the Office of Compliance and Privacy immediately.

**Political Contributions:** EHC funds and resources may not be used to support political campaigns or political parties.

The Political Contribution Standard Restriction includes not only giving money or gifts, but also using EHC property, including space, work time, telephones, copiers, e-mail or computer network services, for political purposes.

Of course, EHC encourages individual citizenship, but if you participate in the political process, it must be on your own time and at your own expense, and you must take care not to give the impression that you are acting on behalf of EHC.

*"Law is order,  
and good law  
is good order."*

*– Aristotle*

**Government Investigations: EHC cooperates fully with government audits and investigations.**

Talk to your supervisor about who should accept subpoenas or audit requests. If you are served with a search warrant, subpoena or other request for information about EHC business, please notify your supervisor immediately. The supervisor will contact the Office of the General Counsel for directions on how to respond.

Records requested by subpoena or audit letter will be identified, isolated and protected pending submission to the government. Destruction of the requested records must be immediately suspended in accordance with the Emory Record Retention and Destruction Policy and Procedure until the completion of the investigation and the full response to any inquiry has been completed. The requested records must not be changed in any way.

The law gives us the right to be represented by legal counsel during a government investigation or inquiry. If you are contacted by a government agent for an interview, you may exercise your right to have an attorney present. Of course, you also may decide to be interviewed without an attorney. Please report the contact to your supervisor, the Office of the General Counsel, or the Office of Compliance and Privacy.

**For specific policies and procedures, visit EHC Policy Manager.**

*“Perseverance keeps  
honor bright...”*

*– William Shakespeare*

