

Michigan Medicine Code of Conduct Attestation

Michigan Medicine is committed to excellence and leadership in patient care, education and research.

As an employee, faculty member, student, trainee, visitor, scholar, volunteer or vendor, I understand that I play a vital role in the success of the Michigan Medicine mission and that I will be held accountable for compliance with applicable law and University and Michigan Medicine policies and procedures. This statement summarizes the standards of conduct that Michigan Medicine requires me to uphold.

☐ **Knowledge, understanding and compliance with the policies and procedures that apply to my work.** I agree to comply with all of the policies and procedures that relate to my work at Michigan Medicine, including the [Code of Conduct](#). I agree that if I do not know whether an action is permitted, I will ask my supervisor or review the relevant policies. Sources include the U-M Standard Practice Guide and [Michigan Medicine policies](#). If I do not know what is permitted or required, I may contact the Michigan Medicine Corporate Compliance Office (734) 615-4400 or the Office of the General Counsel at (734) 764-2178 for guidance.

☐ **Avoiding fraud, waste and abuse.** I will accurately and honestly perform my work for Michigan Medicine, and will not engage in any activity intended to defraud anyone of money, property or services. I will not request or accept payment, either directly or indirectly, that is intended to induce referrals, or to induce the purchasing, leasing, ordering or arranging for any item or service at or from any organization or facility. I will comply with Michigan Medicine policies and University of Michigan Standard Practice Guide on conflicts of interest and on interactions between vendors and faculty/staff. I will report any potential fraudulent or false claims, inappropriate billing practices, or similar concerns to my supervisor, the Compliance Office or through the University of Michigan Hotline.

☐ **Protecting the confidentiality and security of information.** I may have access to proprietary or confidential information about Michigan Medicine operations, workforce members, research subjects, and/or patients (“sensitive information”). All of this information, in whatever form transmitted or received (e.g., oral, fax, photographic, written, electronic), must be treated by me in a confidential and secure fashion. I have completed and understand the Michigan Medicine HIPAA training required for my position.

- ☐ I will not access, release, or share sensitive information unless doing so is necessary as a part of my assigned duties, or otherwise authorized to do so (such as through a signed Release of Information from a patient.) **I understand that my access to Michigan Medicine systems containing sensitive information may be audited at any time**, with or without cause. I understand that I am responsible for any access that occurs using my password.
- ☐ I will protect sensitive information. **I will not share my passwords or access to any Michigan Medicine systems or applications with any other person.** I will be careful to avoid inadvertently revealing sensitive information, including avoiding discussions of sensitive information in public places. I will not remove sensitive information from Michigan Medicine without my supervisor’s permission, and I understand that I am responsible for maintaining the security of such information in accord with Michigan Medicine standards. **If I use a portable electronic device (e.g., laptop, PDA), I will ensure that it meets University of Michigan and Michigan Medicine information security policies and standards.**
- ☐ I understand that when my employment, affiliation, visitation or assignment with Michigan Medicine ends, I may not take any sensitive information with me, and I may not reveal any sensitive information to any third person without authorization (e.g. a signed Release of Information from a patient or by written release from an authorized Michigan Medicine representative (in the case of proprietary information)).

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☐ **Disclosing actual and potential conflicts of interest or commitment and complying with any plans imposed to manage those conflicts. I agree to report any potential or actual conflicts of interest or commitment, and I have reported any current potential or actual conflicts of which I am aware.** An actual or potential conflict occurs if I or a family or household member has an outside personal, professional, commercial, or financial interest. While outside relationships and activities that further the University's academic and clinical missions are encouraged, conflicts can arise. The existence of a conflict is not inappropriate in and of itself. However, in an academic or clinical setting, these relationships or activities can compromise or be perceived to compromise basic values of openness, scientific integrity, independence, and public trust. I understand that for these reasons, actual or potential conflicts must be disclosed and managed to assure that they do not compromise my judgment, bias my research, influence my decisions with respect to academic or clinical matters or University business, result in personal advancement at the expense of the University, or otherwise interfere or compete with the University's educational, research, or service missions, or with my ability or willingness to fulfill my responsibilities. I will disclose actual or potential conflicts of interest and conflicts of commitment as required by University and Michigan Medicine policies. [If I am a vendor employee, I have reported and will continue to disclose any such conflicts to my employer.]

☐ **I agree to treat all Michigan Medicine personnel with respect, courtesy, and dignity** and will conduct myself in a professional and cooperative manner. I understand that collaboration, communication and collegiality in the workplace are essential for the provision of safe and competent patient care. Examples of appropriate and inappropriate behavior are provided in Michigan Medicine's policy regarding Disruptive or Inappropriate Behavior by Michigan Medicine Personnel. I also agree to report any disruptive or inappropriate behavior that I am subjected to or that I observe in the workplace.

☐ **I understand that if I do not comply with University or Michigan Medicine policies and procedures or applicable law, I may be subject to immediate disciplinary or corrective action, up to and including dismissal, termination of contract, and/or loss of access to Michigan Medicine property or resources.** I understand that noncompliance with federal or state law may result in criminal and civil penalties against the University, my employer (if I am employed by another entity) and/or me personally.

☐ **I agree to immediately report suspected noncompliance** to my supervisor, or to the Michigan Medicine Compliance Office at (734) 615-4400. I understand that I may also make such a report through the Compliance Office website (<http://www.med.umich.edu/u/compliance/index.html>), or anonymously to the Compliance Hotline (866-990-0111 or at <https://compliance.umich.edu/report-a-concern/>.) or I agree to cooperate with any investigation of possible noncompliance and not to withhold relevant information. I will immediately report to my supervisor and Medical Staff Services (if I am a member of the medical staff, physician's assistant, or advanced practice nurse) or Human Resources (if I am licensed, certified, or registered as a health professional) any suspension, restriction, termination, or change in status of any health professions license that I hold. Michigan Medicine does not tolerate retribution or retaliation against anyone reporting suspected noncompliance in good faith.

BY SIGNING BELOW, I CERTIFY THAT I AM IN COMPLIANCE WITH ALL UNIVERSITY AND MICHIGAN MEDICINE POLICIES AND PROCEDURES, INCLUDING THOSE THAT REQUIRE ME TO REPORT ANY SUSPECTED NON-COMPLIANCE.

Name	Date
Signature	Employee ID # or Vendor Employer ID #