



DUKE Integrity In Action

Duke Medicine Compliance Program

INTEGRITY IN ACTION

This Code of Conduct, “Integrity in Action,” presents the principles that guide everyone’s work at Duke University Health System (DUHS), the Private Diagnostic Clinic PLLC (PDC), Duke University School of Medicine (SOM), and the School of Nursing (SON) (hereinafter “Duke Medicine”).

We strive to achieve excellence and maintain the highest ethical standards in the way we serve patients and conduct business, research, and education. Our Code of Conduct and our Compliance Program provide the framework to ensure that these high

standards of conduct are demonstrated consistently across our organization and that we live out our common mission, vision, and values on a daily basis.

Success in our mission to provide the very best of health care, medical education, and research depends upon the commitment of each one of us toward these shared ideals. By demonstrating integrity in every action we take, we will continue to earn the trust of our patients, the loyalty of our colleagues, and the respect of the communities we serve.

A handwritten signature in black ink, appearing to read "Victor J. Dzau". The signature is fluid and stylized, with a large initial "V" and "D".

Victor J. Dzau, MD
Chancellor for Health Affairs, Duke University
President and CEO, Duke University Health System

A handwritten signature in black ink, appearing to read "Paul R. Newman". The signature is fluid and stylized, with a large initial "P" and "N".

Paul R. Newman
Executive Director, Private Diagnostic Clinic PLLC

INTRODUCTION

Within Duke Medicine, we have created a Compliance Program and a Code of Conduct, *Integrity In Action*, to show our commitment to doing things the right way.

Here are some key points about our Compliance Program:

WHAT IS COMPLIANCE?

Compliance is doing the right thing by following the rules. It means we understand and comply with all the laws and policies that apply to our organization. We ask questions, report compliance concerns, and address issues.

WHO IS RESPONSIBLE FOR COMPLIANCE?

Every person here. This includes every employee, governing board member, administrator, physician, student, volunteer, and those with whom we do business.

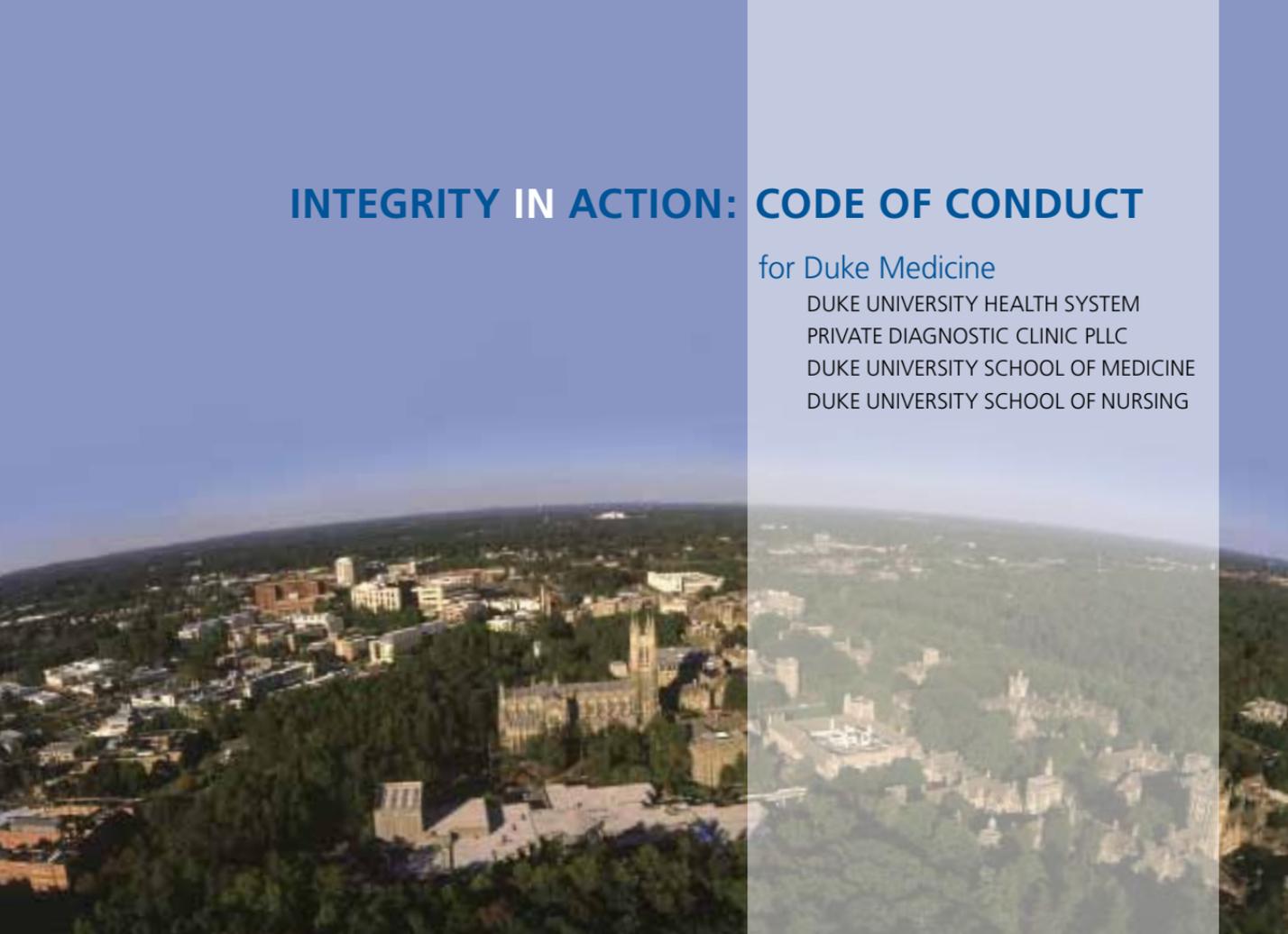
WHAT DO I DO IF I THINK A LAW OR POLICY IS NOT BEING FOLLOWED?

You must report it. You can:

- Contact your supervisor or other managers up the chain of command
- Contact your compliance officer. See the phone numbers for your facility contact on the back of the Code of Conduct.
- Or if you want to report a concern anonymously, call the Integrity Line: **1-800-826-8109**

WHAT WILL HAPPEN IF I REPORT A COMPLIANCE CONCERN?

The concern will be investigated and addressed appropriately. If you report a compliance concern in good faith, you are protected by Duke Medicine's Non-Retaliation/Non-Retribution Policy (staff.dukehealth.org).



INTEGRITY IN ACTION: CODE OF CONDUCT

for Duke Medicine

DUKE UNIVERSITY HEALTH SYSTEM

PRIVATE DIAGNOSTIC CLINIC PLLC

DUKE UNIVERSITY SCHOOL OF MEDICINE

DUKE UNIVERSITY SCHOOL OF NURSING

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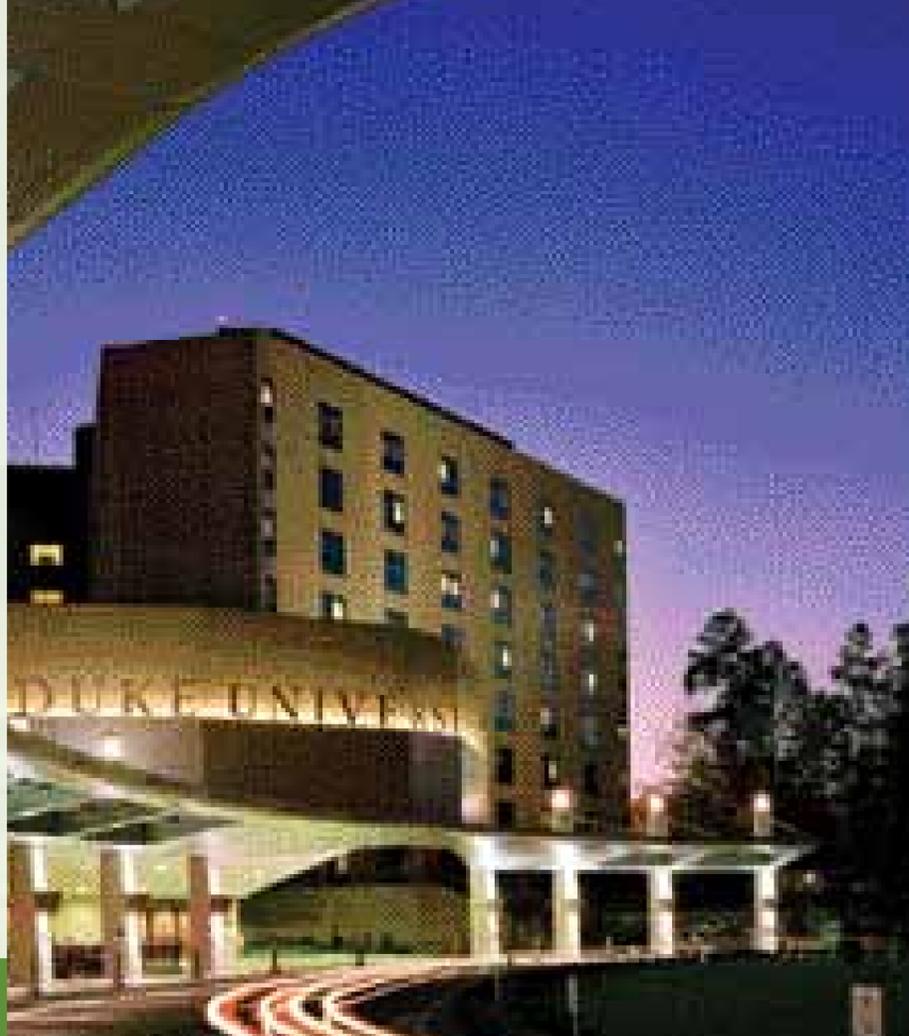
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DUKE MEDICINE COMPLIANCE

Section **1**





THE CODE OF CONDUCT

The Code of Conduct is designed to provide you, a valued member of our organization, with a clear understanding of what is expected in the workplace. The Code applies to every employee, governing board member, member of the medical staff, student, volunteer, as well as to those with whom we do business.

This Code does not cover every situation. Instead, it provides broad guidelines that are detailed in each entity's policies and procedures.

DUHS policies:

staff.dukehealth.org

PDC policies:

pdcchannel.mc.duke.edu/pdc

SOM/SON policies:

medschool.duke.edu/compliance

WHICH LAWS AND REGULATIONS APPLY TO OUR WORK?

We strive to comply with the laws, regulations, standards, and policies that apply to Duke Medicine.

These address activities such as: (1) honoring patients' rights; (2) maintaining and retaining records; (3) billing and coding for services; (4) negotiating grants and contracts; (5) providing a safe working environment free from disruptive and inappropriate behaviors; (6) protecting the health and safety of human and animal subjects in research; (7) complying with licenses and permits; (8) protecting the confidentiality of patient, business, and personal information; and (9) complying with all laws governing federal- and state-funded health care programs and the requirements of insurance companies.

THE COMPLIANCE PROGRAM

Compliance is understanding your job responsibilities and following the rules and policies that apply to Duke Medicine. Our Compliance Program was created to make sure that our workforce is properly trained to follow all the laws, regulations, and policies that relate to our operations and to provide a way for the workforce to raise compliance concerns and ask questions.

DUHS, PDC, and SOM/SON have compliance officers that oversee our Compliance Program. The DUHS, PDC, and SOM/SON compliance offices are responsible for facilitating: 1) delivery of compliance training to all of our workforce members, including employees, physicians, volunteers, vendors, and others within our organization; 2) monitoring activities to review business practices to make sure we comply with applicable laws, regulations, and policies; 3) responses to questions and concerns



THE COMPLIANCE PROGRAM, continued

of staff; and 4) processes that assure compliance problems are reported and addressed. These compliance offices answer questions about compliance issues and work with the Office of Counsel to respond to government inquiries.

Entities within our organization also have individual facility compliance officers who work with the DUHS, PDC, and SOM/SON compliance offices to support compliance activities within his or her facility or division.

Each entity within Duke Medicine has a Compliance Committee that is responsible for: (1) implementing, maintaining, and improving the Compliance Program and this Code; (2) making sure we uphold the standards in this Code; and (3) making sure that people can report compliance concerns without fear of retribution or retaliation.

WHAT IF I THINK A LAW OR POLICY IS NOT BEING FOLLOWED?

You must report it. If employees, governing board members, members of the medical staff, students, volunteers, or vendors suspect that a law, regulation, policy, or this Code is being violated:

- Contact management or your supervisor about your concern or problem.
- If you feel uneasy talking to your supervisor, voice your concern to the next supervisory level, up to and including the highest level of management.
- You may also contact your facility compliance officer or the DUHS, PDC, or SOM/SON Compliance Officer. See their phone numbers on the back of the Code of Conduct.
- Call the Integrity Line at **1-800-826-8109** to report anonymously.

THE INTEGRITY LINE 1-800-826-8109

Sometimes you may wish to report a compliance concern anonymously and not through the normal chain of authority. In that case, report your concern through the Integrity Line: **1-800-826-8109**.

- Calls to the Integrity Line are not traced. Callers do not have to give their name; however, they may do so in order to provide additional information if needed. If callers do identify themselves, their confidentiality will be protected to the extent permitted by law.

WHAT WILL HAPPEN IF I REPORT A COMPLIANCE CONCERN?

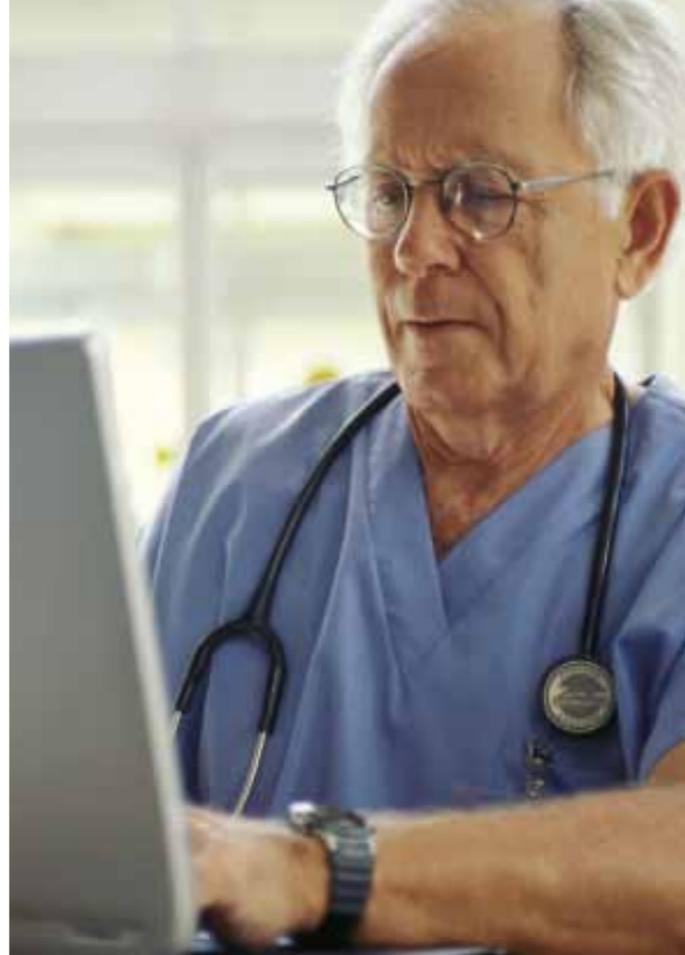
Duke Medicine Compliance Offices evaluate all reports promptly, completely, and fairly. The respective office does not act on any report until it makes sure the report is valid.

- Duke Medicine Compliance Offices protect the confidentiality and other rights of all personnel, including anyone who is the subject of a compliance complaint.
- Anyone who violates applicable policies, laws, regulations, or this Code may be disciplined. People may also be disciplined if they do not report a compliance violation. Disciplinary action may include being terminated or having a contract revoked.
- You may ask the Compliance Office how your report was investigated and what the results were. The office will provide information to the extent permissible.

The Compliance Reporting and Non-Retaliation and Non-Retribution Policy ensures that no one is penalized for reporting what he or she honestly believe is a compliance problem. However, if someone purposely falsifies or misrepresents a report of wrongdoing—whether to protect him or herself or to hurt someone else—that person will not be protected under this policy (staff.dukehealth.org).

NON-RETALIATION/NON-RETRIBUTION POLICY (staff.dukehealth.org)

- There will not be any retaliation as a result of reporting in good faith, regardless of whether or not a violation is found to have occurred.
- Retaliation is a violation of the Compliance Program and will not be tolerated and must be reported.
- Reports of retaliation will be investigated thoroughly and quickly and can result in disciplinary action, up to and including termination of employment.



EXPECTATIONS FOR CONSULTANTS AND VENDORS

Consultants, service providers, vendors, and independent contractors (“vendors”) are an integral part of Duke Medicine’s performance of its activities, and it is a priority of ours to ensure that vendors, along with us, participate in the Compliance Program and uphold the Code of Conduct, Duke Medicine policies, applicable laws and regulations, and Joint Commission standards when providing services to and for us.

Vendors are required to participate in the Duke Medicine Compliance Program as demonstrated by vendors’ review and acknowledgment of the Code of Conduct. To ensure vendors’ participation, all vendor staff are required to register and complete the necessary training prior to entering one of our facilities.

In accordance with the Conflict of Interest and Gifts and Courtesies policies, vendors are prohibited from providing gifts or courtesies, including entertainment, travel, food, business luncheons, mugs, pens, or any other marketing materials regardless of value.

Duke Medicine provides all vendors with a copy of the Code of Conduct. We make relevant training and education programs available to vendors. It is required that vendors also abide by our Vendor Policy. Information regarding the policy and other visitation requirements is available at **www.procurement.duke.edu**

OUR
RESPONSIBILITIES
**TOWARD
OTHERS**

Section **2**





PATIENT CARE AND PATIENTS' RIGHTS

We are committed to treating patients with dignity and respect. Here are some specific ways:

- We provide our patients with safe, high-quality medical care without discrimination, which is compassionate and respects personal dignity, values, and beliefs.
- We honor patients' rights to participate in and make decisions about their care and pain management, including the right to refuse care when permitted by law.
- We provide our patients with information about their illness, treatment, pain, alternatives, and outcomes in a manner they can understand. Interpretation services are provided when needed.

- We identify ourselves to our patients, giving our name and role as a health care provider (doctor, nurse, etc.).
- We advise our patients that they have the right to request a family member, friend, and/or physician be notified that they are under our care.
- We ensure that our patients receive information about transfers to other facilities or organizations, including alternatives to transfer.
- We provide patients the opportunity to participate in research or decline to participate in research. Patients may decline to participate at any time without compromising access to care, treatment, or services.
- We respect patients' right to private and confidential treatment, communications, and medical records in accordance with all legal requirements.
- We welcome receipt of patient concerns and complaints so they can be addressed. Sharing concerns and complaints will not compromise a patient's access to care, treatment, and services.

Additional information on patients' rights is available in DUHS Policies: Patient's Rights and Responsibilities Policy, Interfacility Inpatient Transfers Policy, and Emergency Medical Treatment and Active Labor Act (EMTALA) Policy (staff.dukehealth.org).



INTERACTIONS WITH PHYSICIANS AND OTHER HEALTH CARE PROVIDERS

We strive to maintain the highest standards in accepting patient referrals and interacting with other providers.

- We abide by laws that relate to patient referrals.
- We make and accept patient referrals and consultations based on medical needs.
- We do not pay anyone or offer benefits to anyone for giving or asking for a referral or consultation.
- Our relationships with physicians comply with all applicable laws.

If you have a question about relationships between DUHS, PDC, SOM/SON, and any referring/consulting physician, contact one of the Compliance Officers or the Office of Counsel, or review the DUHS Policies (staff.dukehealth.org) on Gifts and Courtesies and Medical Director Agreements.

THE WORK ENVIRONMENT

We make every effort to provide all employees and others at our organization with the best possible work environment.

- We follow all federal, state, and Equal Employment Opportunity Commission laws and regulations for recruiting and retaining qualified employees.
- We adhere to the Duke University Guiding Principles and Workforce Rules.
- We strive to resolve conflict through mediation and our dispute-resolution process.
- We cooperate with the Compliance Office in the investigation of any allegations.
- We maintain a harassment-free work environment and conduct ourselves appropriately, treating each other with dignity and respect. Harassment

is defined as the creation of any hostile or intimidating environment in which verbal or physical conduct is severe or persistent enough to cause significant interference with a staff member's work, education, or on-site living condition. Harassment is not limited to conduct of a sexual nature. Duke also prohibits harassment based upon an individual's race, religion, ethnicity, national origin, disability, sexual orientation, gender, or age.

- We report to work free of impairment from drugs and alcohol.
- We follow all laws, regulations, and policies related to environmental health and safety, including fire, chemical, biological, ergonomic, radiation, and electrical safety.



THE WORK ENVIRONMENT, *continued*

- We make sure that medical waste and hazardous materials are handled, transported, and disposed properly.
- We take reasonable steps to keep our workplace safe and avoid harming co-workers, patients, visitors, and ourselves through disruptive and inappropriate behaviors.
- We report all incidents and accidents according to departmental policies.
- We understand our responsibilities during emergency situations, including severe weather and disasters.
- We follow practices that reduce the spread of infection, such as washing hands, wearing personal protective equipment, and following isolation procedures.
- We store all drugs, pharmaceuticals, chemicals, and radioactive materials safely and maintain proper records.

THE WORK ENVIRONMENT, continued

For human resources policies including Duke University Guiding Principles and Workforce Rules, go to hr.duke.edu. For safety policies, go to www.safety.duke.edu.

We are committed to making sure that our employee hiring, screening, and disciplinary procedures and policies meet the requirements of the Compliance Program. We do not contract with, employ, or bill for services rendered by an individual or entity that is excluded from participating in federal health care programs, has been suspended or debarred from federal contracting, or has been convicted of a criminal offense related to the provision of health care.





EDUCATION AND TEACHING

Education and teaching are part of the core mission of Duke Medicine. We provide and encourage continued learning for our personnel and associated health care providers. We educate future health care providers and leaders. We educate patients and their families, significant others, or caregivers about a patient's condition and care. And we educate the communities we serve about health care topics of concern to them.

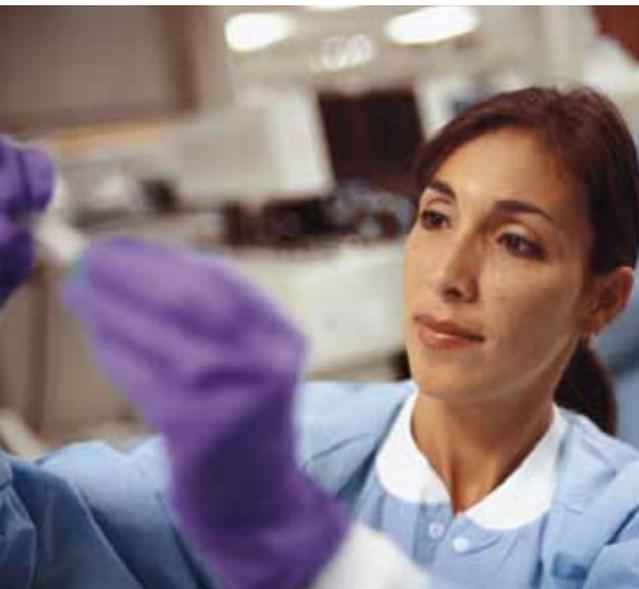
- When students or trainees participate in patient care, we provide the supervision needed to ensure that all aspects of patient care are appropriate.
- We provide meaningful and practical learning experiences for health care students and trainees

EDUCATION AND TEACHING, continued

- We provide training and education that support individuals' career development and advance the performance of the organization as a whole.
- We complete all training (e.g. Compliance, HIPAA, and Fire & Safety) that is required for us to do our work, as well as to ensure that Duke Medicine is compliant with all applicable laws, regulations, and policies.

Our compliance education program works to ensure that every employee, governing board member, member of the faculty, medical staff, student, vendor, and volunteer understands this Code of Conduct and the basic principles of the Compliance Program. All of these individuals sign a statement showing that they have received a copy of this Code and agree to abide by its terms.





RESEARCH

We follow the highest ethical standards and comply with federal and state laws and regulations, as well as with our own policies in any research, investigations, and clinical trials involving human subjects or animals.

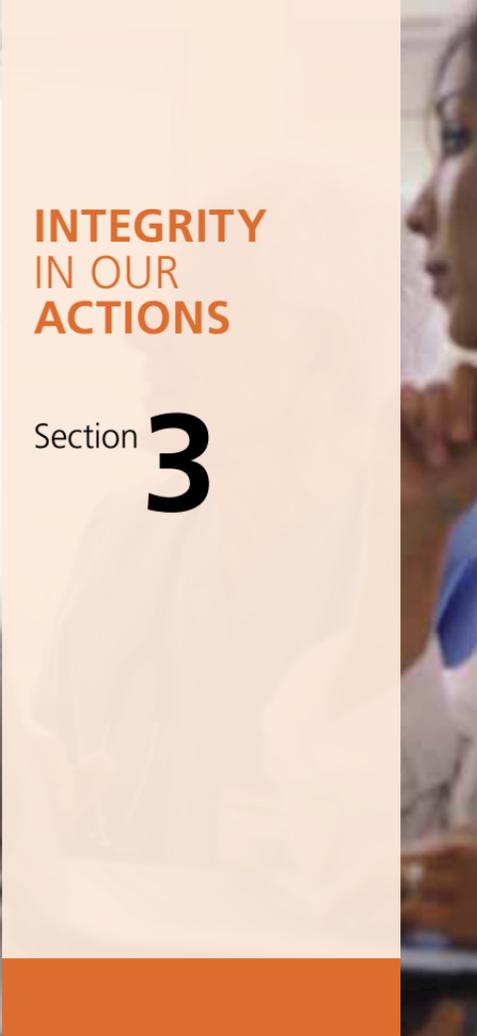
We educate all personnel who serve on or would be expected to interact with the Institutional Review Boards (for human subjects) and the Institutional Animal Care and Use Committee (for animal subjects) about applicable laws, regulations, and guidelines, including those of the Office for Human Research Protections, as well as our own policies and procedures.

Procedures and guidelines for research can be found at irb.mc.duke.edu and crso.som.duke.edu.



INTEGRITY IN OUR ACTIONS

Section **3**



PRIVACY/CONFIDENTIALITY

We use confidential information—information that should remain private, whether medical, staff-related, business, financial, or personal—only as needed to do our jobs. We respect and maintain the confidentiality of patients’ protected health information.

Protected health information (PHI) is any health information that could identify a particular person. The person could be living or deceased. The information could be about the past, present, or future health of a person. The information could be written on paper, displayed or stored in computers, or it could be spoken. Examples include patient charts, reports, x-rays, billing systems, nursing notes, and conversations about patients.

Under the HITECH Act, Duke Medicine has the obligation to report breaches of PHI. A breach is, generally, an impermissible use or disclosure under the Privacy Rule that compromises the security or privacy of the protected health information such that the use or disclosure poses a significant risk of

financial, reputational, or other harm to the affected individual. A breach is permitting an unauthorized person to have access to PHI.

Upon allegation of a breach, the DUHS Compliance Office will perform a risk assessment to determine if the unauthorized use, access, or disclosure “poses a significant risk of financial, reputational, or other harm to the individual.” If a risk exists, Duke has reporting responsibilities to the patient and the Department of Health and Human Services. Staff have a duty to report any allegation of a breach, including reporting unauthorized access to their manager and to the DUHS Compliance Office.

Consistent with the North Carolina Identity Theft Protection Act of 2005, we have procedures in place to protect the confidential nature of Social Security numbers without creating unjustified obstacles to the conduct of the business of Duke Medicine. We take the appropriate measures to protect against unauthorized access or use of personal information.

PRIVACY/CONFIDENTIALITY, continued

- To protect the confidentiality of patient information, we strictly follow our privacy and security policies and procedures.
- We access only the information that we need to perform our work.
- We do not share information with others unless there is a legitimate need for others to know the information in order to perform their work.
- We do not access colleagues', friends', or family members' patient information without appropriate authorization or when it is not part of our job responsibility.
- Because so much of our information is generated and contained within our computer systems, we protect our computer systems and the information contained in them by creating a strong password, not sharing passwords, and by adhering to our information security policies and procedures.

- When sending patient information electronically, we do so securely, using encryption as required by privacy and security policies.

We also take steps to maintain the confidentiality of:

- Information about personnel actions
- Private financial, pricing, and cost information not of public record
- Information regarding intellectual property (such as inventions) of the organization that is not intended for public disclosure and similar information of other entities that is shared with the organization on a confidential basis
- Computer software programs
- Service provider, vendor, or contractor information

We do not discuss sensitive topics involving business operations with any competitors, service providers,



PRIVACY/CONFIDENTIALITY, continued

vendors, or other contractors without the approval of the appropriate supervisor. We also do not obtain confidential information about competitors through improper means.

We do not post sensitive information including PHI or patient pictures on personal social media pages.

When we have questions or wish to report concerns regarding confidentiality, we contact a Facility Privacy or Security Director using the phone numbers listed on the back of the Code of Conduct.

For more details, see the DUHS Breach of Patient Information Policy at staff.dukehealth.org.

PRIVACY AND SECURITY TIPS

Protecting Spoken Information

- Around patient rooms
 - Knock first and ask to enter.
 - Close doors or curtains when talking about treatments or doing procedures.
 - Speak softly in semi-private rooms.
 - Ask permission before speaking about a patient's care in front of visitors.
- Don't discuss patient information in waiting rooms, the cafeteria, and other public areas.
- Direct visitors to the information desk.
- Don't leave messages about patient conditions on answering machines.

Protecting Information on Paper

- Find the owner of "lost" papers.
- Shred information no longer needed.

- Don't leave papers unattended.
- Use a cover sheet and check the fax number when faxing confidential information.

Protecting Information on Computers

- Keep computer screens pointed away from the public.
- Log off or secure your workstations when leaving your work area.
- Keep passwords secure.
- Report computer viruses.
- Password protect handheld devices and laptops.
- Use encryption when sending e-mails containing patient and other confidential information.

MARKETING

We use many forms of communication to provide and receive information between our co-workers, those we serve, those with whom we conduct business, and the public. Communication may occur verbally or through written documents, electronic mail (e-mail), facsimile (fax), voice mail, by computer, audio and video recordings, and marketing.

- We make sure we use all forms of communication appropriately.
- We release information to the media, public, and courts only through the appropriate channels in accordance with the DUHS Policy: Media Inquiries (staff.dukehealth.org).
- We present all communication regarding our services, including marketing and advertising, in a truthful and informative manner that provides a fair representation of services and care provided.

CONFLICT OF INTEREST AND/OR COMMITMENT

Staff are expected to always perform their work for the benefit of Duke and its patients, students, and customers. Duke defines “Conflict of Interest” and “Conflict of Commitment” as follows:

- Conflict of Interest: A “Conflict of Interest” exists when a staff member has a relationship with an outside organization that can potentially bias the staff member in such a way that they (or a member of their immediate family) could potentially stand ultimately to benefit financially by his or her relationship to that outside organization.
- Conflict of Commitment: A “Conflict of Commitment” exists when a staff member (or a relative of a staff member) has a relationship with an outside organization that may potentially bias or influence the staff member in making decisions in his or her capacity as a Duke employee. Any relationship with an outside organization that requires frequent and/or prolonged absence from Duke may represent a Conflict of Commitment.

CONFLICT OF INTEREST AND/OR COMMITMENT, *continued*

- In our business relationships with consultants, service providers, suppliers, vendors, and other contractors, we base all of our decisions on quality of services and products, competitive pricing, and organizational policy—not on personal relationships or personal benefit.
- We do not offer, solicit, or accept any gifts or gratuities that may influence or appear to influence our objectivity in performing our work. Please review the DUHS Gifts and Courtesies Policy. Supervisors should consult with a Facility Compliance Officer or the DUHS, PDC, or SOM/SOM Compliance Officer for questions they may have about gifts.

See the DUHS (staff.dukehealth.org) and SOM/SOM (medschool.duke.edu) conflict of interest policies and the DUHS Gifts and Courtesies Policy (staff.dukehealth.org) and Frequently Asked Questions attached to the policies.



POLITICAL ACTIVITY AND CONTRIBUTIONS

Employees are encouraged to vote and take part in the political process. However, the use of DUHS, PDC, or SOM/SON property or funds to support a political cause, party, or candidate for public office is prohibited.

- We do not use Duke Medicine assets such as telephones, copiers, and our work time to support any political activity.
- We clearly indicate that the political views we express as individuals are our own.

GOVERNMENT INVESTIGATIONS

We fully comply with the law and cooperate with any appropriate request by a government agency for information. Any non-routine inquiry, civil investigative demand, subpoena, or request of another agency regarding DUHS, PDC, SOM/SON or any facility, division, or person associated with DUHS, PDC, and SOM/SON should be reported immediately to the DUHS, PDC, or SOM/SON Compliance Officer, a DUHS Facility Compliance Officer, or the administrator on call. This notification will ensure that the appropriate individuals, including the Office of Counsel, are made aware of the request and can properly respond to it, and that all patient privacy rights are maintained.

See DUHS (staff.dukehealth.org) and PDC (pdcchannel.mc.duke.edu/pdc) policies on Search Warrant, Subpoena, and Civil Investigative Demand and Visits by Investigators or Auditors.



FINANCIAL
AND BUSINESS
STANDARDS

Section **4**

RECORDKEEPING

We store medical and billing records in a safe and secure place for the time required by law or policy.

- We do not falsify any record, contract, or other document.
- We truthfully and accurately maintain all paper and electronic data, including medical records and financial reports, in accordance with applicable laws, regulations, and policies.
- Only authorized individuals should access medical and billing records.
- We maintain all medical and billing records as required by law.
- All cost reports submitted comply with federal and state laws, regulations, and guidelines.
- We maintain and retain documents related to the Compliance Program.

CODING AND BILLING

Coding is the way we identify and classify health information (such as diseases and procedures) based on the care provided as documented in a patient's medical record. Submitting these codes in the billing process is the way we identify charges for services we have provided. Our coding and billing practices strive to comply with all laws governing federal- and state-funded health care programs, and with the requirements of insurance companies.

- We are committed to timely, complete, and accurate coding and billing. We bill only for services that we actually provide, document, and believe to be medically necessary.





CODING AND BILLING, continued

- We select billing codes that we believe in good faith accurately represent the services that we provide and that are supported by documentation in the medical record according to regulatory requirements and guidelines.
- We address and respond to billing and coding inquiries and questions.
- We make every effort to correct inaccuracies in billing in a timely manner as required by applicable laws and policies.

Employees should report concerns regarding the appropriateness of coding and billing practices to the appropriate supervisor, Facility Compliance Officer, or the DUHS, PDC, or SOM/SON Compliance Office.

FALSE CLAIMS ACT

It is a violation of the Federal and North Carolina False Claims Act to knowingly submit or cause another person or entity to submit false claims for payment of government funds, such as filing with Medicare a claim for payment for services that were not provided. Penalties for such action(s) may be three times the government's damages plus civil penalties of \$5,500 to \$11,000 per false claim, and in criminal cases may include imprisonment. Health care organizations also can be excluded from participation in federal health care programs.

The False Claims Act contains provisions that allow employees with actual knowledge of alleged false claims to sue on behalf of the government. These individuals will be protected from retaliation, e.g. harassment, demotion, and wrongful termination, as a result of the employee's lawful acts in furtherance of a false claims action.

FINANCIAL REPORTING

Our organization’s financial information serves as the basis for managing our business so that we are able to serve our patients, research participants, colleagues, and others. It is also necessary for compliance with tax and financial reporting requirements.

- We maintain accounting records according to generally accepted accounting principles.
- We maintain a system of internal controls to ensure accuracy and completeness in documenting, maintaining, and reporting financial information.
- We cooperate fully with internal and external auditors and any regulatory agencies that examine our books and records.

SAFEGUARDING OUR ASSETS

Our “assets” include more than facilities, property, equipment, inventory, office supplies, and funds. Our assets also include employee time, business strategies, financial data, computer software, patents, trademarks, inventions and devices, as well as intangible intellectual property and other information.

Everyone is responsible for using corporate assets properly.

- We take appropriate steps to protect corporate assets against loss, theft, or misuse. We report possible loss or theft to our supervisor.
- We handle any purchase, transfer, or sale of assets in accordance with applicable policies and procedures.

SAFEGUARDING OUR ASSETS, *continued*

- We do not use materials, equipment, or other assets for purposes not directly related to business or without prior approval from our respective supervisors, except for limited personal convenience.
- We do not photocopy or distribute material from books, periodicals, computer software, or other sources if doing so would violate copyright laws.
- We follow intellectual property laws.
- We email sensitive electronic information securely according to policies and procedures including encryption of PHI when emailing to third parties (outside Duke email system), and use encryption when storing sensitive information on mobile devices.





CONTRACTS

We employ the highest business standards in selecting, negotiating, and approving all contracts with third parties.

- We maintain confidentiality regarding pricing and terms of contracts.
- In contracting with vendors, insurance companies, and other contractors, we comply with all laws and regulations, including the receipt of fair market value in the payment and receipt of services and products.
- We inform consultants, service providers, vendors, and other contractors that they are expected to comply with this Code.

WE WANT
YOUR FEEDBACK

Section **5**





It is critical that our Compliance Program is effectively communicated throughout all levels of the organization.

Compliance is the responsibility of all members of Duke Medicine. The Compliance Program and this Code may be modified to reflect future changes in laws and regulations or to improve compliance communication. Please submit your Compliance Program suggestions to the Compliance Office.

DUHS COMPLIANCE OFFICE

If you have any compliance questions or concerns, please call **919-668-2573**, send an e-mail to **compliance@mc.duke.edu**, or visit our Web site at **staff.dukehealth.org/compliance**.

INTEGRITY IN ACTION 1-800-826-8109

You may also contact the Human Resource Office at your facility regarding Human Resources issues.



ADDITIONAL INFORMATION

If you have questions about the Code, the Compliance Program, a privacy or security issue, or need additional information, contact:

DUHS Compliance Office
919-668-2573

**Davis Ambulatory
Surgical Center**
919-470-1008

Duke University Hospital
919-668-2119

Durham Regional Hospital
919-470-5343

Duke Raleigh Hospital
919-862-5965

Duke HomeCare & Hospice
919-620-3853

DUHS Diagnostic Services
919-681-8878

Duke Primary Care
919-668-4255

**Patient Revenue
Management Organization**
919-684-6026

**Private Diagnostic Clinic
Compliance Office**
919-668-5161

**School of Medicine/
School of Nursing
Compliance Office**
919-684-2144