

University of Michigan Health System Code of Conduct Statement and Certification

The [University of Michigan Health System](#) (UMHS) 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 UMHS [mission](#) and that I will be held accountable for compliance with applicable law and University and UMHS policies and procedures. This statement summarizes the standards of conduct that UMHS 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 UMHS, 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](#), [UMHS policies](#), and unit (e.g., Medical School, Hospital), department, and division-level policies and procedures. The UMHS [compliance website](#) has additional information. If I do not know what is permitted or required, I may contact the [UMHS Compliance Office](#) at (734) 615-4759 or the [Health System Legal Office](#) at (734) 764-2178 for guidance.
- ❖ **Avoiding fraud, waste and abuse.** I will accurately and honestly perform my work for UMHS, 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 [UMHS](#) and [University](#) policies on conflicts of interest and on [interactions between vendors and faculty/staff](#). I have reviewed and understand the [summary](#) of federal and state false claims and whistleblower protection laws. I will report any potential fraudulent or false claims, inappropriate billing practices, or similar concerns to my supervisor or the Compliance Office.
- ❖ **Protecting the confidentiality and security of information.** I may have access to proprietary or confidential information (including [protected health information](#)) about UMHS operations, workforce members, 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 any [UMHS HIPAA training](#) required for my position.
 - I will not access, release, or share sensitive information – even demographic screens with addresses and phone numbers – unless doing so is necessary as a part of my assigned duties, or I am authorized to do so by a Release of Information form. **I understand that my access to UMHS 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 UMHS 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 UMHS without my supervisor’s permission and I understand that I am responsible for maintaining the security of such information in accord with UMHS standards. **If I use a portable electronic device (e.g., laptop, PDA), I will ensure that it meets [UMHS security standards](#).**

- I understand that when my employment, affiliation, visitation or assignment with UMHS ends, I may not take any sensitive information with me and I may not reveal any UMHS sensitive information to any third person except as permitted by a Release of Information form (in the case of individually identifiable private information) or by written release from an [authorized UMHS representative](#) (in the case of proprietary information).

❖ **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 Health System policies. [If I am a vendor employee, I have reported and will continue to disclose any such conflicts to my employer.]

❖ **I understand that if I do not comply with University or UMHS 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 UMHS 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 UMHS Compliance and Privacy Office, 7300 Medical Science I, Box 0625, (734) 615-4759. I understand that I may also make such a report anonymously to (866-990-0111) or through the [compliance website](#). I agree to cooperate with any investigation of possible noncompliance and not to withhold relevant information. UMHS does not tolerate retribution or retaliation against anyone reporting suspected noncompliance in good faith. 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.

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

Name	Date
Signature	Employee ID # or Vendor Employer ID #