



Compliance Program Policy and Procedure Manual

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Title: Conflicts of Interest

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POLICY:

Episcopal Health Services Inc. (“EHS”) is committed to fostering a culture of compliant and ethical conduct. Accordingly, EHS strictly prohibits any employee, affiliate, contractor, volunteer, student and trainee (collectively “Personnel”) and members of the EHS Board of Trustees, from engaging or promoting a relationship, interest or interaction that poses a perceived or actual Conflict of Interest.

PURPOSE:

The purpose of this policy is to establish written policies and procedures that are designed to support compliance with various applicable Federal and New York State (“State”) laws and industry best practices as they pertain to Conflicts of Interest.

SCOPE:

This policy governs the requirements outlined herein and applies to all Personnel at all EHS owned, operated or affiliated facilities, entities and programs as well as members of the EHS Board of Trustees (“Board” or “Board Members”).

ATTACHMENTS:

None

DEFINITIONS:

A. Conflict of Interest(s):

Means, a situation in which a person is involved, that may have multiple interests, one or more of which could possibly affect the person’s motivation or actions. It includes a situation when an individual or their Immediate Family Member has a Financial Interest that may:

1. Compromise or otherwise affect their professional judgment; or
2. Compromise their fiduciary or job responsibilities; or
3. Affect or compromise the delivery of patient care or other services; or
4. Improperly influence the purchasing, prescribing, business judgment, objectivity, relationships, or business outcomes associated with an individual and EHS.

B. Immediate Family Member:

Means, for the purpose of this policy, the spouse or domestic partner, parent or stepparent, child, stepchild, adopted child, grandparent or step-grandparent, household member, or dependent of an individual subject to the requirements outlined in this policy.



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C. **Conflict of Interest Disclosure(s):**

Means, for the purposes of this policy, the process EHS has established where actual or perceived Conflicts of Interests are routinely and periodically monitored and assessed, by way of disclosure or reporting.

D. **Confidential Information:**

Means any protected Personnel related information, intellectual information, trade secrets, business plans, budgets, revenue or expense figures or projections, strategy information, business agreements, regulatory, investigatory, contractual, or patient related information, protected health information, private information or purchase related information or other owned or generated EHS information by which EHS is a party or participating entity and which is not regularly provided to or can reasonably be known by the general public.

E. **In Good Faith:**

Means reporting known or suspected non-compliant activities or participating in compliance investigations with the honest and reasonable belief Non-Compliance has occurred.

F. **Vendor or Business:**

Means, any company, representative of such company or individual that manufactures, produces, sells, purchases, or endorses, a product, system, or service including, without limitation, any pharmaceutical product, biological product, medical device, medical equipment or medical supply company.

G. **Remuneration:**

Means, anything of value (*e.g.*, cash, cash equivalent, gift card, other personal benefits, stock, honoraria, rebate, kickback, discount, incentive and bribe) provided, promised or otherwise offered.

H. **Financial Interest:**

Means, anything of economic or monetary value, whether or not the value is readily ascertainable, possessed or has the potential to be possessed by a person or Vendor or Business.

I. **Financial Relationship:**

Means, (i) an ownership or investment interest in an entity, or (ii) a compensation arrangement with the Vendor or Business.

J. **Elected Official:**

Means, for the purposes of this policy, a person holding office as Mayor, Comptroller, Public Advocate, Borough President or member of the Council, Senator, member of Congress or other local, State or Federal office, position or authority, whether paid or unpaid.

K. **Designated Health Services:**



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Means, services (other than those provided as emergency physician services furnished outside of the U.S.), including clinical laboratory services, physical therapy, occupational therapy, and outpatient speech-language pathology services, radiology and certain other imaging services, radiation therapy services and supplies, durable medical equipment and supplies, parenteral and enteral nutrients, equipment, and supplies, prosthetics, orthotics, and prosthetic devices and supplies, home health services, outpatient prescription drugs, and inpatient and outpatient hospital services.

L. Gift(s):

Means, any object or service of value provided, promised or otherwise offered.

M. Nominal Value:

Means, for the purpose of this policy, a value of twenty-five (\$25) dollars or less per person, item and occurrence, not to exceed fifty (\$50) dollars in totality per year.

N. Non-Compliance:

Means, for the purpose of this policy, issues or matters related to violations of the law or EHS's Compliance Program and includes, without limitation, the following:

1. Known or suspected misconduct, compliance or non-compliance issues;
2. Known or suspected violations of employee or patient privacy or confidentiality;
3. Known or suspected violations of any applicable law or regulation;
4. Known or suspected violations of EHS's policies and procedures, the EHS Code of Conduct or the EHS Compliance Program;
5. Potential overpayments;
6. Related risks under self or external audit, review of investigation;
7. Performing or participation in internal or external investigations, reviews and audits;
8. Cooperating with or implementing remedial actions in response to noted compliance issues, deficiencies or failures;
9. Known or suspected fraud, waste or abuse;
10. Situations covered under Labor Law §§ 740, 741 which include, without limitation, violations that create and/or present a substantial and specific danger to the public health or safety, or which constitute health care fraud or situations where Personnel reasonably believes constitutes improper quality of patient care; and/or
11. Situations covered under Labor Law § 218-b which include, without limitation, workplace safety, reporting in good faith potential violations of the Labor Law or seeking intervention related to such, refusing to work in environments where Personnel reasonably believe that such work exposes them or others to an unreasonable risk of exposure to disease due to failure to maintain compliance with applicable law or guidelines covering work conditions and disease prevention.

O. Research:

Means a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge.



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P. Clinical Trial:

Means Research in which one or more human subjects are prospectively assigned to one or more interventions (which may include placebo or other control) to evaluate the effects of the interventions on biomedical or behavioral health-related outcomes.

Q. Related Party Transaction:

Means, for the purpose of this policy, any transaction, agreement, or any other arrangement in which a related party has a financial interest and in which EHS or any affiliate of EHS is a participant.

RESPONSIBILITIES:

A. Compliance and Privacy Department:

In collaboration with other departments, is responsible for ensuring that, in accordance with applicable law, EHS complies with the statutory and regulatory requirements with respect to Conflicts of Interest, including participation in the development of policies and internal controls or systems designed to identify, document, report and resolve any perceived or actual Conflicts of Interest.

B. Personnel:

Are responsible for performing their job functions in compliance with this policy. Failure to maintain such compliance may result in disciplinary action up to and including termination of employment, contract or other affiliation with EHS.

C. Board of Trustees Members (“Board Members” or “Trustees”):

Are responsible for performing their governance roles and fiduciary responsibilities in compliance with this policy. Failure to maintain such compliance may result in action up to and including termination of Board membership or other affiliation with EHS.

PROCEDURES/GUIDELINES:

A. General Obligations

1. Personnel and Board Members must refrain from situations that create, have the potential to create or are otherwise perceived to create a Conflict of Interest.
2. Personnel and Board Members have an obligation to report any perceived or actual Conflicts of Interest or other known or suspected Non-Compliance to the Compliance and Privacy Department. Reporting may be done so by the following methods below:
 - By phone at (718)869-7721;
 - By email at compliance@ehs.org;
 - Via the 24/7 Confidential & Anonymous Compliance Hotline by calling 1-844-973-0162 or visiting www.ehs.ethicspoint.com;
 - By mail at St. John’s Episcopal Hospital, 327 Beach 19th Street, Far Rockaway, NY 11691. Attn: Compliance & Privacy.



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3. Personnel and Board Members who have questions related to a Conflict of Interest should contact the Compliance and Privacy Department. The Compliance and Privacy Department will review and investigate reports of perceived or actual Conflicts of Interest, as well as be responsible for providing guidance on questions related to any Conflicts of Interest.
4. Although potential Conflict of Interest may exist from time to time, such Conflict of Interest shall not be permitted to adversely influence the decision-making process of EHS, Personnel and Board Members.
5. The requirements under this policy shall not be construed as preventing Personnel or Board Members from stating their position in the matter, nor from answering pertinent questions related to the contracting or affiliation of a Vendor or Business, since their knowledge or experience may be of great value.
6. Personnel and Board Members must comply with the provisions of the Federal Physician Self-Referral law (“Stark Law”). Accordingly, unless an exception applies, EHS prohibits a physician from making a referral Designated Health Services payable by Medicare or Medicaid to an entity in which the physician (or their Immediate Family Member) has a Financial Relationship.

IMPORTANT: In no way is this policy intended to restrict appropriate patient transfers or referral for services which are deemed medically necessary and appropriate and do not conflict with this policy or the law.

7. Personnel and Board Members must comply with the provisions of the Federal Anti-Kickback Statute. Accordingly, EHS prohibits a person from knowingly and willfully soliciting, receiving, offering, or paying Remuneration (including a kickback, rebate or bribe) for referrals for services that are paid, in whole or in part, by a Federal health care program (*e.g.*, Medicare or Medicaid).
8. Personnel and Board Members will be provided training and education, on an initial (*e.g.*, orientation) and annual basis on Conflicts of Interests and the reporting requirements outlined in this policy. A copy of this policy will also be made available for review.

B. Conflict of Interest Disclosure and Mitigation Processes

1. Personnel, in the judgment of the Chief Executive Officer and the Compliance and Privacy Department, who are in positions which could affect EHS if an actual or perceived Conflict of Interest was to exist, as well as Board Members, are required to complete an annual Conflict of Interest Disclosure. Generally, Personnel selected shall include, at minimum, attending employed or contracted physicians, chairs or chiefs of service, managers, directors, executives, and administrative Personnel.
2. In general, the Conflicts of Interest Disclosures occur as follows:
 - a. Initial Conflict of Interest Disclosures for Personnel shall occur:



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- i. Employment, contract or affiliation application; or;
 - ii. Onboarding with EHS.
 - b. Initial Conflict of Interest Disclosures for Board Members shall occur:
 - i. Prior to an election to office;
 - ii. During the application phase; or;
 - iii. During approval for membership to the Board.
 - c. Annual Conflict of Interest Disclosures for Personnel and Board Members shall occur as directed by the Compliance and Privacy Department.
3. The Conflict of Interest Disclosure is designed to augment this policy. It is not intended to address or document all possible situations that could pose a Conflict of Interest. One's best judgment should be used when answering any questions however, one should err on the side of caution and disclose any issue that come into question.
4. Personnel and Board Members involved (*e.g.*, recommending or signing contract with a Vendor or Business for business, contract or other affiliation with EHS) in the contracting or affiliation with a Vendor or Business and who have a potential Conflict of Interest, must work with the Compliance and Privacy Department to evaluate the matter prior to contracting or affiliation. If a Conflict of Interest is determined to exist or otherwise be perceived, after review by the Compliance and Privacy Department, appropriate action will be taken to mitigate and address such matters.
5. In addition to the aforementioned reporting requirements, Board Members must report any potential (known or perceived) Conflicts of Interest to both the Compliance and Privacy Department as well as to the Secretary of the Board, or as otherwise dictated by Article 18 Bylaws of Episcopal Health Services Inc. ("Bylaws").
6. A report compiled by the Compliance and Privacy Department shall be provided to the Chief Executive Officer and the Chair of the Board concerning any Conflicts of Interest reported during the annual Conflict of Interest Disclosure or as needed thereafter. Reports shall also be provided as requested by any EHS contracted external audit entity, contracted to review the financial position of EHS, or as otherwise required by law.
7. Non-Personnel physicians and other health care providers who provide on-site education, engage in speaking engagement or other similar functions such as participating in "Grand Rounds" and who may or may not be considered members of "faculty", are required to submit a Conflict of Interest Disclosure.
8. Personnel who engage in or wish to engage in any of the following shall also be required to submit a Conflict of Interest Disclosure prior to the start of the Research or Clinical Trial:
 - a. Research projects;
 - b. Research or Clinical Trials;



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- c. Research or Clinical Trial funding;
- d. Studies which involve EHS, either directly or indirectly; and/or
- e. Research, Clinical Trials or studies which involve patients, Confidential Information of EHS, or will be conducted on behalf of or otherwise affiliated with EHS.

C. Allowances and Prohibited Conduct

1. Gifts, Cash, Cash Equivalents and Other Remuneration

- a. With limited exception, Personnel and Board Members are prohibited from providing Gifts and Remuneration from any patient, patient's family members, or any Vendor or Business does or seeks to do business with EHS.

Example: A nurse may not provide cash to a patient who is discharged to pay for clothing.

Example: A Board Member may not pay for tickets to an art exhibit to a business who is contracting with EHS.

Limited exception includes Personnel and Board Members conducting EHS approved outreach for fundraising for an event endorsed or otherwise sponsored by EHS, which is business related.

- b. With limited exception, Personnel and Board Members are prohibited from accepting, receiving or soliciting Gifts and Remuneration from or to any patient, patient's family members, or any Vendor or Business does or seeks to do business with EHS.

Example: A transporter accepting a "tip" from a patient for providing excellent care is prohibited.

Limited exception includes accepting *de minimis* promotional items having no substantial resale value such as pens, mugs, calendars, hats, and t-shirts that bear a Vendor or Business name, logo, or message in a manner that promotes their cause.

- c. Personnel who are management or supervisory should avoid accepting any Gifts, unless the Gift is of Nominal Value and for a specific life event (*e.g.*, holiday, wedding or birth of a child). Supervisors who accept Gifts put themselves at risk for the appearance of preferential treatment of Personnel.

Example: A supervisor should not accept a \$100 gift card for the holidays from a subordinate employee.

Special exceptions exist for Gift giving at the time of supervisory retirement, wherein Personnel are permitted to give a Gift (or group Gift) which exceeds Nominal Value (individually or together).



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- d. In some cases, items with an educational value, provided for the benefit of patient care or medical education (*e.g.*, books, anatomic models, illustrations, clinical diagrams, etc.), are permitted to be accepted so long as they are (i) not provided solely for the benefit of a specific individual, (ii) not based on the promotion of a specific item, brand or service and (iii) not provided in relation (directly or indirectly) to the contracting of a Vendor or Business.

Example: A Vendor or Business that is providing on-site continuing education may provide books to providers in attendance.

2. Entertainment

- a. Generally, Personnel and Board Members are prohibited from soliciting or receiving any Gift in the form of entertainment, from any patient or patient's family member, or Vendor or Business that does or seeks to do business with EHS. Personnel and Board Members should refer to other sections of this policy as it relates to related items, issues and situations.

Example: An operations manager may not accept tickets to a baseball game from a Vendor or Business.

3. Travel Expenses/Travel Reimbursement and Conference Fees

- a. Travel expenses for Personnel and Board Members (*e.g.*, flight, transportation, hotel, etc.) which are proposed to be reimbursed or paid for in whole or in part by a Vendor or Business must be disclosed to and pre-approved by the Compliance and Privacy Department. Generally, travel related expenses may be paid by the Vendor or Business so long as it is (i) being offered to others, (ii) is not being provided as a form of personal Remuneration and (iii) is not directly or indirectly predicated on the decision to do business with or further business with such Vendor or Business.

Example: A financial department employee may accept travel related expenses to "ABC's Payment Plan Software Conference" provided that all other attendees were offered the same travel expenses, and approval was granted by the Compliance and Privacy Department.

- b. Conference fees for Personnel and Board Members (*i.e.*, registration related) which are proposed to be reimbursed or paid for in whole or in part by a Vendor or Business must be disclosed to and pre-approved by the Compliance and Privacy Department. Generally, conference fees may be paid by the Vendor or Business so long as it is (i) being offered to others, (ii) is not being provided as a form of personal Remuneration and (iii) is not directly or indirectly predicated on the decision to do business with or further business with such Vendor or Business.

Example: A physician may, in some cases, accept free registration to "ABC's Medical Conference" so long as such free registration is not offered as a form of honoraria.



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4. Meals/Perishable Items

- a. Generally, meals/perishable items above a Nominal Value, such as holiday baskets or meals provided by a patient or patient's family member, may be accepted by groups of Personnel or departments. It is recommended that such items are placed in a common area and shared with colleagues and are prohibited from being accepted strictly for personal use or enjoyment.

Example: A patient can order and pay for sandwiches for lunch for the physical therapy department after their discharge as a thank you.

- b. Meals/perishable items provided by a Vendor or Business that does business with or seeks to do business with EHS are generally prohibited. They may only be provided with advance approval from executive leadership.

Specifically, meals/perishable items provided by any pharmaceutical product, biological product, medical device, medical equipment or medical supply Vendor or Business require advance approval from the Chief Medical Officer or Chief Nursing Officer.

- c. Meals/perishable items provided by a patient or a patient's family member, or a Vendor or Business to Personnel individually will be considered a gift. Please refer to that section of this policy above.

5. Continuing Medical Education ("CME")

- a. Personnel are permitted to attend (or approve) on-site CME, sponsored or provided by a Vendor or Business that does business with EHS, so long as (i) it is related to their product or service or is part of an "in-service" training, (ii) it is being offered to other entities or organizations, (iii) it is not being provided as a form of personal Remuneration and (iv) it is not directly or indirectly dependent or predicated on the decision to do business with or further business with such Vendor or Business. Personnel should refer to other sections of this policy as it relates to meals and educational items provided at that CME.

Example: A department head may coordinate an on-site CME sponsored by a Vendor or Business, if they are providing instructions on EHS owned or leased machine use for patient care.

- b. Personnel are permitted to attend off-site CME, sponsored or provided by a Vendor or Business that does or seeks to do business with EHS, so long as it is (i) related to their product or service or is part of an "in-service" training, it is (ii) related to the needs of Personnel with respect to completing CME credit for their role, specialty, position, title, required of their job or specialty, it is (iii) being offered to other entities or organizations, (iv) is not being provided as a form of personal Remuneration and (v) is



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not directly or indirectly dependent or predicated on the decision to do business with or further business with such Vendor or Business. Personnel should refer to other sections of this policy as it relates to meals and educational items provided at that CME.

Example: A physician may attend an offsite CME, sponsored by a Vendor or Business, if they are providing education directly related to a certain treatment provided that the physician needs certification in.

- c. Generally, a Vendor or Business that does not currently do business with EHS is not permitted to provide on-site CME. This does not preclude routine business meetings between a department head and a Vendor or Business.

Example: A nursing leader is not permitted to approve a Vendor or Business that does not do business with EHS to provide onsite CME, in exchange for purchasing a product of theirs.

- d. Personnel must budget accordingly to allow for the reimbursement or allocation of funds of CME in accordance with EHS policy and/or any contract. Personnel will be reimbursed or allocated funds by EHS only after providing adequate supporting documentation. CME must be (i) directly related to their role, position, specialty or responsibilities at EHS or (ii) job required, in order to be reimbursed.

Example: A physician, who requests reimbursement for a CME attended without an attendance sheet showing attendance or material from the CME, shall not be reimbursed for such.

6. Research and Clinical Trials

- a. Generally, Personnel are prohibited from engaging in Research or Clinical Trials, as outlined in Section B.8 of this policy, if a Financial Interest or Financial Relationship exists (including that which may qualify as a Related Party Transaction) with such Personnel or EHS and a Vendor or Business who does or seeks to do business with EHS and who directly or indirectly is related to or part of such Research or Clinical Trial.

Example: A physician who owns stock in Pfizer may not participate in or approve any trial of a new experimental medication offered to patients.

7. Business Relationships, Litigation and Contracts

- a. Generally, Personnel and Board Members are prohibited from engaging in negotiation, contracting or business transactions with any patient, patient's family members, or Vendor or Business who does or seeks to do business with EHS, where a personal relationship, including an Immediate Family relationship, already exists and/or which they may have Financial Interest in or where it would potentially identify as a Related Party Transaction.



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Example: A pharmacy director, who knowingly negotiates a contract and business deal on behalf of EHS with a business that their spouse owns, is not permitted.

- b. Board Members are prohibited from being present at, participating in Board or committee deliberation or votes pertaining to any decision wherein a conflict has been identified, may exist, or wherein the Board Member has such knowledge of.

Example: A Board Member would need to recuse themselves if the Board is voting to contract with a business where the Board Member has a financial interest in.

- c. As required under Federal law, all physicians must disclose financial relationships with Vendors or Businesses (i.e., manufacturers) including but not limited to those that do or seek to do business with EHS, to the Open Payments Data System under the Centers for Medicare and Medicaid Services.

Example: An orthopedic surgeon has to disclose any financial relationships or monies received by a joint replacement medical device manufacturer.

- d. Personnel and Board Members are prohibited from using their position at EHS to obtain any personal financial gain, contract, license, privilege, or other personal advantage, whether direct or indirect.

Example: It is not permitted for the Chief Patient Experience Officer to use their title to directly receive preferential and faster treatment in a clinic.

- e. Generally, Personnel and Board Members are prohibited from appearing as attorney or counsel against the interests of EHS in any litigation to which EHS is a party, or in any action or proceeding in which EHS, acting in the course of its duties, is a complainant. This shall not in any way be construed to expand or limit the standing or authority of any Personnel and Board Members to participate in any litigation action or proceeding.

Example: Personnel and Board Members who are attorneys may not represent the plaintiff in a case seeking damages in a lawsuit against EHS.

- f. Generally, Personnel and Board Members are prohibited from giving opinion evidence as a paid expert against the interests of EHS in any civil litigation brought by or against EHS.

Example: An EHS employed physician should not act as a medical expert witness in a suit against EHS.

- g. Personnel are prohibited from using their supervisory position, role, or function to engage in, influence or potentially influence direct subordinates to develop or



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participate in a business relationship or other Financial Relationship (including a Related Party Transaction) with subordinate Personnel. Such relationships or activity includes, without limitation:

- i. Engaging in the employment or business contract with subordinate Personnel;
- ii. Providing loans collectively amounting to above a Nominal Value;
- iii. Purchasing, leasing, rental or sale of any property;
- iv. Participating in a savings club;
- v. Sharing Financial Interest in a Vendor or Business other than a publicly traded company;
- vi. Engaging in a consultant, contractor, attorney-client, agent-principal, brokerage, or other similar relationship; and
- vii. Personally paying of each other's recurring expenses such as rent for apartments or leasing a vehicle.

Example: An EHS Maintenance Supervisor may not use subordinate Personnel to work at their outside "handy-man" business, especially during assigned work hours.

8. Charitable, Fundraising or Organizational Events

- a. Personnel and Board Members may generally accept invitations from a Vendor or Business who does business or seeks to do business with EHS for charitable, fundraising or organizational events which that may benefit EHS's Vendor or Business relationships, so long as Personnel and Board Members either (i) remove themselves from any future Vendor or Business selection process or (ii) otherwise ensure that objective Vendor or Business selection criteria and processes are in place to prevent any potential inappropriate influence over the decision making at a later date.

Example: A Board Member attending business community fundraisers or sponsored events at a conference are generally permitted.

- b. Personnel and Board Members may extend an invitation to attend an EHS sponsored event in an effort to develop a business relationship with a Vendor or Business that does or seeks to do business with EHS, however, these events must not (i) include any payment, on behalf of EHS, for the Vendor or Business's related travel expenses and (ii) must be related to the nature of EHS business. Additionally, the cost and frequency of such events shall be determined by EHS.

Example: It is permissible for EHS to sponsor a gala for the community and the hospital, and to invite a Vendor or Business that has donated hospital beds to the pediatrics floor.

- c. Generally, Personnel and Board Members may extend an invitation to attend an EHS sponsored event in an effort to enhance community relations and outreach with a patient or patient's family member, however, these events must not (i) include any payment, on behalf of EHS, for the patient or patient's family member related travel



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expenses and (ii) must be related to the nature of EHS business. Additionally, the cost and frequency of such events shall be determined by EHS.

Example: It is permissible for EHS to sponsor a gala for the community and the hospital, and to invite a patient and their family to receive an award.

- d. Personnel and Board Members may accept occasional invitations from a Vendor or Business who does or seeks to do business with EHS, to attend a social function sponsored by such Vendor or Business, when (i) the function occurs in the ordinary course of EHS business, (ii) the function does not include Remuneration (either personal or business) and (iii) where acceptance of the invitation or attendance is not dependent or predicated on the decision to do business with or further business with such Vendor or Business.

Example: Attendance at a small cocktail party hosted by ABC Company, seeking to endorse a new product that may be beneficial to EHS is permitted, so long as signing a contract is not dependent on attendance.

9. Memberships and Sponsorships

- a. Generally, Personnel and Board Members, acting on behalf of or otherwise presenting themselves as an official representative of EHS, may engage in a professional membership or sponsorship from a reputable industry organization so long as it is related (directly or indirectly) with their role and responsibility at EHS. It would not be appropriate for Personnel and Board Members representing EHS to be a member or sponsor membership that is contrary to EHS's mission, vision and values.

Example: A human resources staff member may be a paid member of the Society for Human Resources Management ("SHRM").

This section should not be construed to prohibit Personnel and Board Members from participating in collective bargaining or from paying union fees or dues or, if Personnel and Board Members is a union member, from requesting others who are members of such a union to contribute to union committees or similar entities.

10. Outside Positions (Political, Voluntary, Paid and Educational)

- a. Personnel and Board Members who have outside employment or volunteer positions (e.g., "moonlighting") are permitted to have such, so long as they do not conflict with their role or function at EHS.

Example: A registered nurse cannot work two jobs if their outside job causes them to be continuously late to work at EHS.

- b. Personnel and Board Members who have outside teaching or education related employment or positions are permitted to have such, so long as they (i) do not conflict



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with their role or function at EHS and (ii) so long as they do not receive additional Remuneration for referral of Personnel.

Example: A speech therapist may not receive Remuneration or payment in exchange for teaching students at EHS if they are also the program director at the affiliated program, school, university or institution.

- c. Generally, Personnel and Board Members who engaged or seek to engage in outside education programs (e.g., attending classes, enrolled in a program, seeking graduation, certification or licensure) are permitted to use time at EHS to complete any required hours related to such, as long as such (i) does not conflict with their role or function at EHS and (ii) so long as they do not concurrently perform their duties, roles or responsibilities under EHS along with completing any personal education needs.

Example: A social worker needing clinical hours as part of their education program must not obtain such during regularly scheduled hours of employment, contract or other affiliation with EHS while seeing patients.

- d. Generally, Personnel are prohibited from providing employment references on behalf of EHS for any current or former Personnel either on Social Media or in writing on EHS letterhead. All requests for references and all job postings must be directed to Human Resources. This is not intended to exclude Personnel from personally or collegially providing such on their own letterhead or under their own auspices.

Example: A physician cannot provide an employment reference for a resident on EHS letterhead without approval and communication with Human Resources.

- e. Personnel and Board Members are prohibited from serving as an Elected Official if such position would directly, indirectly and/or substantially conflict (or have the appearance to) with their ability to properly perform their role or function at EHS.

Example: A Director of Grants Funding who is also a local member of congress directly involved in approving grant funding to EHS shall have to recuse themselves from such process.

- f. Generally, Personnel or Board Members, while acting in performance of their role or function at EHS, and who serve (or seek to serve) in the capacity as an Elected Official, are prohibited from using and must refrain from the appearance of using, their political, appointed, elected, or public position for their own personal gain, for gain by an Immediate Family Member or in a way to influence a Vendor or Business that does or seeks to do business with EHS.



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Example: A Director of Planning, who is also an Elected Official working on building a community center, cannot promise that construction company a building project at EHS.

- g. Personnel and Board Members are prohibited from engaging in political activity (*e.g.*, political fundraising, lobbying, rally, campaign) if such activity would identify, or appear to identify or affiliate EHS with a political campaign, candidate, officeholder, or cause, without the express permission of the Chief Executive Officer, with limited exception.

Example: A Director of Organizational Development and Learning who is running for a local school board cannot post campaign posters with EHS's logo behind them without permission.

Limited exception includes engaging in public advocacy, representation or lobbying which has been approved by EHS, and/or is sponsored by EHS, for the purposes of furthering its mission, vision and values.

- h. Personnel and Board Members are prohibited from using their political affiliation or their position as an Elected Official or otherwise engage in political activity (*e.g.*, political fundraising, lobbying, rally, campaign) in an attempt to influence or coerce by intimidation, threats or otherwise, other Personnel or Board Members at EHS to participate in such activity.

Example: A nursing supervisor is a campaign team member for a local elected official cannot insist that a nurse who works with them attend a political rally.

- i. Personnel and Board Members are prohibited from (i) directly or indirectly bribing, paying or promising to pay, (ii) compelling, inducing or requesting any person to pay, or (iii) coercing or attempting to coerce by intimidation, threats or otherwise, any Elected Official or other government representative (*e.g.*, government agency or contractor) to secure or attempt to secure an advantage in role or function, compensation, personal or professional benefit or gain, or other EHS related business activity.

Example: A regulatory coordinator may not pay or promise to pay, an inspector from The Joint Commission in order to ensure a positive accreditation survey outcome.

11. Nepotism

- a. Personnel and Board Members are prohibited from any direct involvement (*e.g.*, decision-making, influence, supervisory status) in the recruitment, interview, hire, evaluation, promotion, discipline or termination of an Immediate Family Member who is employed, contracted or affiliated with EHS, regardless of whether it is for the personal or professional advantage of themselves or their Immediate Family Member.



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Example: A director of behavioral health is not permitted to be involved in the interview process for their sister who is a social worker applying for a department position.

- b. Personnel are prohibited from directly supervising or managing (e.g., making disciplinary or promotional decisions, evaluating, timekeeping or timekeeping approval) Immediate Family Member. Furthermore, Personnel are also prohibited from attempting to influence or coerce any subordinate supervisory Personnel who may directly supervise their related Immediate Family member.

Example: An environmental services manager cannot supervise their brother who works as part of that team, including approving their vacation time and timesheets.

12. Solicitation

- a. Personnel and Board Members are prohibited from soliciting or engaging in any business relationship with patients of EHS (unless a patient happens to be a shared patient on their own accord without the prior knowledge).

Example: A physical therapist cannot solicit patients while working at EHS to come to their private practice because they may be seen faster.

- b. Personnel and Board Members are generally prohibited from directly or indirectly requesting or advising patients of EHS, their caregivers or families, to withdraw, curtail, or cancel a patient's business relationship with EHS.

Example: A physician may not try to coerce a patient to move care from EHS to their private practice because they will be charged less.

- c. Personnel and Board Members are prohibited from soliciting, inducing or enticing a Vendor or Business that does business with EHS to leave EHS to engage in a business relationship with or employment or for purpose that can result in their personal benefit.

Example: A registration supervisor may not seek payment by a Vendor or Business who is implementing a project at EHS who they provided with product advice which the Vendor or Business took.

- d. Personnel and Board Members are prohibited from soliciting, inducing or enticing individuals employed by EHS to leave EHS to engage in a business relationship with or employment or for any other the purpose that can result in their personal benefit.

Example: An environmental service supervisor may not engage with staff in discussions to start their own personal cleaning company outside of EHS.



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13. Use of Confidential Information

- a. Personnel and Board Members, after separation from EHS, are prohibited from disclosing or using for personal advantage any Confidential Information gained from EHS employment, affiliation, or contract, which is not otherwise made available to the public.

Example: A physician, who is leaving, is not permitted to maintain a record of patient contact information to be used for soliciting patients for their private practice.

- b. Personnel and Board Members are prohibited from using or disclosing (including, without limitation, revealing, posting, disseminating, circulating, uploading or similar) any Confidential Information to any Vendor or Business who currently does or seeks to do business with EHS, or the general public, unless there is (i) a business necessity to do such, (ii) a confidentiality or similar agreement is in place (where applicable) and/or (iii) with the approval of the Compliance and Privacy Department, or, where applicable for media related purposes, External Affairs.

Example: A lab technician who is involved in a follow up meeting after an issue occurs may not disclose the results of a State agency review, to the public.

14. Use of Internal Resources

- a. Personnel are prohibited from using internal EHS resources (e.g., electronic systems or devices, e-mail, paper, equipment) for their own personal needs or benefit, in a manner that can reasonably be considered as excessive or otherwise inappropriate.

Example: A laboratory manager uses a photocopier to make 100 copies of flyers for their personal business.

RELEVANT REFERENCES:

1. 42 U.S.C. § 1320a–7h and 7b.
2. 42 U.S.C. § 1395nn.
3. 45 CFR §46.102.
4. Pub. Law §§ 111–148, § 6002 of the Affordable Care Act.
5. U.S. Sentencing Commission Guidelines §18(2)(C).
6. 18 NYCRR §§ 521.1, 521.3, 521.4
7. N.Y. Labor Law §§ 740 and 741.
8. N.Y. Not-For-Profit Corporation Law § 715-a.
9. NYS Office of the Attorney General, Charities Bureau, “Conflicts of Interest Policies Under the Not-for-Profit Corporation Law Charities Bureau Guidance Document, Issue date: September 2018”, available at https://www.charitiesnys.com/pdfs/Charities_Conflict_of_Interest.pdf, accessed January 1, 2022.
10. Chapter 68 of the New York City Charter, § 2604.



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RELATED POLICIES:

None

LIST OF REVISIONS:

Revision No.	Date of Change	Additions/Amendments
1	08/01/2015	Updated to change Board of Managers to Board of Trustees.
2	11/30/2016	Updated format.
3	12/01/2017	Updated content & format.
4	02/01/2021	Updated content, requirements, format and merged related policies within.
5	01/01/2022	Reviewed. Updated Relevant References.
6	04/01/2023	Revised to add prohibition of providing gifts.
7	01/01/2024	Revised to add vendor provided meals/perishable items prohibition and approval requirement.
8	03/28/2024	Updated to new EHS Logo
9	05/01/2024	Annual review – policy standardization

TITLE, POLICY OWNER:

Assistant Director, Compliance

RECOMMENDED/APPROVED BY:

Chief Compliance & Privacy Officer

DISTRIBUTION:

- Nursing Staff
- Medical Staff
- Department Heads
- All Employees
- Other: Board Members and Contractors