CODE OF CONDUCT

Excellence In Action

Office of Compliance
Version 11
November 2023

OC health CARE AGENCY

Message from the INTERIM DIRECTOR

Dear OC Health Care Agency (HCA) Team,
I want to thank all of YOU for the hard work you do to ensure the health, wellness, and safety of our community. It has been an honor to serve as Interim Agency Director and I am proud to be part of an outstanding group of dedicated public servants who, provide valuable services to our community 24/7.

As you carry out your daily responsibilities, I hope you will use the Code of Conduct as a guide. Its purpose is to unite us and to keep excellence and integrity at our foundational core. Knowing you have the heart of a public servant, I trust that your unparalleled service will always have the Code of Conduct as a guide.

If you ever have any questions or concerns, please do not hesitate to ask. By knowing and using the Code of Conduct we will continue to excel in all that we do and in the services we provide.

Debra Baetz
Interim Agency Director

Message from the
CHIEF COMPLIANCE OFFICER

We operate in an industry governed by many laws, rules, regulations, policies and procedures. As Chief Compliance Officer, I am committed to ensuring that HCA conducts business ethically, with integrity, and in accordance with applicable laws, rules, regulations, policies and procedures. To do this, everyone at HCA must do their part. Each one of us plays a vital role in upholding the highest standards of integrity, professionalism, and patient care. Our Code of Conduct serves as a guiding light, outlining the principles and values that should guide our actions every day.

At HCA, we strive to provide exceptional care to our clients and patients while maintaining their confidentiality and privacy. To achieve this, it is imperative that we adhere to all legal and regulatory requirements governing our industry. By doing so, we not only protect the well-being of our clients and patients but also maintain the trust and confidence they place in us.

Together, we can continue to build a workplace environment founded on trust, respect and professionalism. You are the key to a successful Compliance Program. In order to maintain HCA's integrity, it is important that you, as an HCA Team Member, read, understand, and abide by our Code of Conduct. Promoting and maintaining a compliant culture is everyone's responsibility.

Feel free to contact me or any other Office of Compliance staff member with questions or concerns that you may have at any time. The Compliance Hotline at 1-866-260-5636 is also available, 24 hours a day seven days a week.

Or, if you prefer to report issues online, the Online Issue Reporting Feature is available to report issues to the Office of Compliance.

Thank you for your continued support and we look forward to hearing from you.

Kelly K. Sabet

Kelly K. Sabet
LCSW, CHC, CHPC
Chief Compliance Officer

HCA's Mission, Vision, Values, and Goals

WHO WE SERVE

The Orange County Health Care Agency's (HCA) primary focus is to protect and promote the health and safety of the community as a whole by providing direct services to individual clients or patients.

Orange County's population and diversity is continuously growing. The Health Care Agency adapts and plans in anticipation of these changes so that our services meet the needs of the community.

OUR MISSION

In partnership with the community, deliver sustainable and responsive services that promote population health and equity.

VISION

Quality health for all.

GOALS

Promote quality, equity, and value. Ensure the HCA's sustainability. Offer relevant services to the community.

AGENCY GOALS

HCA's goals describe how we will achieve our vision and our mission. Employees' individual performance measures are, in turn, based on the Agency's goals and strategic directions.

1	Be well prepared for any and all disease outbreaks or emergencies.
2	Publish major health care studies and implement best practices that will influence health policy across Orange County.
3	Achieve a steady reduction in preventable infections, episodic and chronic disease morbidity, injury and mortality in Orange County.
4	Promote health and wellness and improve overall quality of life for individuals and families in Orange County.
5	Deliver exceptional health care services that will improve the overall health of the people in Orange County.
6	Secure and efficiently provide and manage resources to address the health needs of individuals and families in Orange County.
7	Become the employer of choice in Orange County.

Code of Conduct

PURPOSE OF THE CODE

The HCA Code of Conduct (Code) is the cornerstone of the Compliance Program and is intended to assist employees and others in making the right decisions and/or knowing who to contact to ask the questions. The Code complements, but does not replace, current policies and procedures issued by the County Executive Office, the Auditor-Controller, Human Resource Services, and HCA. We encourage you to become familiar with the Agency and your departmental policies and procedures.

The Code has been developed to:

- Communicate County and HCA expectations of ethical behavior;
- Reinforce the commitment of HCA to promote compliance with applicable laws, rules, statutes, regulations, contractual obligations, and policies and procedures consistent with community standards; and
- Familiarize all staff with the basic legal principles and ethical standards of behavior expected throughout HCA.

FUNCTIONALITY OF THE 11TH EDITION

The 11th Edition of the HCA Code of Conduct is designed to provide guidance to all employees about their compliance responsibilities as well as direct them to resources for questions or concerns. The 11th Edition features updated information along with changes in the layout and references provided.

LAYOUT: The 11th Edition of the Code contains color coded sections for easy reference. Key information is also included at the end of this document within the "Resources" section.

OFFICE OF COMPLIANCE

HCA's Compliance Program was established in November 2000 and is responsible for ensuring organizational compliance with federal and state regulatory requirements. The Compliance Program:

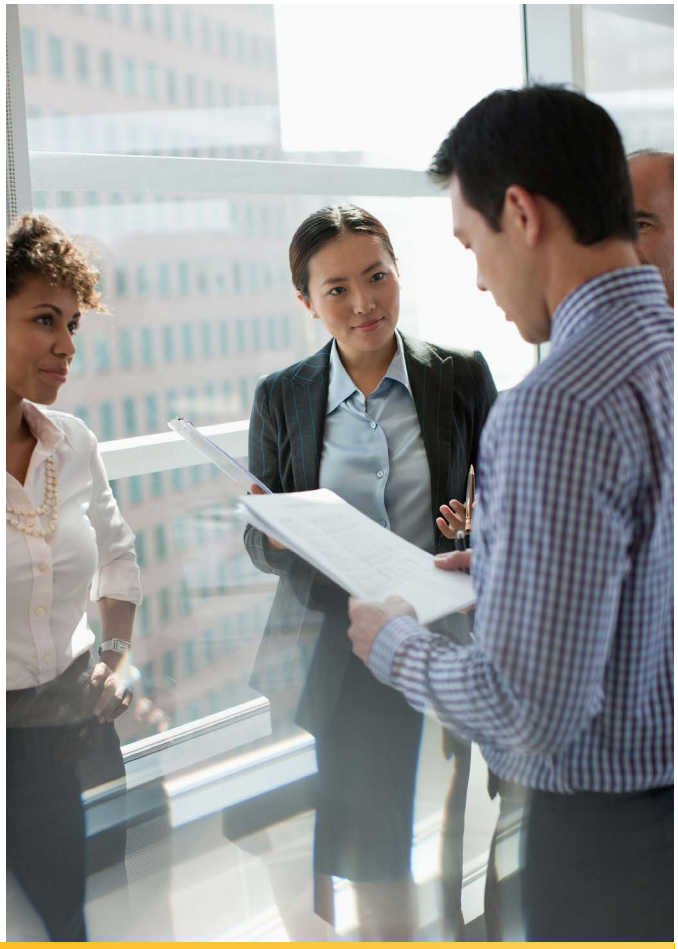
- Establishes standards of compliance and ethical conduct through a Code of Conduct and compliance policies and procedures.
- Is responsible for building systems and mechanisms to ensure compliance with governmental regulations and standards.
- Promotes awareness of compliance standards through a comprehensive training program and other ongoing communication and education methods.
- Offers a method to report suspected violations of the Code of Conduct and applicable laws, rules, statutes, regulations, contractual obligations, and policies and procedures in a confidential manner.
- Identifies, audits, and monitors areas that may demonstrate a compliance risk.
- Receives guidance and support from the HCA Compliance Committee, which includes representatives throughout the agency.

Chief Compliance Officer

The HCA Chief Compliance Officer is responsible for oversight of the Compliance Program. The Chief Compliance Officer's responsibilities are crucial in ensuring that the organization complies with all laws, regulations, and ethical standards. Here are some key responsibilities:

- Developing and implementing compliance program: create and maintain policies, procedures, and processes to ensure compliance with applicable laws and regulations. This includes monitoring and reporting on compliance activities.
- Maintaining an ongoing compliance education and training program for all employees and other designated individuals about compliance requirements, conducting training programs, and promoting a culture of compliance throughout the organization.

- Maintaining auditing and monitoring mechanisms to promote compliance. Regularly conducting internal service area audits and monitoring activities to identify any potential compliance issues or violations. This included reviewing records, documentation, and processes to ensure adherence to regulations.
- Assessing potential risks and vulnerabilities related to compliance within HCA via the Compliance Risk Assessment process. Develop mitigation strategies to address identified risk. This may involve establishing controls, implementing corrective actions, and monitoring effectiveness.
- Receiving, investigating, resolving, and following up on concerns and/or issues raised related to non-compliance with the Code of Conduct and applicable laws, rules, statutes, regulations, contractual obligations, and policies and procedures. Reporting of violations to appropriate regulatory bodies.
- Ensuring HIPAA and privacy laws are adhered to, risk assessment process followed and proper notifications are made to state, and federal agencies.
- Monitoring the operation of the confidential Compliance Telephone Hotline and Online Issue Reporting service.
- Maintaining the Code of Conduct and compliance policies and procedures.
- Coordinating and maintaining the HCA Compliance Committee.



HCA COMPLIANCE COMMITTEE

The HCA Compliance Committee is dedicated to maintaining the integrity of the Agency's ethics and compliance activities by acting in an advisory capacity to the Office of Compliance and serving as an extension of the Office. The Committee reviews, updates, and approves the Code and makes recommendations for future updates and revisions.

RESPONSIBILITY OF HCA WORKFORCE

All regular and extra-help employees, contract employees, volunteers, interns, and other designated individuals are part of the HCA workforce. The HCA Compliance Program can succeed only through the efforts of a dedicated workforce that conducts themselves with honesty and integrity, follows the Code of Conduct, and complies with all applicable laws, rules, statutes, regulations, contractual obligations, and policies and procedures.

Each individual is ultimately responsible for his or her conduct, and HCA is committed to maintaining a work environment that encourages the highest ethical standard. In the absence of an HCA or County policy on a particular subject matter, the general principles of this Code shall be used as a guideline. Contract providers are expected to acknowledge the Code, as well.

Managers and Supervisors

HCA expects that all employees follow this Code; however, we expect our leaders, managers, and supervisors to set the example by:

- Ensuring staff has sufficient information to comply with applicable laws, statutes, regulations, contractual obligations, and HCA and County policies and procedures.
- Providing appropriate and necessary training and education.
- Responding in an appropriate and timely manner to issues or concerns brought to their attention by employees.
- Maintaining an open and safe environment for staff to address compliance concerns.

Duty of Employees

It is the duty of all employees, including extra-help employees, contract employees, volunteers, interns, and other designated individuals to:

- Create a culture within HCA that promotes the highest standards of ethics and compliance.
- Acknowledge and abide by the standards outlined in the HCA Code of Conduct.
- Comply with all applicable laws, rules, statutes, regulations, contractual obligations, and policies and procedures. Failure to comply with this section may potentially subject an employee to civil and criminal liability, sanctions, penalties, or disciplinary action.
- Employees shall report and/or notify an appropriate manager, supervisor, HCA Human Resources, and/or the Office of Compliance of any:

- Observed non-compliance behavior related to any applicable laws, rules, statutes, regulations, contractual obligations, and policies and procedures, or this Code.
- Verbal or written notice that he or she has been excluded, proposed for exclusion, convicted of a criminal offense that could result in being declared ineligible, or has been excluded from participation in any governmental health program.
- Receipt (either at home or in the workplace) or any inquiry of a search warrant, subpoena, or other agency or government request for information regarding HCA or an HCA employee.
- Suspected data security or privacy incidents.

REPORTING PRIVACY & SECURITY INCIDENTS

Did you know that the clock starts running the moment any HCA workforce member finds out or "discovers" an incident that could be a breach? Reporting all actual, suspected, or threatened privacy and security incidents immediately is very important. If you suspect a possible breach, do not wait to obtain more information before reporting it to the Office of Compliance. HCA has immediate breach reporting responsibilities to the State in some circumstances and 60 days to notify the client. This also includes any Information Technology related incidents. Read more about reporting privacy and security breaches in the Safeguarding Privacy Information and Ensuring Confidentiality sections below.

NOTE: In these instances, the HCA IT Security Team and Office of Compliance, must be notified **IMMEDIATELY**. This ensures that a timely investigation is conducted and a prompt response is provided.

ENFORCEMENT

The standards outlined in this Code are mandatory for all regular and extra-help employees, contract employees, volunteers, interns, and other designated individuals that make up the HCA workforce. Any conduct that violates this Code, along with the violation of any applicable laws, rules, statutes, regulations, contractual obligations, and policies and procedures, could be subject to sanction (if applicable) and/or discipline, including suspension or termination of one's employment or relationship with HCA.

Standards of Conduct

The Standards of Conduct are a key component to this Code and affirm the Mission, Vision, Values, and Goals that guide our Agency. Excellence, Integrity, and Service are just a few of the important principles that we, as HCA employees, put into action each day. These Standards are designed to set the tone that reinforces these principles. Any suspected violation of these Standards should be reported to your supervisor(s), HCA Human Resources, or the Office of Compliance.

QUALITY OF CARE AND SERVICES

HCA is committed to providing high quality care and reliable services to our patients, clients, consumers, constituents, and the community.

We:

- Provide care and services to patients, clients, consumers, constituents, and the community with dignity, respect, and courtesy, embracing diversity with consideration for:
  - Language, background, culture, religion, race, heritage, creed, color;
  - Gender, sexual orientation, age, marital status;
  - Medical condition, economic status, social status, source of payment;
  - Educational and developmental background; and
  - Criminal status, legal status, and any other discriminatory characteristics.
- Provide services in accordance with all applicable laws, rules, statutes, regulations, contractual obligations, and policies and procedures. Where applicable, we are mindful of community standards of practice and guidelines from professional organizations.
- Provide appropriate and high-quality of care and service and, when possible, individualize the service to address patient, client, consumer, constituent, and community needs.
- Ensure that the quality of care of service will not be affected by the source of payment for patient, client, consumer, constituent, and community- based services.
- Ensure that members of the workforce have expertise in the area(s) in which they provide service. We employ professionals with proper credentials and training, keeping current and renewing any license, waiver certification, or registrations required for classification before the expiration date.
- Apply sound evidence-based healthcare principles, based on current research, in our daily work activities.
- Ensure that all relevant certification and licenses necessary to perform job duties are renewed timely. Any known substantial delays should be communicated to the employee's supervisor and to HCA HR.

- Perform our jobs so that no harm is caused to our patients, clients, consumers, constituents, community, and our co-workers and ourselves.
- Document all services and activities in the official HCA record in an accurate, complete, appropriate, and timely manner.
- Participate in quality improvement activities that promote identification and correction of problems by bringing concerns to those who can properly assess and resolve the issue.

MONTHLY SANCTION SCREENING

Did you know that all prospective and current employees, contractors, volunteers/interns, board members, and vendors are screened monthly to ensure that HCA does not enter into, or maintain, certain relationships with individuals or entities that have been excluded from participation in federal health care programs? Some key facts to know about sanction screening:

- **The U.S. Department of Health & Human Services Office of Inspector General (OIG)** is responsible for the monitoring and enforcement of compliance with sanction screening activities. To do so, OIG continuously maintains a List of Excluded Individuals/Entities (LEIE)

- **How does an individual/entity get on the list?** Some common reasons for exclusion include convictions for program-related fraud and patient abuse and licensing board actions, such as the suspension or revocation of a medical license due to concerns about the licensed individual's professional competence or performance, and/or not paying student loans.

- **What are the consequences of employing, contracting, or conducting business with an individual/entity on the list?** No federal funding can be used for payment, services, etc. to an individual or entity if their name appears on any of these lists. If so, programs can be excluded from participating in all federal health care programs, including Medicare and Medicaid, therefore losing funding. Civil monetary penalties, placement under a Corporate Integrity Agreement, loss of trust from consumers, damage to an organization's reputation, and possibly jail time for certain charges may also occur.

- **Does HCA have a policy on Sanction Screening?** Yes, it can be found on the Agency's Intranet site.

Questions about Sanction Screening? Please contact the Office of Compliance

INDIVIDUAL CONDUCT AND ETHICAL BEHAVIOR

HCA is dedicated to achieving the highest standard of excellence by fostering an atmosphere that promotes integrity, honesty, accountability, and mutual respect in all of our daily activities.

We:

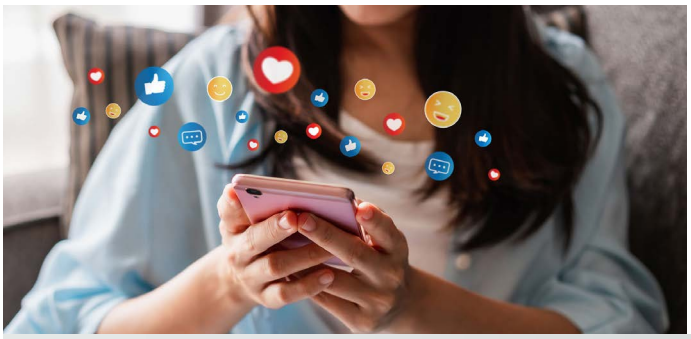
- Maintain a working environment free from all forms of harassment or intimidation, sexual or otherwise, showing respect and consideration for each other. Discriminatory treatment, abuse, violence, or intimidation is not tolerated and should be promptly reported.
- Promote and maintain positive and cooperative relationships within HCA and County agencies/departments, government programs, vendors, contractors, community groups, and industry to enhance services and resources available to the public.
- Maintain integrity and high ethical standards in our dealings with patients, clients, consumers, constituents, and the community, along with vendors, payers, and co-workers.

ETHICS IN THE WORKPLACE

QUESTION: How do I know if I am conducting myself in an ethical way?

ANSWER: All HCA Workforce Members are expected to conduct themselves in a professional manner and treat everyone with courtesy, dignity, and respect. If you are worried that your actions, or the actions of another, will be discovered and are inconsistent with the Standards of Conduct described in this Code, then you are probably experiencing something that is not ethical. Consider the conduct, get advice, and modify the conduct accordingly. If you see your peers engaged in unethical behavior, report your concerns to the Office of Compliance.

- Provide equal employment and advancement opportunities to all applicants and employees according to HCA and County policies.
- Conform to the professional standards and best practices of our respective professions/disciplines and exercise sound judgment in the performance of duties.
- Comply with County and HCA policies and procedures, including but not limited to the County of Orange drug and alcohol policy prohibiting the use of alcohol or prohibited drugs in the workplace or working under the influence of alcohol or prohibited drugs.
- Do not bring weapons to the workplace, out to the work location or onto any County operated worksite, including parking lots. A dangerous weapon is a firearm or any other instrument capable of causing bodily harm when used in a manner and under circumstances that manifest intent to harm, intimidate another person, or cause a reasonable person to be concerned for his/her safety or the safety of another.
- Provide our workforce with clear direction about what is expected of them and encourage questions by seeking clarification.
- Promote open lines of communication throughout the workforce to create a healthy, productive environment.
- Shall not enter into any personal relationships with a client, consumer, co-worker, or any person that may compromise the workforce member's objectivity, accountability, or judgment.
- Take reasonable precautions to protect the privacy of our patients, clients, consumers, constituents, and the community, along with vendors, payers, and co-workers.



SOCIAL MEDIA USE AND PROTECTING INFORMATION

Did you know that the County and the Health Care Agency allows for the use of Social Media outlets? Did you also know that only Official Spokespersons, Public Information Officers, and specifically authorized and approved individuals have permission to create, publish, post, or comment on behalf of the Health Care Agency? It is important to remember that posting or sharing information about a situation you may have encountered may violate a client's privacy. If a client's protected health information is disclosed on an HCA social media site without authorization from a client, it shall be deleted expeditiously and reported to the Office of Compliance.

ADHERING TO LAWS & REGULATIONS

HCA is committed to conducting business in an ethical and honest manner in accordance with relevant federal, state, and local laws, rules, statutes, regulations, contractual obligations, and policies and procedures.

We:

- Comply with all requirements of federal and state healthcare program statutes, regulations, and guidelines.
- Do not engage in any illegal activity or unethical behavior.
- Do not enter into any joint venture, partnership, or other risk-sharing arrangements with any entity that is a potential or actual referral source to County programs unless the arrangement has been reviewed and meets any applicable requirements as approved and enacted by the Orange County Board of Supervisors.
- Ensure that billing and/or coding of claims for services are actually rendered, fully supported by proper documentation and submitted in an accurate, and timely manner.
- Ensure that no false, fraudulent, inaccurate or fictitious claims for payment or reimbursement of any kind are submitted (Federal and state false claims laws protect government programs from fraud and abuse). False claims laws also protect employees who cooperate in reporting, investigating, and identifying false claims from retaliation.
- Act promptly to investigate and correct problems if errors in claims or billings are discovered. This includes promptly returning any overpayment received to comply with the 2009 Fraud Enforcement and Recovery Act (FERA) requirements.
- Disclose to third party law enforcement or regulatory agencies violations of laws, regulations, or standards where appropriate and legally required.
- Ensure that documents in question are not altered, destroyed, edited, or otherwise changed from their original condition. Prompt production of the authorized documents is essential, so as not to prevent or hinder an investigation.

- Do not intimidate, threaten, coerce, discriminate against, nor take other retaliatory action against any patient, client, consumer, constituent, or workforce member who exercises the right to file a complaint or who participates in an investigation or proceeding relative to a complaint.
- Do not access or reveal medical, clinical, or business information unless such release is supported by a legitimate clinical or business purpose, patient/client request, or court or agency order and complies with all applicable laws, rules, statutes, regulations, contractual obligations, and policies and procedures.
- Exercise care to ensure that confidential and proprietary information is carefully maintained and managed to protect its privacy and value.
- Dispose of medical and hazardous wastes lawfully and adequately.

FRAUD, WASTE AND ABUSE

To prevent Fraud, Waste, and Abuse, we must first define what they are:

Fraud – intentional deception or misrepresentation that an individual knows or should know to be false that could result in some unauthorized benefit to you or another.

Waste – extravagant, careless, or needless expenditure of funds or consumption of resources that results from deficient practices, poor system controls, or bad decisions. Waste may or may not provide any personal gain.

Abuse – intentional, wrongful, or improper use of resources or misuse of rank, position, or authority causes the loss or misuse of resources, such as tools, vehicles, computers, copy machines, etc.

All HCA employees, contractors, and other workforce members have a duty to participate in efforts to prevent fraud, waste, and abuse and ensure that public resources are used ethically, prudently, and for legally designated purposes. Any concerns regarding Fraud, Waste, or Abuse should be reported to the Office of Compliance immediately. Please note there is no gate keeping to the reporting process.

CONFLICTS OF INTEREST

HCA avoids conflicts of interest and/or the appearance thereof between our personal interests and the best interests of the County. A conflict of interest arises when the personal interests or activities of an HCA workforce member appears to, or does in fact, influence his/her ability to act in the best interest of the County.

We:

- Avoid commitments or activities that hinder, distract or interfere with our ability to properly perform duties for HCA or conflict with the known interests of HCA, its patients, clients, consumers, constituents, or the community.

CONFLICTS OF INTEREST

- **Using prestige or influence of County employment for personal gain.** This could include using your position with the County to steer business to a supplier that offers a discount on future purchases intended for personal use. Another example would be the referral of HCA patients or clients to an employee's private practice or business.
- **Using confidential information acquired through employment for private gain or advantage.** Private gain is not limited to financial profit. For example, accessing confidential information from work and sharing it with others.
- **Accepting money or other consideration for performing an act required for your job.** For example, accepting a reward, gift certificate, or other items of monetary value from a citizen, vendor, or client arising from their interaction with HCA.

- Conduct ourselves appropriately as representatives of local government.
- Prevent situations wherein individuals may receive a personal, financial, or similar benefit by virtue of their position in local governments.
- Do not accept gifts, meals, expensive entertainment, or other offers of goods or services. Employees may not accept a gift that exceeds the amount identified in the County Gift Ban Ordinance from any individual or organization with a business relationship with the County of Orange. Employees designated as being required to file the FPPC Form 700 Statement of Economic Interest are required to comply with the regulations affecting such individuals, and comply with the County Gift Ban Ordinance.
- Do not solicit, establish, and/or maintain social, sexual, or financial relationships with a patient/ client, or member of a patient/client's immediate family.
- Do not solicit or establish sexual or significant financial relationships with an employee you supervise.
- Disclose to the supervisor or manager, involvement in any relationships that may compromise objectivity, accountability or judgment, or give the appearance thereof.

- Disclose all outside employment to supervisor or manager to establish compliance with the HCA "Reporting Requirements for Outside Employment or Other Affiliations" policy. Outside employment may be approved if it is determined not to conflict or be incompatible with your county job.
- Report any potential conflicts of interest to HCA in accordance with the HCA Conflict of Interest policy. Concerns or questions regarding potential conflicts of interest should be brought to the attention of a supervisor, manager, Human Resources, and/or the Office of Compliance.

REPORTING OUTSIDE EMPLOYMENT

The Health Care Agency (HCA) has implemented the requirement to report outside employment and other affiliations to ensure that County employees working for or on behalf of HCA do not engage in incompatible activities or in conflict with their County employment. The completing of the Outside Employment Form is mandatory and a requirement for ALL staff regardless of their outside employment status. At any time if there are changes in your circumstance, you are required to report any activities or affiliations to prevent conflicts of interest. It is an expectation that all HCA employees will complete this mandatory requirement immediately when required to do so.

PROTECTING PROPERTY AND ASSETS

HCA shall protect and safeguard all organizational, patient and workforce property, assets, and public funds (including but not limited to County funds, grants, Medicare, Medi-Cal, clients' fees and other revenues, etc.) from loss, theft, misuse, and destruction.

We:

- Are accountable for the proper expenditure of public funds (including but not limited to County funds, grants, Medicare, Medi-Cal, clients' fees and other revenues, etc.) and for the proper use of County property, assets, and facilities which include material, supplies, incentive items (e.g. bus passes or gift cards), information, and employee time.
- Obtain appropriate authorization before committing or spending County funds.
- Adhere to cash and check handling policies and the segregation of duties to ensure that all monies and payments received by HCA are properly collected, deposited, and recorded.
- Ensure the County's assets and property are utilized for business-related purposes only.
- Have a duty to participate in efforts to prevent fraud, waste, and abuse and ensure that public resources are used ethically, prudently, appropriately, and only for designated purposes.
- Ensure proper authorization to restricted or secure work areas.
- Dispose of surplus, obsolete or inoperable property in accordance with the County's procedures. Unauthorized disposal, including scrapping, selling, or transferring property without appropriate approval, is a misuse of assets.
- Safely store, secure, document, transport, and relocate any County controlled and fixed assets and report missing assets promptly to the assigned asset control officer in accordance with County policy.
- Use computer systems, networks, and software consistent with HCA's license(s) and/or rights, and store equipment, data files, and software securely in accordance with County and HCA policies and procedures.
- Only utilize County resources to perform County duties and assignments productively and professionally manner. County resources include, but are not limited to, staff time during work hours, County equipment and supplies, as well as information.

MISUSE OF COUNTY PROPERTY

QUESTION: What do I do if I see someone is misusing County property or assets?

ANSWER: Report any observed misuse of HCA property or funds to an appropriate supervisor or manager, Human Resources, the Office of Compliance, or the confidential Compliance Telephone Hotline and Online Issue Reporting service.

MANAGING AND PROTECTING INFORMATION

HCA is committed to creating, retaining, and disposing of our business records and information assets, both written and electronic, as part of our normal course of business, in accordance with all Federal, State, and County health care requirements, local laws, regulations, standards and, HCA policies and procedures. These records include patient information and business data in hard copy and electronic formats.

RECORD RETENTION

HCA has a records retention schedule that meets mandated retention requirements and provides guidance for retention, maintenance, preservation, and disposal of clinical, financial, employee, and other HCA records.

Your supervisor can assist with questions regarding record maintenance guidelines. You may also contact the HCA Custodian of Records Office at (714) 834-3536 or access the Custodian of Records homepage on the **HCA Employee Intranet**.

We:

- Maintain complete, accurate records and prepare them in a timely manner.
- Ensure that medical and business records in any medium (i.e., hard copy or electronic, including e-mail) are maintained in accordance with retention schedules established by the Orange County Board of Supervisors and applicable government and civil codes.
- Ensure that medical and business records/ transactions are maintained in an accurate and confidential manner to protect privacy, prevent unauthorized access and provide factual information.

- Maintain documentation guidelines for record keeping according to the legal requirements for the records and in accordance with the County record retention schedule.
- Maintain the integrity of all records and ensure that records are not altered, damaged, removed, or destroyed before to the specified destruction date.
- Comply with all laws governing the confidentiality of information.
- Ensure that time cards, mileage claims, reimbursement claims, and other cost records and reports are completed and processed in a timely manner and reflect accurate information.
- Ensure that all client and public records requests are completed in an accurate and timely manner.
- Properly dispose of confidential and sensitive information in a secure shredding bin according to established retention schedules.

PROTECTING INFORMATION

Our goal is to protect our client's PHI and PII to the best extent possible. To do that, we must:

- Limit access to the information to a "need to know" basis and use the minimum amount of information necessary to complete the task.
- Only release sensitive and confidential information to authorized persons.
- Verify the identity, address, and location of the receiving party when sensitive information is disclosed.
- Never access confidential or sensitive information for personal reasons.
- Do not discuss sensitive or confidential information in or around a public area, including elevators, hallways, restrooms, lobbies, or break rooms.
- Know there are consequences when we do not take these precautions and other precautions that may not be listed here.

Reporting and Addressing Concerns

HCA workforce members have an obligation to report in good faith any known or suspected violation of the following:

- Any federal, state, or local laws, rules, statutes, regulations, contractual obligations, and policies and procedures applicable to federal health-care programs
- The Code of Conduct
- County and/or Agency policies and procedures

When seeking guidance and direction concerning a workplace issue or concern, employees are encouraged to refer to HCA's administrative, division, or program policies and procedures; or contact their supervisor, manager or other management staff within the chain of command.

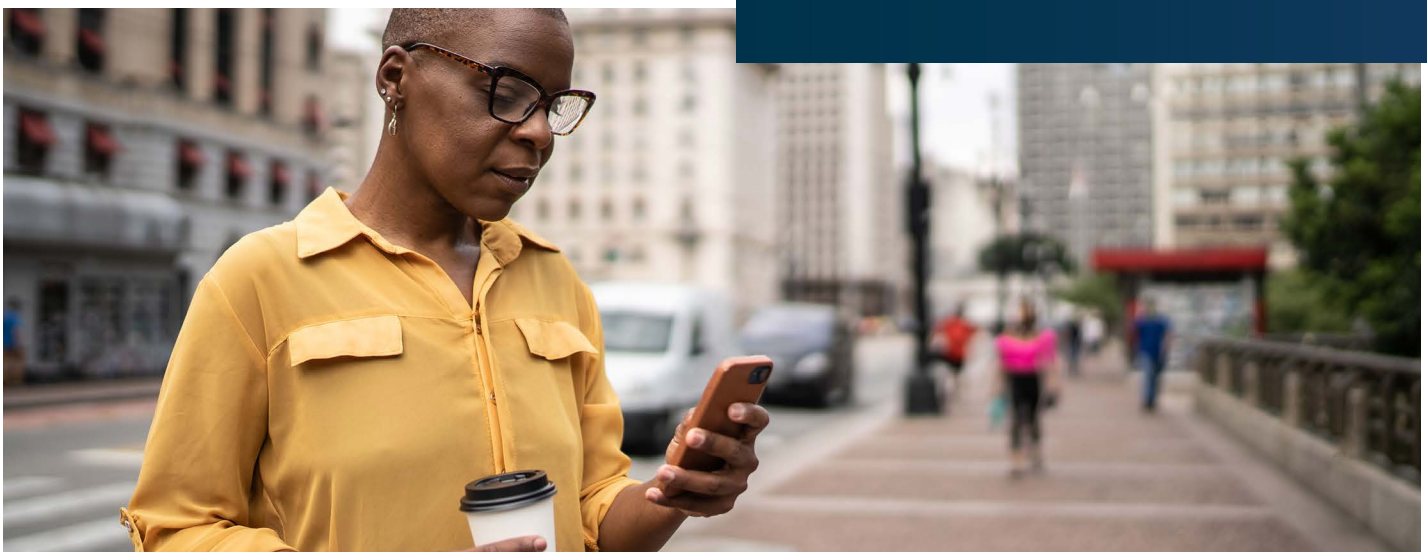
Contractors may report compliance concerns related to contracted services to the HCA Contract Administrator, HCA Compliance Officer, or chain of command.

REPORTING CONCERNS

The Office of Compliance promotes a "No wrong door" approach to reporting concerns to reduce barriers to reporting. If you observe misconduct at work, we encourage you to tell someone or contact HCA Human Resources or the Office of Compliance.

The phrase **"in good faith"** means that the reporting party honestly believes, witnesses, or perceives the information reported to be true. Individuals who knowingly and intentionally report false or misleading information to harm or retaliate against another may be subject to discipline.

By **self-reporting**, employees cannot exempt themselves from the consequences of their misconduct; however, self-reporting may be taken into account in determining the appropriate level of corrective action.



CONFIDENTIAL DISCLOSURE

If a workforce member is uncomfortable directly reporting a suspected violation to an HCA resource, the HCA Compliance Telephone Hotline and/or Online Issue Reporting service is available 24 hours a day, seven days a week. All calls and reports will be handled as confidentially as possible or allowable by law.

The Compliance Telephone Hotline and Online Issue Reporting service provide a confidential means to report compliance concerns or violations. The Compliance Telephone Hotline is operated by an independent firm specializing in compliance- related issues. An impartial associate will take down, review, the information you have provided, and assign your issue a private code that will allow you to follow up and verify the status of your claim to ensure we have addressed your concerns. All calls and online reports are referred to the Office of Compliance for processing.

Employees are not required to identify themselves when reporting a concern.

METHODS FOR REPORTING CONCERNS

Workforce members should first report concerns to their supervisor, manager, or other management staff within the chain of command. Many issues can be addressed more efficiently at the program level. Employees may also contact HCA Human Resources, the Office of Compliance, or other appropriate entities, including external agencies, if appropriate. The Office of Compliance has established multiple options to report an issue.

MAKING REPORTING CONCERNS EASY

Reporting a Compliance, HIPAA, Privacy, or Security concern to the Office of Compliance is easy. There are many avenues available for you to do to so.

CALL	**Hotline: (866) 260-5636** **Office: (714) 568-5614**
CLICK	**Click here to submit an issue online**
EMAIL	**OfficeOfCompliance@ochca.com**
IN PERSON	**405 West 5th Street, Suite 212** **Santa Ana, CA 92701**

IMPORTANT NOTE:
The toll-free telephone hotline and online reporting services are confidential and can be used anonymously. They are operated 24 hours a day, seven days a week by an outside company, specializing in healthcare related compliance issues. An impartial associate will take down, or review, the information you have provided and will assign your issue a private code that will allow you to follow up and verify the status of your claim to ensure we have addressed your concerns. All calls and online claims are referred to the Office of Compliance for processing.

ADDRESSING CONCERNS

WHAT TO ASK BEFORE YOU REPORT

It is helpful to the investigation and resolution when a reporting party provides details of the concern.

- Do I have facts to support the allegation?
- Who is involved?
- What happened?
- Where did it happen?
- When did it occur?
- What law, rule, regulation, policy or procedure covers this activity?
- Has the responsible supervisor or manager been informed of the issue and did they have a chance to address the concern?

Depending on the nature of the issue, the Office of Compliance may work with other departments, such as HCA Human Resources or Internal Audit, to investigate an issue. Each issue received will be assigned a tracking number to enable the reporting party to check the status of the report. For hotline and online reports, a number will be provided that will allow you to follow up by contacting the Compliance Hotline staff. If you choose to email or contact the Office of Compliance in person, Compliance staff will provide you with a number to allow you to follow up and verify the final resolution.

The Office of Compliance will issue a resolution based on what was identified during the investigation. It is important to note that there may be times when the Office of Compliance is not able to share the corrective actions taken to address the issue to protect the reporting party, and the party involved in the investigation.

STATEMENT OF NON-RETALIATION

HCA is dedicated to a safe and open environment to identify and resolve compliance concerns or issues. In support of this value, HCA has a strict non-retaliation policy. Committing or condoning retaliation for good faith reporting of a known or suspected Code of Conduct violation; or participating in an investigation of an alleged violation, will not be tolerated. Any workforce member who commits or condones any form of retaliation may be subject to discipline up to and including suspension or termination.

RETALIATION: WHAT DOES IT LOOK LIKE

Retaliation is any adverse action taken against an employee for engaging in a protected activity, such as reporting a concern in good faith. It can appear in many different forms and may appear as:

- Termination
- Refusal to hire
- Denial of promotion
- Unjustified negative evaluations
- Job reassignment
- Suspension
- Threats
- Increased monitoring by management
- Labeling a co-worker a “snitch” or “rat”
- Intentionally isolating a staff member
- Telling a workforce member not to report a compliance concern with or without coercion

Safeguarding Information & Ensuring Confidentiality

EMPLOYEE ROLE AND RESPONSIBILITY

As Health Care Agency (HCA) employees, we have access to information that is considered confidential under federal and state law or is considered confidential and/or proprietary to HCA. It is critically important that confidential information is protected and not disclosed improperly. Reasonable steps must be taken to ensure that information received, regardless of its format, is protected from theft, intentional access without a legitimate business need (e.g., snooping into another's or accessing your record), and/or accidental access. Our collective effort as employees ensures the privacy and security of confidential information, upholds the County's core values, demonstrates respect for our clients, and supports compliance with state and federal laws.

Examples of information that HCA employees have access to includes, but is not limited to, the following:

- Client protected health information, which may include: diagnoses, procedures performed, medications prescribed, clinician name and specialty, location of service (e.g., behavioral health clinic), service type (e.g., physician office, radiology, inpatient admission), or test results.
- Information considered personal by clients and their families.
- Client financial information, such as amount charged and paid, banking information, and/or insurance information.
- Employee data and payroll information.

ENSURING CONFIDENTIALITY

Maintaining the confidentiality of the information, we come in contact with, whether in verbal, written, or electronic forms, which is obtained during the course of our work, is critical. We should not discuss:

- Client or family information with anyone not immediately involved with a client's care, treatment, or healthcare operations without that client's authorization.
- Client, or other confidential information, with anyone who does not have an authorized business need to know.
- Confidential or proprietary information in areas, such as hallways, cubicles, elevators, etc., where others may overhear such discussions.

Ensuring the confidentiality of information extends beyond the time of employment with HCA. We shall maintain the confidentiality of information after separation (e.g., job transfer, promotion, retirement, termination, temporary leave, etc.), which includes not removing confidential or proprietary information and returning any and all confidential and/or proprietary information upon separation.

PRIVACY AND SECURITY POLICIES AND PROCEDURES

It is important to become familiar with all applicable HIPAA Privacy and Security policies and procedures and any program policies related to the use and access of confidential information. It is the responsibility of each employee to read and understand the policies and procedures that apply to their program.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

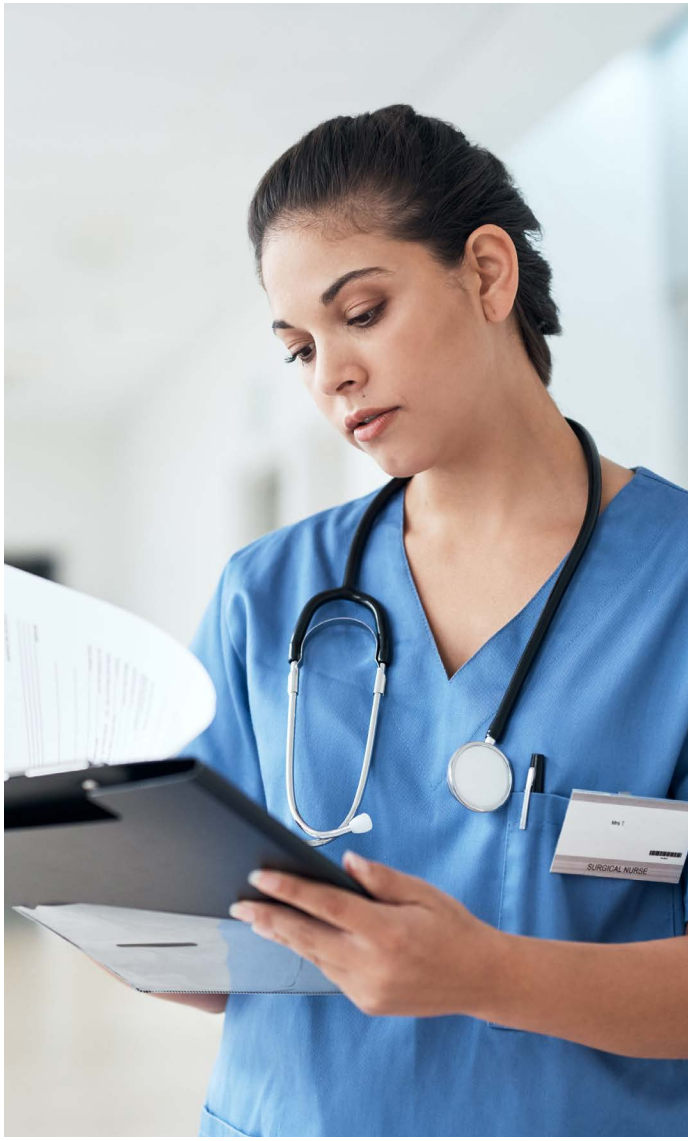
The Health Insurance Portability and Accountability Act of 1996, otherwise known as HIPAA, was created by the federal government to promote improvements and efficiencies in the provision of healthcare. A major goal of HIPAA is to protect the privacy and security of health information. HIPAA regulations include the following parts:

- **Privacy:** The privacy regulations govern who has access to Protected Health Information (PHI). They ensure that PHI is used appropriately by creating a national minimum standard of privacy (state laws can be more stringent). Privacy regulations also give clients specific rights regarding their health information.
- **Security:** The security regulations govern how health information is protected. They establish safeguards for PHI.

While we regularly refer to HIPAA regulations, other state and federal regulations govern the privacy and security of health information and other personal information. Among those that most closely affect the Health Care Agency are 42 CFR Part 2 (governing Confidentiality of Substance Use Disorder client information), Welfare and Institutions Code Sections 5328-5830 (governing Mental Health client information) and California SB 1386 (governing Personally Identifiable Information).

GENERAL USE OF PHI

HCA may use PHI for treatment, payment, or healthcare operations. When appropriately used, PHI supports positive outcomes in the healthcare services we provide. The permitted uses of PHI differ slightly depending on the type of healthcare being provided or reviewed. Your supervisor, HCA/program policy, or the Office of Compliance may specify the appropriate uses for different types of confidential information.



AUTHORIZATION

A written authorization to use and disclose PHI from the client is required for many uses and disclosures that fall outside treatment, payment, and operations. The Health Care Agency has a form that the client may use, but occasionally another healthcare provider will present an authorization from the client requesting our records. No PHI must be disclosed unless the authorization form is determined to be authentic, legally compliant, and complete. Once a valid authorization is signed, a client has the right to revoke it at any time. HIPAA specifically states that care cannot be conditional upon a client's signing of an Authorization. Until you are trained on the Health Care Agency's policies and procedures regarding the disclosure of PHI or other confidential information, you should request assistance from a supervisor.

MINIMUM NECESSARY

Unless related to treatment, the law requires that organizations take reasonable steps to allow access only to the minimum PHI necessary to perform a specific task or job. This minimum necessary standard applies to both internal uses as well as external disclosures. Contractors and external providers must only request and receive information tailored to the specific task or job. HCA employees must not access, use, or disclose more confidential information than one is authorized to access or need to complete the job. Again, the minimum necessary standard is not intended to impede client care and therefore, does not apply to disclosures to or requests by a health care provider for treatment purposes.

PII vs PHI

Personally Identifiable Information (PII) is any information that can be used to identify, contact, or locate an individual, either alone or combined with other easily accessible sources. It can include the individual's first name with their:

- Social security number;
- Driver's license or California identification card number;
- Account number, credit or debit card number, combined with a security code, access code, or password that would permit access to an individual's financial account;
- Medical information or Health insurance information; or
- A username or email address, in combination with a password or security question and answer that would permit online account access.

Protected Health Information (PHI) is an individual's health information created or received by a health care provider related to the provision of health care by a covered entity that identifies or could reasonably identify the individual. There are 18 specific identifiers that are listed below. Any one of these data elements that can be used to identify an individual is PHI.

Name	**Address** (all geographic sub-divisions smaller than state, including street address, city, county, ZIP code)	**All elements of dates related to an individual** (Except years) (Including birth date, admission date, discharge date, date of death, and exact age if over 89)
Telephone number	**Fax number**	**Email Address**
Social Security number	**Medical Record number**	**Health plan beneficiary number**
Account number	**Certificate/License number**	**Any vehicle or other device serial number**
Device identifier or serial number	**Web URL**	**Internet Protocol (IP) address numbers**
Finger or voice print	**Photographic image**	**Any other characteristic that could uniquely identify the individual**

SECURITY AND PRIVACY SAFEGUARDS

The Health Care Agency has implemented specific measures and maintains appropriate safeguards to protect PHI from unauthorized access, use, and disclosure. It is the responsibility of all HCA employees to safeguard information, which means that there is an understanding that:

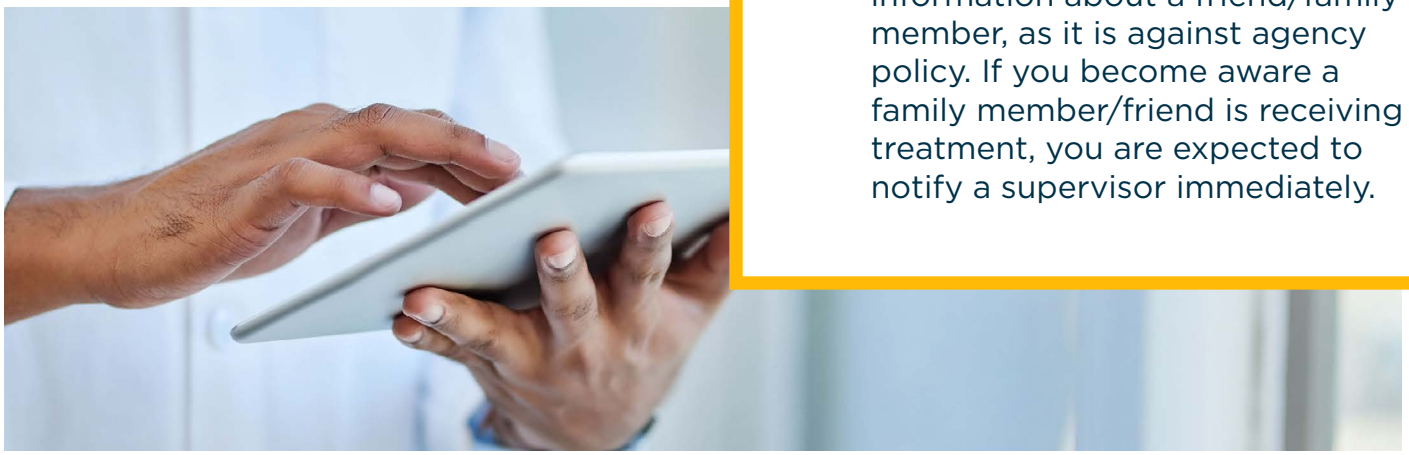
- Unauthorized access, use or disclosure or the attempt to access, use, or disclose any information without authorization is prohibited.
- Sharing assigned HCA system login IDs, computer passwords, or any other system login or password is strictly prohibited.
- HCA software and hardware, including the County e-mail systems and electronic health records, are County property and subject to monitoring and review.
- Computing devices, such as desktop computers, laptop computers, tablets, mobile phones, and external storage, must be protected with encryption software before they are used for any purpose involving protected health information and/or confidential information.
- Computers must be secured and locked (Windows key + L) when left unattended.
- Confidential documents and/or devices must be locked and stored in a secure location before leaving them unattended.
- Electronic Devices, PHI and County material shall be locked and stored in a secure location to prevent theft and unauthorized access. A vehicle is NOT considered a secure location.
- Client information shall not be discussed with anyone outside of the authorized treatment or operations team.
- Computers, printers, and fax machines must be safeguarded to limit potential access by unauthorized users.
- Documents containing PHI or PII must be removed from printers and fax machines immediately.
- Any printing of PHI and County Material shall only be allowable with manager approval and based on County business needs.
- PHI is not to be stored on any mobile device (e.g., cell phone, laptop, tablet, kindle, flash drive, etc.) that is not issued by the County and encrypted with County approved encryption software.
- Photos taken on any mobile device of patients or of any information that could lead to the identification of a patient are not permissible.
- PHI is to be safeguarded at all times. If approval is provided due to an identified county business need to transport PHI, staff are to follow policies and procedures regarding transportation and safeguarding of PHI.

- PHI and County equipment/material shall be safeguarded at all times when telecommuting. *Refer to the County of Orange Telecommuting Policy.
- Confidential information shall be disposed of properly, either through shredding, placing the item in locked, confidential shred bins, or contacting the HCA IT Service Desk if the item is equipment containing PHI or PII.
- Client financial information must be secured appropriately. If you must temporarily write down a client credit card number or social security number, be sure to shred the paperwork after using it.
- All electronic communication containing County information must include a confidentiality statement.
- PHI sent via e-mail outside of the County e-mail system must be encrypted. Never include confidential information in the subject line of an e-mail.
- PHI/PII and County Material or data should never be sent to a personal email address.

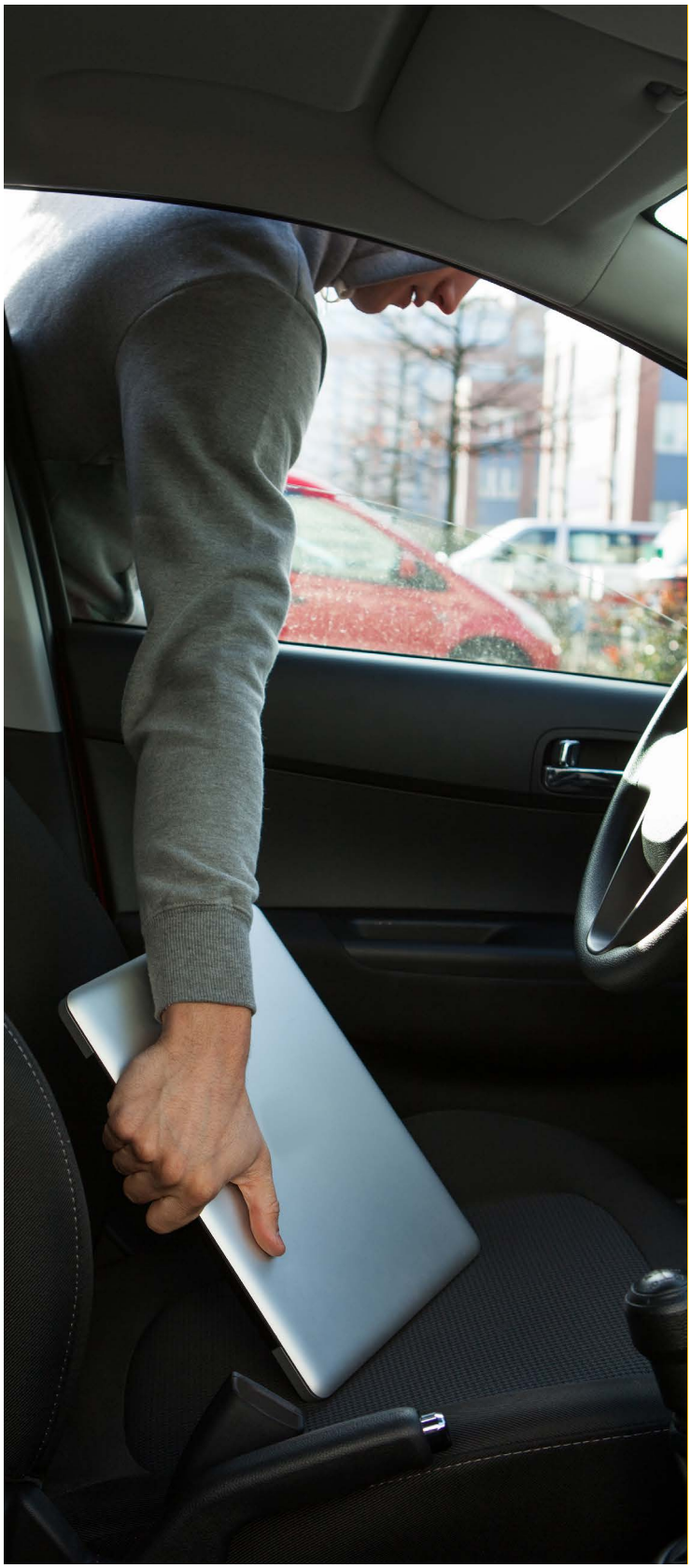
SNOOPING

It is against HCA policy for employees to use, access, or view a medical record or any other type of record (in any format), for which there is no business need. This includes your own records, as well as the records of others. Doing so is considered snooping.

- **If I work at HCA and receive services from HCA, can I access my own medical information?** No, it is NOT permissible for you to use or access your own records without going through the same process as anyone else in requesting to view/ obtain a medical record. It is also impermissible to use your HCA credentials to access, view, use, or modify your own records via the EHR. This is against agency policy.
- **My friend/family member is receiving treatment at HCA, can I use or access their medical record for any reason?** No, it is NOT permissible to view any information about a friend/family member, as it is against agency policy. If you become aware a family member/friend is receiving treatment, you are expected to notify a supervisor immediately.



- PHI/PII should not be transmitted via any (county/personal) cellular phone/text.
- PHI/PII should not be transmitted via Microsoft Teams. Providers should use their designated EHR to communicate information about a client. As deemed appropriate, providers are to ensure they document the content of this communication/consultation directly in the client's chart.
- PHI transmitted electronically (e.g., via fax, e-mail, voicemail) must be protected. Double-check to ensure that the fax number, phone number, and/or e-mail address is correct before transmitting it. Call ahead to verify the fax number or e-mail and let the person to whom you are sending the information, know when to expect the PHI.
- Do not store portable media and electronic devices containing PHI/PII in a vehicle that is unattended. Even if the vehicle is locked while it is unattended.
- Conducting County business using non-County issued email accounts is a violation of County "Information Technology Usage Policy" and "Restrictions On Use of Private Devices and Accounts for County Business."
- Use of County data, including PHI, PII, or propriety information for personal use (school, outside employment, etc.) without obtaining agency consent and permissions is prohibited.



BREACH OF PHI

Generally, there are permitted uses/disclosures of PHI and unpermitted uses/disclosures of PHI. A breach occurs when you use or disclose PHI in a manner that is not permitted by policy or law and such use poses a significant risk of compromise. A breach can be deliberate or accidental. All HCA employees are responsible for immediately reporting any known or suspected incidents of unlawful or unauthorized acquisition, access, use, or disclosure of sensitive personal information, which includes medical and other personal information.

Our goal as an Agency and our commitment as workforce members is to protect confidential information and prevent breaches. While our goal is to have no breaches, we understand that there may be times when a mistake is made, and you access, use, or disclose PHI, or other confidential information, improperly. When this happens, it is the Agency's policy to notify your supervisor immediately and contact the Office of Compliance.

The best way to prevent a breach is to ask a supervisor or County contact person before access, use, or disclosure if you are unsure about whether you are authorized and/or whether you are using the correct procedures/safeguards.

VIOLATIONS

Under the provisions of Welfare and Institutions Code Section 5330, any person may bring an action against an individual who has willfully and knowingly released confidential information in violation of state law. It is possible for patients to take legal action against healthcare providers and obtain damages for violations of state laws on grounds of negligence or for a breach of an implied contract, such as failing to protect medical records. Violators may face lawsuits for the greater of the following amount:

1. Ten thousand dollars ($10,000).
2. Three times the amount of actual damages, if any sustained by the plaintiff.

Additionally, privacy violations may carry additional penalties and fines. These can include:

1. Federal Criminal and Civil Penalties – Fines ranging from over $63,973 to more than 1.9 million dollars and/or up-to 10 years imprisonment.
2. State Penalties – Fines to the organization and/or the individual up to $250,000 and/or up-to 10 years imprisonment.
3. HCA disciplinary actions – Employee sanctions or other disciplinary actions, which may include termination.

Resources

CONTACT INFORMATION

Compliance Hotline	(866) 260-5636	Report an Issue
Office of Compliance	(714) 568-5614	OfficeofCompliance@ochca.com
Chief Compliance Officer	(714) 834-3154	KSabet@ochca.com
Custodian of Records (COR)	(714) 834-3536	COR@ochca.com
HCA IT Service Desk	714) 834-3128	ServiceDesk@ochca.com
HCA IT Security	(714) 834-3433	HCA_IT_SecurityIncidents@ochca.com
HCA Human Resources	(714) 834-3101	HCAHR@ochca.com

IMPORTANT LINKS

Federal & State Laws	Federal False Claims Act
Rules, Regulations, and Statutes	Health Insurance Portability & Accountability Act (HIPAA)
Policies and Procedures	Health Care Agency P&Ps
	County HIPAA Program P&Ps
	County IT Usage
Important Documents	Memoranda of Understanding (MOU)


COUNTY OF ORANGE
CALIFORNIA
OC
health
CARE AGENCY

The Priority Center

Ending the Cycle of Generational Trauma

Acknowledgement Card

I certify that I have reviewed the HCA Healthcare Code of Conduct and understand it represents mandatory policies of the organization. I agree to abide by the Code.

_____

Signature

_____

Printed Name (as listed in personnel records)

_____

Department

_____

Facility

_____

Universal ID (*e.g.*, 3-4 UID) or last four digits of Social Security Number

_____

Date