

**LEWIS COUNTY HEALTH SYSTEM  
Lowville, New York**

**ADMINISTRATION**

**SUBJECT: CODE OF ETHICS / CONFLICT OF INTEREST POLICY AND DISCLOSURE  
STATEMENT**

Effective Date: December 2004

Approval:   
Chief Operating Officer

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**INTRODUCTION**

Lewis County Health System has adopted a Conflict of Interest Policy to assure that there will be appropriate disclosure and approval for transactions in which Board Members, officers or key personnel may have an apparent or potential conflict of interest.

As a Board Member, officer, or any key personnel of the Lewis County Health System, the policy requires you to read and understand the attached policy and, on an annual basis, to complete and sign the attached disclosure statement.

**CODE OF ETHICS**

The Lewis County Health System (LCHS) has a long and proud tradition of providing high quality patient care and conducting business in compliance with the law and in accordance with high ethical standards.

The LCHS Code of Ethics sets forth legal and ethical standards that must be adhered to by board and administrative members, employees, contracted staff and those doing business with the LCHS. The Code of Ethics does not set forth every rule or address every situation. Additional guidance may be obtained from supervisors and supplemental detailed guidelines provided in policies and procedures. Most important, the Code is not a substitute for the responsibility of board members and administration, employees and staff to exercise good judgment.

**OUR PRINCIPLES OF ETHICAL CONDUCT INCLUDE:**

**LEGAL & ETHICAL REQUIREMENTS**

- Compliance with applicable laws, rules and regulations governing LCHS.
- Adherence to high ethical standards.

**PATIENT RELATIONS**

- Responsibility to protect patient privacy and confidentiality.
- Provision of patient care that is medically necessary and appropriate in a respectful and dignified manner, without regard to race, color, creed, sex, ethnic origin, age, disability, sexual orientation, source of payment, or other classification prohibited by law.
- Recognition of the patient's right to make informed decisions about medical treatment and advanced directives and respect for patient choice.
- Compliance with laws and regulations relating to the provision of emergency care to patients.

## **BOARD OF MANAGERS' RELATIONSHIPS**

- Represent the interests of all people served by this organization and not favor special interests inside or outside the organization.
- Do not use the organization or service on the Board for personal advantage or for the advantage of friends or supporters.
- Keep confidential information confidential.
- Approach all Board issues with an open mind, prepared to make the best decision for the whole organization.
- Do nothing to violate the trust of those who appointed them to the Board or of those they serve. Respect the authority of the appointing entity.
- Focus efforts on the mission of the organization and not on personal goals.
- Never exercise authority as a Board member except when acting in a meeting with the full Board or as delegated by the Board. Never exceed authority.
- Exercise the utmost good faith in all transactions touching upon duties to LCHS and its property. In their dealings with and on behalf of the LCHS, they are held to a strict rule of honesty and fair dealing between themselves and the LCHS. They shall not use their positions, or knowledge gained therefrom, so that a conflict might arise between the LCHS's interest and that of the individual or their employer.
- All acts shall be for the sole benefit of the Lewis County Health System. Avoid, directly or indirectly, participating in any discussion, arrangement, agreement, investment, or other activity, which could result in personal benefit at the expense of the LCHS's interests.
- No acceptance of any favor which might influence an official act, or which might reflect upon business conduct.
- Avoidance of outside private employment or activity, which involves obligations that may compete with or be in conflict with the interests of the LCHS.
- Full disclosure to the Board of Managers of any potential conflict of interest and adherence to the procedures set forth in the Bylaws of the Board of Managers with respect to the manner in which such conflict of interest shall be addressed.

## **PHYSICIAN AND PROVIDER RELATIONSHIPS**

- Acceptance of patient referrals and referrals of patients without regard to the direct or indirect payment or receipt of remuneration, based on each patient's medical need and the provider's ability to render the service.
- Proper supervision of allied health care professionals and residents and other house staff.
- Compliance with ethical standards for the practice of medicine and allied health professions, and avoidance of any act of omission which may result in professional misconduct.

## **MANAGED CARE RELATIONSHIPS**

- Avoidance of improper financial incentives under managed care contracts that would result in under-utilization of medically necessary services.

## **RECORD KEEPING**

- Truthful, accurate, timely and legible completion of medical records, billing records, business records and regulatory and financial reports.
- Retention, storage and disposal of patient and business records and information in accordance with legal and business requirements.

## **PRIVACY AND CONFIDENTIAL INFORMATION**

- Protection and safeguarding of information created in the conduct of business at LCHS including all records, which would include patient information, staff data, financial data, research data, strategic plans, statistical information, purchasing agreements and contracts.
- Protecting and enhancing the rights of patients by providing them access to their information and controlling the inappropriate use of that information pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

## **BILLING FOR SERVICES**

- Accurate coding and billing for medical services rendered in accordance with legal requirements and agreements with third party payers.
- Compliance with applicable legal, regulatory and program requirements in the preparation and submission of claims for reimbursement and reports concerning the costs of operations for the LCHS.
- Avoidance of improper waivers and write-offs of patient costs.

## **BUSINESS PRACTICES**

- Selection of supplies, vendors, contractors and consultants based upon fair, competitive practices and objective factors including quality, price, service and delivery.
- Avoidance of transactions that excessively benefit private individuals in contravention of laws and regulations applicable to municipal entities.
- Adherence to LCHS policies on solicitation and acceptance of gifts.

## **INTERNAL CONTROLS**

- Safeguarding of proper internal financial controls in compliance with established accounting control standards and procedures.
- Maintain the integrity of the Hospital's financial statements and its financial reporting process.

## **CONFLICTS OF INTEREST**

- Avoidance of situations or conduct that may involve a conflict between personal interests and the interests of LCHS.

## **WORKPLACE PRACTICES**

- Fair and respectful treatment of employees, contracted staff and co-workers.
- Prohibiting discrimination based on race, color, religion, gender, pregnancy, marital status, prior criminal convictions unrelated to the job, national origin, age, citizenship status, disability or sexual orientation and prohibiting sexual harassment.
- Compliance with environmental laws and regulations including the proper storage, handling and disposal of hazardous material and infectious waste.
- Proper handling and dispensation of controlled substances in accordance with applicable law.
- Compliance with occupational safety laws and regulations in order to avoid job-related hazards and to ensure a safe work environment. Provide good and safe working conditions.
- Compliance with policies prohibiting the illegal possession, distribution, use or being under the influence of illegal drugs, alcohol or other substances in order to ensure an alcohol and drug-free workplace.
- Employees shall not re-disclose confidential information in whatever form it exists, electronic or otherwise, acquired in the collection, handling and dissemination of patient, resident, registrant, employee or hospital/nursing home information to any person without proper authorization.

## **POLITICAL MATTERS**

- Avoidance of the use of LCHS resources, financial or otherwise, to influence the political process regarding non-health related issues.

## **MARKETING AND ADVERTISING**

- Truthful and accurate marketing and advertising of medical services for educating the public reporting to the community and increasing awareness of the mission of LCHS.

## **HOW TO USE THE COMPLIANCE PROGRAM:**

All board and administrative members, employees and contracted staff have a part to play in ensuring that the business of LCHS is conducted legally and ethically. All employees and staff are responsible for performing their assigned duties in accordance with principles of ethical and legal conduct and are obligated to report suspected violations of laws, regulations or the Code of Ethics to their immediate supervisors or the Compliance Officer. The Compliance Officer is responsible for coordinating the dissemination of information on new laws or regulations that govern the activities of LCHS or information related to changes in existing laws or regulations. All communications will reinforce the employee's responsibility to comply with applicable laws and policies and to report a suspected violation to the Compliance Office.

***The Compliance Office may be reached 24 hours a day, seven days a week by calling 315-376-5154. Lewis County Health System prohibits any retaliation against an employee who, in good faith, reports a question or concern about a compliance matter.***

**INSTRUCTIONS FOR BOARD OF MANAGERS, OFFICERS AND KEY PERSONNEL:**

Because of the nature of your position(s) at the Lewis County Health System, it is necessary to be sure that your decisions or other actions are not influenced, or do not appear to be influenced, by your outside activities or associations.

Many matters whose disclosure is requested may not be considered a Conflict of Interest. However, it is important to disclose all matters which could have the appearance of a conflict to receive assurance that there will be no questions. Matters which were disclosed on prior surveys and determined not to be a conflict of interest should be disclosed again for this survey.

Please note that if the financial interest is the ownership of securities which are publicly traded, such interest does not have to be disclosed, unless the combined holdings of the securities of both you and your family constitutes 5% or more of the outstanding securities of the entity concerned.

You are also asked to disclose all outside relationships with entities that may do business with our complete with any related entity.

**CODE OF CONDUCT ACKNOWLEDGEMENT:**

All board, administrative members, and department heads are required to sign the following acknowledgement confirming that they have received, read and understand the Code of Ethics and will abide by its principles. All board and administrative members and department managers are also required to indicate any potential conflicts of interest.

<b>APPROVAL</b>	1. Chief Operating Officer 2. Standards Review Committee 3. Medical Bylaws and Board of Managers (10/28/19) Signed by: Chief Operating Officer
<b>Interdisciplinary Involvement</b>	Education as required and designated at Standards Review Committee Meetings.
<b>Other</b>	This policy is to be posted on the LCGH website.
<b>Created:</b>	December 2004
<b>Revised:</b>	12/09, 12/19, 1/20
<b>Reviewed:</b>	1/08, 3/10, 2/13, 4/15, 7/18
<b>Location</b>	Admin Shared / Administration / Policies / Code of Ethics – Conflict of Interest Policy and Disclosure Statement

# Lewis County Health System

## Disclosure Statement

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### **Disclosures (Please provide the following information):**

1. Other than your relationship to Lewis County Health System, or any related entity, do you, or does any member of your family (which includes spouses, parents, in-laws, or any of their descendants) have any interest in or relation with any company or other entity that has provided or now provides, or will in the future, provide goods or services to Lewis County Health System, or any related entity?

NO \_\_\_\_\_ YES \_\_\_\_\_ If yes, please explain:

2. Aside from your activity at Lewis County Health System, or any related entity, do you, or does any member of your family have any interest in or relation with any company that provides goods or services in the health care field and which could present a future conflict of interest with Lewis County Health System or related entity?

NO \_\_\_\_\_ YES \_\_\_\_\_ If yes, please explain:

3. Are there any other activities, interest, positions or relationships not disclosed above, that you and any member of your family are engaged in which might be interpreted as a possible conflict of interest with Lewis County Health System or related entity?

NO \_\_\_\_\_ YES \_\_\_\_\_ If yes, please explain:

4. Are you a trustee, director or governor on the Board of any other health care institution in the area other than Lewis County Health System, or any related entity?

NO \_\_\_\_\_ YES \_\_\_\_\_ If yes, please explain:

5. Are there any transactions that you or a member of your family has conducted with any board member, senior manager or physician, regardless of whether it was related to Lewis County Health System?

NO \_\_\_\_\_ YES \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title

Lewis County Health System

**Conflict of Interest – Acknowledgement**

I acknowledge that I have received a copy of the Conflicts of Interest Policy, have read and understand the policy, and agree to comply with it. I understand that Lewis County Health System, with which I am related, is a charitable organization and that in order to maintain its tax-exempt status, it must continuously engage primarily in activities that accomplish one or more of its tax-exempt purposes. I have answered this Disclosure Statement fully, accurately and to the best of my ability.

Neither I, nor any member of my family has used for personal profit or advantage, any confidential information relating to the business of Lewis County Health System, or any related entity. Other than matters having a nominal value, neither I nor any members of my family have accepted gifts, gratuities, or entertainment that might influence my judgement or actions concerning business of Lewis County Health System, or any related entity, except as attached.

I agree to provide the Corporate Compliance Officer with any amended answers in the Statement within thirty (30) days of any change affecting my answers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title

**Note:** The completed form should be sent to the address provided on the memorandum insert. Any changes to this information should be reported in writing to the Corporate Compliance Officer no later than 30 days after the change.