



SMH Personnel Action Form: Non-Employees

Section 1: Applicant to complete

Name: _____ **DOB:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Physical Address: _____ **Email Address:** _____

Home Phone: _____ **Cell Phone:** _____ **Alternate Phone:** _____

Type: Medical Student/PA/NP(Clinical) Health Science or High School Student(Observation) Job Shadow (Observation)
School/Organization(if applicable): _____ Dates onsite at SMH: _____
Participant Signature: _____ Date: _____

Section 2: Administration to complete

Drug Screen	Employee Health	Paperwork Background:	Badge
Date Performed: _____	Date Performed: _____	Date Performed: _____	<input type="checkbox"/> Programmable: _____
Date Cleared: _____	Date Cleared: _____	Date Cleared: _____	<input type="checkbox"/> Non-programmable: _____

Department Name	Dept. #	Dept. Manager	Preceptor	Time Frame

Notes: _____

Department Manager/Admin Signature Date Human Resources Signature Date

Form must be returned to Human Resources.



Sheridan Memorial Hospital Compliance Department

Code of Conduct

Sheridan Memorial Hospital (SMH) prides itself in providing quality, competent and excellent patient care. To help achieve our organizational vision, we are also committed to holding all members of this organization to the highest legal and ethical standards. Those members include everyone from the Board of Directors, to senior level administrative staff, physicians and all employees. Consistent with our Service Standards, this Code of Conduct is meant to guide what behavior is expected of those who represent SMH in any capacity.

The health care industry is saturated with federal and state regulations which are aimed at creating industry standards for quality patient care, infection control and prevention and billing standards. To help our organization accomplish compliance with all of these standards and regulations, this Code of Conduct is about both empowerment to do the right thing, and accountability when things are not. All SMH employees, visitors, vendors and physicians may use the anonymous reporting hotline for any known or perceived violations of this or any SMH policy, as well as federal, state and local laws.

MISSION OF THE COMPLIANCE DEPARTMENT

The Compliance Department is committed to alleviating unethical and illegal behavior from SMH and its affiliates. Through an effective Compliance Program (Program) this department will help maintain the integrity of the organization by ensuring compliance with applicable regulations and laws and shall evaluate the effectiveness of this and any policy through independent investigations and audits. The following list is not inclusive, but violations of unethical and illegal behavior include:

1. **Non-retaliation:** SMH will not take any adverse action or retribution against any employee due to the good faith reporting of a suspected violation or issue (see ADM H-0280, SMH Policy on Non-Retaliation).
2. **Scope of Practice:** Conducting NO activity that is outside of your profession's scope of practice.
3. **Duty to Report Illegal and Unethical Activity:** All employees are expected to obey and report any suspected violations of the following:
 - a. Federal, state and local laws and government regulations
 - b. Health system policies and procedures
 - c. Organizational rules and regulations
 - d. Compliance Program

- e. Code of Conduct
4. **Clinical Documentation:** All clinical professional services will be documented in the medical record and all documentation will comply with applicable payer regulations, at a minimum, the medical record should establish medical necessity and only reflect treatment for services actually rendered.
 5. **Accurate Coding and Billing:** All clinical professional services will be coded to accurately reflect the documentation in the medical record. All claims shall be submitted in compliance with applicable payer regulations or requirements.
 6. **Kickbacks and Bribes:** Employees will not knowingly and willfully solicit, receive, offer or pay anything of value directly or indirectly, in cash or in kind, in exchange for patient referrals.
 7. **Cooperation in Government Investigations:** Employees will not knowingly and willfully:
 - a. Falsify, conceal or cover up a material fact
 - b. Make any false, fictitious or fraudulent statement or representation, or
 - c. Make or use false writing or documents known to contain false, fictitious or fraudulent statements in information submitted to the government; this includes submitting claims for services not medically necessary or not actually provided.
 8. **Conspiracy to Commit Fraud:** Employees will not conspire to defraud any government agency or healthcare benefit program in any manner, for any reason.
 9. **Emergency Medical Treatment and Active Labor Act (EMTALA):** No person shall be denied emergency medical treatment or denied medical services when in active labor, regardless of his or her ability to pay.
 10. **Health Insurance Portability and Accountability Act (HIPAA):** Employees, physicians and vendors shall not disclose any protected health information without proper consent from the patient, for any purpose outside of treatment, payment or hospital operations.

REPORTING VIOLATIONS

Employees should feel confident in reporting any transaction or conduct which is, or may be a violation of any SMH policies, this Code of Conduct, or any federal, state or local law. This includes perceived violations of patient care, advanced directives and personal conduct that is contrary to SMH's policies. For your benefit there are a number of ways to report these violations, including:

- Notify your immediate supervisor
- Contact the Compliance Officer, Juliette Stancil at 675-2669, by email at: juliettestancil@sheridanhospital.org.
- Anonymous Reporting Hotline: 307-673-2410
- Mail:

Attn: Compliance Officer
1401 W 5th Street
Sheridan, WY 82801

Any good faith reports regarding violations of this, or any other SMH policy are subject to SMH's policy on Non-Retaliation (see ADM H-0280). It is important to note, however, that any abuse of this system to knowingly report false information subjects the employee to disciplinary action, up to and including termination of employment.

CONFIDENTIALITY

If you so choose, this office will maintain the anonymity of the person who files a complaint to the fullest extent allowed by law. In extreme circumstances, when the law compels us to disclose the identity of the original complainant, you will be notified of the disclosure of your identity. In all other circumstances, anonymity is strictly held.

CONCLUSION

The Compliance Program and this Code of Conduct is meant to set forth the standards, policies and expectations about proper job-related conduct for SMH employees, physicians and vendors. It is intended to help recognize, understand and help fulfill employee responsibilities in preventing and detecting violations. Employees are expected to take the initiative and obtain answers for their questions as provided above. No concern is too small or unimportant if it is believed to involve SMH policies, regulations or the law. By seeking guidance, a resolution can be found that will both meet the employee's concern and be consistent with this Program.

Employee Signature

Date

Code of Conduct

How we promote our values...

Integrity

- ❖ “You can count on me”. Follow through with requests.
- ❖ Do the right thing.
- ❖ Be good customers.
- ❖ Exhibit a commitment to co-workers, customers, and the organization by being honest, trustworthy, and loyal.
- ❖ Support your co-workers. Do not undermine.

Excellence

- ❖ Provide *absolutely* the best care for every patient every day.
- ❖ Recognize and praise others for their accomplishments.
- ❖ Hold each other accountable.
- ❖ Know how to operate applicable equipment.
- ❖ Develop competent, experienced, motivated professionals who exceed standards for quality care.

Ownership

- ❖ Take care of the facility as if you were the owner.
- ❖ Accept the responsibilities of your job.
- ❖ Assume ownership of the problem: do not blame, chastise, or embarrass others.
- ❖ Take responsibility for being informed.
- ❖ Listen to each other’s concerns in ways that show you care.

Professionalism

- ❖ Welcome new staff and promote teamwork.
- ❖ Dress in accordance with the hospital dress code and portray a positive appearance.
- ❖ Treat each other with courtesy and respect, rudeness is never appropriate.
- ❖ Wear the appropriate name badge.
- ❖ Confidentiality is everyone’s responsibility.

Collaboration

- ❖ Work as a team to meet customer needs.
- ❖ Motivate others by enhancing their self-esteem.
- ❖ “Think outside the box”
- ❖ Tap employees potential by seeking information, coaching, mentoring, and positive reinforcement.
- ❖ Offer to help one another.

Respect

- ❖ Send the message, “You are important”.
- ❖ Respect the personal rights of others.
- ❖ Introduce yourself, smile, make eye contact, initiate assistance.
- ❖ Treat everyone as if he/she is the most important person in our facility.
- ❖ You only have one chance to make a first impression.

*Developed by the
Standards Team*



Employee Emergency Information

Employee Name: _____ Date: _____

Whom should we call in case of emergency?

Name of person to contact? _____

Phone Number: _____ Alternate Phone Number: _____

Address (Optional): _____

Relation to Employee: _____

If we cannot reach the person above, whom should we call?

Name of person to contact: _____

Phone Number: _____ Alternate Phone Number: _____

Address (Optional): _____

Relation to Employee: _____

Consider wearing a medical alert bracelet if you have any medical conditions or allergies to medication that should be made known to emergency personnel.

Physician Name: (Optional) _____ Physician Phone: _____

Employee Signature

Date



Sheridan Memorial Hospital

CONFIDENTIALITY AGREEMENT

Sheridan Memorial Hospital (SMH) recognizes the importance of the protection of confidential information concerning patients, their families, medical staff, co-workers and the operations of the Hospital. It is the intent of Sheridan Memorial Hospital and the undersigned individual to maintain the privacy of Protected Health Information (PHI) in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the privacy regulations published by the U.S. Department of Health and Human Services (DHHS), and any other applicable State and Federal laws and/or regulatory agency rules and regulations.

“Confidential Information” denotes **all information** acquired by an individual in the course and scope of their employment and/or their association with Sheridan Memorial Hospital whether that information is obtained by discussion (direct or overheard), consultation, examination, treatment, and or direct access to records.

It is the obligation of the undersigned individual to maintain the confidentiality and privacy of PHI to the best of their ability and to divulge/share only the minimum amount of PHI necessary for another authorized individual with a valid “need to know” to do their assigned tasks.

As a member of Sheridan Memorial Hospital’s workforce, I

(Print Name) _____ do hereby agree that I will:

1. Protect the confidentiality of patient and hospital information.
2. Not divulge/share unauthorized information to any source.
3. Not access or attempt to access information other than that information which i have authorized access to, and a need to know, in order to complete my assigned tasks.
4. Report breaches of this confidentiality agreement by others to Sheridan Memorial Hospital’s Compliance Officer. I understand that failure to report breaches is an ethical violation which may subject me to disciplinary action up to and including termination.

I have read and agree to adhere to the conditions of this confidentiality agreement. I also acknowledge that any violation of the above conditions can result in disciplinary action up to and including termination.

SIGNATURE

DATE