



Dear Student and Program Administrator:

Welcome to Virginia Mason. This student packet is designed to facilitate the process for collecting the required background check and onboarding information needed for placement at Virginia Mason.

To help expedite the process, please ensure you read all documents and the information provided is accurate.

School Representative to review/complete the following:

- Student Fitness for Duty Requirements – see page #2
- Student Fitness for Duty Compliance Certification* – see page #3

Student to review/complete the following:

- Virginia Mason Compliance Certification* – see page #4
- Disclosure Statement* – see pages #5-6
- Confidentiality, Privacy & Security Agreement – see page #7
- Virginia Mason's Standards of Conduct – see pages #8-12
- Virginia Mason's Student ID Policy – see page #13

**Electronic signatures will be accepted with this packet. Please ensure to check the boxes to authorize your electronic signature.*

***Completed packets must be submitted no later than 14 days prior to the anticipated start date to allow adequate time to process your information. The student may not begin their assignment until their background check has cleared and is signed off by UW Program Administrator.*

***For out of state and international background checks, please submit the completed student packet at least 30 days prior to the start date to allow adequate time to complete the background check because these background checks take longer to complete.*

We're excited to have you join us as you continue your education.

If you have any questions, please email us at students@virginiamason.org or call us at (206) 223-6757.

Regards,

Human Resources

June 2, 2020

Student Fitness for Duty Requirements

MUST BE COMPLETED BEFORE STARTING AT VIRGINIA MASON

1. STUDENT FITNESS FOR DUTY COMPLIANCE CERTIFICATION	
School Representative to complete, sign and include with placement packet – See page #3	
2. VIRGINIA MASON COMPLIANCE CERTIFICATION	
Student to complete, sign and include with the placement packet – See page #5	
3. DISCLOSURE STATEMENT	
Student to complete, sign and include with the placement packet – See pages #6-7	
4. CONFIDENTIALITY, PRIVACY & SECURITY AGREEMENT	
Student to complete, sign and include with the placement packet – See page #8	
5. FIT FOR DUTY REQUIREMENTS	
<p>A school representative is required to verify the immunization records provided by the student and sign the attached fitness for duty form. If submitting the packet in advance, the student’s fitness for duty (FFD) compliance certification MUST reflect compliance by their start date or while at Virginia Mason if their start date is prior to the required FFD period.</p> <p style="text-align: center;"><u>DO NOT SEND RECORDS OF IMMUNIZATIONS OR OTHER CONFIDENTIAL MEDICAL RECORDS WITH THIS PACKET.</u></p>	
Health Requirements	
Tuberculosis (TB)	Two-step Mantoux TB skin test or documentation of positive test and chest X-Ray results with negative disease process OR Student can receive the QuantiFERON Gold one step blood test as an alternative. Must be current within one (1) year of starting and be valid through their time at Virginia Mason. If a student has received a positive result in the past, then we will need the date of the positive PPD, date of clear chest X-Ray and the date of their last annual TB Symptom Survey.
Measles, Mumps, Rubella (MMR)	Two doses of MMR vaccine or positive lab test for each
Chickenpox immunity (varicella)	Two doses of Varicella vaccine or positive lab test
Influenza vaccination (flu)	Annual Seasonal (this means the Student must have the CURRENT SEASON’S flu vaccine – the seasonal calendar typically runs from August – June.
Background Check Requirements	
SSN Trace	A social security number trace to determine the counties in which the individual has lived and what names (given name, alias, AKAs, maiden and married names, for example) were used.
Criminal Search for 7 year address history (including international, if applicable)	Perform criminal records searches in each of the states/counties and for each of those names used during the prior seven years, as identified by the candidate and the Social Security Name & Address Trace. NOTE: If a candidate’s SSN Trace does not provide 7 years of address history within the United States, search all countries of residence for felony and misdemeanor equivalent criminal records during the past 7 years.
National Sex Offender	NSOPW is a public resource that searches the public sex offender registries from all 50 states, the District of Columbia, the five principal U.S. territories, and federally recognized Indian tribes.
WATCH	Washington State Patrol’s (WSP) source providing criminal history conviction records for the state of Washington.
FACIS 3 (includes OIG/GSA Excluded Parties Checks)	A FACIS (Fraud and Abuse Control Information System) search identifies any wrong actions of individuals and entities in the health care field. Level 3 search will include OIG/GSA sanctions and other federal agencies, with disciplinary action information from multiple agencies as well as those taken by licensing and certification agencies in all 50 states.
Continuing Monitoring of background checks	While the student is still on his/her assignment at Virginia Mason, monthly Excluded Parties checks must be completed and a biannual background check (WATCH only). WATCH is not required to be completed biannually if the student is at VM less than 2 years.

Student Fitness for Duty Compliance Certification

TO BE COMPLETED BY SCHOOL REPRESENTATIVE OR VIRGINIA MASON DESIGNEE

STUDENT INFORMATION				
Last Name		First Name		Preferred First Name
Address		City:	State:	Zip:
Date of Birth		Gender (M/F)	SSN:	
Placement Start Date		Anticipated End Date		
SCHOOL AND VIRGINIA MASON CONTACT				
School Name		Name of School Contact		
School Contact Phone		School Contact Email		
Virginia Mason Mgr		Virginia Mason Dept		
The Virginia Mason Manager is responsible for notifying HR when the student's assignment has ended				
FITNESS FOR DUTY CERTIFICATION				
Authorized school representative is required to complete each requirement, confirming the student has completed each FFD requirement				
Background Check* completed and cleared on date: _____			Initial	
Background Check* will be repeated on date: _____				
Systems for Award Management (SAM) (formally known as General Services Administration (GSA))/OIG Excluded Party* completed and clear on date: _____			Initial	
Professional License/Certification (if required) is current (if doesn't apply, put "N/A"):			Initial	
TB/PPD compliance (annual/seasonal*):			Initial	
MMR immunity*:			Initial	
Varicella/Chickenpox immunity*:			Initial	
Influenza vaccine*:			Initial	
*Please refer to the "Student Fitness for Duty Requirements" form on page 1 of this packet for definitions of acceptable proof of Fit for Duty Requirements				
SCHOOL REPRESENTATIVE ATTESTATION/SIGNATURE				
An electronic signature may be accepted; see requirement below for accepting an electronic signature.				
<input type="checkbox"/> By checking this box and typing my name in the Signature field, I am electronically signing Student's Fitness for Duty Certification form and solemnly declare that the information that I have provided is true and the document(s) I am submitting in support of this application are genuine and have not been altered in anyway. Also, ALL confidential medical documentation will be kept by the school.				
Name (print)				
Signature		Date		

VIRGINIA MASON COMPLIANCE CERTIFICATION

STUDENT ATTESTATION/SIGNATURE			
A.	I have completed the Disclosure Statement. (Pages 6-7) <u>Disclosure Statement MUST be completed and signed – see pages #5-6</u>		
B.	I have read, understand and agree to the conditions of the Confidentiality, Privacy & Security Agreement. (Page 8) <u>Agreement MUST be signed – see page #7</u>		
C.	I have read, understand and agree to the VMHS Standards of Conduct. I understand that if I do not comply with the guidelines, my assignment may be terminated. (Pages 9-12)		
D.	I have read, understand, and agree to Virginia Mason’s ID/Badge Policy. (Page 13)		
<p>An electronic signature may be accepted; see requirement below for accepting an electronic signature.</p> <p>By signing below, you have read, understand and agree to the statements above.</p> <p><input type="checkbox"/> By checking this box and typing my name in the Signature field below, I am electronically signing my name and solemnly declare that the information that I have provided is true and the document(s) I am submitting in support of my application are genuine and have not been altered in anyway.</p>			
Name (Print)			
Signature		Date	

DISCLOSURE STATEMENT

Pursuant to the requirements of Washington State law (RCW 43.43.830-842), we must ask you to complete the following disclosure statement. This information will be maintained in accordance with state law. Have you **EVER** been convicted of any of the following crimes against children or other persons (including adult and juvenile offenses)? *Convictions include: judge or jury verdicts, guilty pleas, "Alford" pleas or pleas of "nolo contendere."* If "(5 or more years)" appears after a crime, the person is automatically denied unsupervised access unless 5 or more years has passed since the date of conviction. After 5 years, an overall assessment of the person's character, competence, and suitability to have unsupervised access will determine denial.

Yes	No		Yes	No		Yes	No	
		Abandonment of a child			Harassment Domestic Violence			Rape of child
		Abandonment of a dependent person not against child (5 or more years)			Homicide by abuse			Reckless endangerment (5 or more years)
		Abuse or neglect of a child			Homicide by watercraft			Registered sex offender
		Arson			Identity theft (5 or more years)			Residential burglary (5 or more years)
		Assault 1			Incendiary devices (possess, manufacture, dispose)			Robbery
		Assault 2			Incest			Selling or distributing erotic material to a minor
		Assault 3 Domestic Violence			Indecent exposure/Public indecency (Felony)			Sending or bringing into the state depictions of a minor
		Assault 3 not Domestic Violence (5 or more years)			Indecent liberties			Sexual exploitation of minors
		Assault 4 violation of RCW 9A.36.041(3)			Kidnapping			Sexual misconduct with a minor
		Assault 4/simple assault (5 or more years)			Leading organized crime (5 or more years)			Sexually violating human remains
		Assault of a child			Luring			Stalking (5 or more years)
		Burglary (5 or more years)			Malicious explosion 1			Theft (5 or more years)
		Child buying or selling			Malicious explosion 2			Theft of a Motor Vehicle (5 or more years)
		Child molestation			Malicious explosion 3 (5 or more years)			Theft from a Vulnerable Adult (5 or more years)
		Coercion (5 or more years)			Malicious harassment			Unlawful imprisonment (5 or more years)
		Commercial sexual abuse of a minor/ Patronizing a juvenile prostitute			Malicious placement of an explosive 1			Unlawful use of bldg for drug purposes (5 or more years)
		Communication with a minor for immoral purposes			Malicious placement of an explosive 2 (5 or more years)			Use of machine gun in a felony
		Controlled substance homicide			Malicious placement of an explosive 3 (5 or more years)			Vehicular assault
		Criminal mistreatment			Malicious placement of imitation device 1 (5 or more years)			Vehicular homicide (negligent homicide)
		Custodial assault (5 or more years)			Manslaughter			Violation of child abuse restraining order
		Custodial interference			Murder/Aggravated murder			Violation of civil anti-harassment protection order
		Custodial sexual misconduct			Patronizing a prostitute (5 or more years)			Violation of protection/contact/restraining order
		Dealing in depictions of minor engaged in sexual explicit conduct			Possess depictions minor engaged in sexual conduct			Violation of the Imitation Controlled Substance Act (manufacture/deliver/intent - 5 or more years)
		Domestic Violence (felonies only)			Possess explosive device (5 or more years)			Violation of Uniform Controlled Substance Act (manufacture/deliver/intent - 5 or more years)
		Drive-by shooting			Promoting pornography (5 or more years)			Violation of the Uniform Legend Drug Act (manufacture/deliver/intent - 5 or more years)
		Endangerment with a controlled substance			Promoting prostitution 1 (5 or more years)			Violation of the Uniform Precursor Drug Act (manufacture/deliver/intent - 5 or more years)
		Extortion 1			Promoting prostitution 2 (5 or more years)			Voyeurism
		Extortion 2 (5 or more years)			Promoting suicide attempt (5 or more years)			
		Forgery (5 or more years)			Prostitution (5 or more years)			
		Harassment (5 or more years)			Rape			

If your answer is “yes” to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

Pending Crime – Are you currently charged with a crime that is on the above list of DSHS Secretary’s List of Crimes and Negative Actions? If so, please be aware that you are denied unsupervised access while awaiting a decision by a court, administrative entity, or governmental entity. Upon conviction or acquittal, the Secretary’s List is applied.

Yes	No	In a Dependency Action or Domestic Relations Proceeding, have you been found to have:
		Sexually assaulted or engaged in the exploitation of a minor?
		Neglected or physically abused a minor?
Yes	No	In a Disciplinary Board Final Decision, have you been found to have:
		Sexually assaulted or engaged in the exploitation of a minor or developmentally disabled person?
		Neglected or physically abused a minor or developmentally disabled person?
		Abused, neglected, or financially exploited any “vulnerable adult?”
Yes	No	In a Court Protection Proceeding under Chapter 74.34 RCW, have you been found to have:
		Neglected, abused or financially exploited a “vulnerable adult?”

If your answer is “yes” to any of questions 1 through 5 above, please describe and provide the date(s) of the finding(s) and the penalty(ies) imposed.

Disclosure of Exclusion from Federal Health Care Programs or Government Contracts: Under federal law, Virginia Mason Medical Center (VMMC) is prohibited from employing or contracting with persons excluded from participation in federal health care programs or government contracts. Federal health care programs include Medicare, Medicaid, Tricare, and other programs funded by the federal government. Exclusion may be the result of misconduct ranging from fraud convictions, to patient abuse, to default on health education loans.

Yes	No	
		Have you ever been convicted of a crime resulting in your exclusion from participation in federal health care programs or a government contract?
		To your knowledge, has your name ever appeared on the Office of the Inspector General’s List of Excluded Individuals/Entities?
		Are you currently part of a legal proceeding regarding possible exclusion from federal health care programs or a government contract?
		To your knowledge, has your name ever appeared on the General Services Administration’s List of Parties Excluded from Federal Procurement and Non Procurement Programs?

Please explain any “yes” responses:

UNDER PENALTY OF PERJURY, I certify that this information is true, correct and complete. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am hired, my employment is conditioned upon the receipt of a satisfactory criminal background check, and verification that my name does not appear on the Office of Inspector General’s List of Excluded Individuals/Entities or the General Services Administration’s List of Parties Excluded from Federal Procurement and Non Procurement Programs. In addition, I understand that ongoing criminal background checks will be conducted according to VMMC policy during my employment. I agree to notify HR Consulting at VMMC of any change in status during my employment for any crime or matter that would disqualify a person from working at VMMC under applicable laws. Failure to report a change in status, conviction or finding, or cooperate with continuing background checks may result in immediate dismissal from employment at VMMC.

We may request your permission and/or your fingerprints to obtain from the various national and state agencies’ criminal identification system a report of your record of criminal convictions for offenses against persons, civil adjudications of child abuse, and disciplinary board final decisions. In the event Virginia Mason conducts a Washington State Patrol check, you will be notified of the state’s response within ten days after we receive the report. We will make a copy of the report available to you upon your request.

Name (print)			
Signature		Date	
<p>An electronic signature may be accepted; see requirement below for accepting an electronic signature.</p> <p><input type="checkbox"/> By checking this box and typing my name in the Signature box above, I am electronically signing the Disclosure Statement and solemnly declare that the information that I have provided is true and that the document(s) I am submitting in support of my application are genuine and have not been altered in any way.</p>			

VIRGINIA MASON CONFIDENTIALITY, PRIVACY & SECURITY AGREEMENT

As a workforce member of Virginia Mason Medical Center, Benaroya Research Institute at Virginia Mason or other Virginia Mason affiliated entity, I am responsible for protecting the confidentiality and security of all patient and business information.

Therefore, I will:

- ✓ Watch **what** I say and **where** I say it when discussing patient and business information.
- ✓ **Access, use and disclose only** patient and business information that I have on a “**need to know**” basis to perform my job-related duties.
- ✓ At Virginia Mason locations, keep patient information **out of view** of patients, visitors and individuals who are not involved in the patient’s care.
- ✓ Keep paper patient and business information **secured and in my possession** during transit and never leave the information unattended, even if my car is locked. All electronic information must be secured by encryption.
- ✓ **Dispose of** patient and business information stored on any media as specified in applicable Virginia Mason Medical Center and Benaroya Research Institute at Virginia Mason policies.
- ✓ **Not** use my business access to look up my health information, or that of family, friends, or other coworkers. When I am in the role of a patient or patient’s family member, I must use the same access avenues other patients use (e.g., submit an authorization to the Release of Information Department in Health Information Services to obtain copies of information or be granted access via MyVirginiaMason patient portal).
- ✓ Not use my **employment status to ask co-workers** to look up information about me, or my family, friends, or other co-workers.
- ✓ **Safeguard** any individual **passwords** and never share them with others, log on for others or allow others to log on for me. My passwords are **equivalent to my signature** and I am personally accountable for all activities done under my passwords. I understand that my access to electronic health records and other business records may be audited.
- ✓ **Log off or secure** my workstation when I leave my work area.
- ✓ **Not forward** my business-related emails or information to external email accounts, and only use my Virginia Mason issued email account for business-related purposes.
- ✓ Immediately **change my password** and contact the Information Systems Help Desk (206) 583-6402 if I have any reason to believe that the **confidentiality** of my password has been **compromised**,
- ✓ **Report a suspected privacy or security violation or loss immediately** (e.g. USB drive, laptop) to my supervisor, to the Information Security Officer, to the Privacy Office at (206) 233-7505, or submit a Patient Safety Alert.
- ✓ **Continue to maintain** the privacy and security of patient and business information throughout the duration of my employment and after I am no longer employed at Virginia Mason.
- ✓ Understand that my failure to comply with this agreement **may result in disciplinary action**, up to and including termination of my employment with Virginia Mason or my role as a Virginia Mason workforce member. Additionally, I may be subject to criminal or civil penalties for inappropriate uses or disclosures of patient information and business information.

I understand and agree to all of the above conditions and instructions.

Name (print)			
Signature		Date	
<p>An electronic signature may be accepted; see requirement below for accepting an electronic signature.</p> <p><input type="checkbox"/> By checking this box and typing my name in the Signature box above, I am electronically signing the Confidentiality, Privacy & Security Agreement and solemnly declare that the information that I have provided is true and that the document(s) I am submitting in support of my application are genuine and have not been altered in any way.</p>			



Virginia Mason Health System

STANDARDS OF CONDUCT

Introduction

Virginia Mason Health System (“VMHS” or “Health System”) strives to be the quality leader and fulfill our mission to improve the health and well-being of the patients we serve through our values of integrity, teamwork, respect, excellence, stewardship and service. We are committed to preserve the trust and respect of those we serve. The values in the Standards of Conduct (“Code”) extend beyond our obligation to conduct our business in accordance with all applicable standards and laws.

These Standards provide general guidance for our conduct. They do not address every situation where the exercise of integrity, honesty or ethical decision-making may be necessary. In some instances, more explicit guidance can be found in VMHS policy, procedure, or process. However, these Standards will be the guide conduct where explicit policy does not exist or an existing policy would appear to conflict with the Standards. Violations of the Standards or any policies or procedures will result in disciplinary action, up to and including termination of employment or privileges when warranted.

The Virginia Mason Health System Board of Directors has adopted these Standards of Conduct and instituted the Integrity Program to clearly state the principles and standards of conduct necessary to demonstrate our commitment to our values, and to ensure compliance with laws that govern VMHS activities.

The Health System’s reputation has been built, and ultimately depends on individual integrity and collective actions of our workforce. These Standards of Conduct apply to Virginia Mason Health System and its affiliates (including but not limited to Virginia Mason Medical Center, Virginia Mason Institute, Benaroya Research Institute, Yakima Valley Memorial Hospital Association, Memorial Physicians, PLLC, Central Washington Healthcare Partners, LLC dba Signal Health, The Memorial Foundation and others). These Standards govern the actions of all workforce members, including Board members, corporate officers, staff, medical staff, independent contractors, volunteers, students, and others working on Health System property or associated with the Health System. Each workforce member is expected to read, understand and comply with the Code and request clarification when necessary.

Standards of Conduct

Through adherence to these Standards, our workforce members should make sound ethical decisions during their day to day activities. These Standards do not substitute for common sense, individual judgment, and personal integrity, for which we are all accountable.

However, these are common standards for our actions and attitudes. We must adhere to these standards to fulfill our mission, vision, and values.

Focus on Patients

- We will provide exceptional quality care to our patients.
- We will treat our patients, visitors, and all other workforce members with dignity, courtesy and respect with our spoken and unspoken behavior, regardless of race, nationality, age, religion, creed, the presence of a physical, mental or sensory disability or perceived disability, gender, sexual orientation, marital status, union status, veterans status, financial ability or any other basis prohibited by local, state or federal laws.
- We will avoid any inappropriate and disruptive behaviors that may interfere with patient care delivery and services or any acts that interfere with the orderly conduct of the organization's or individual's abilities to perform their jobs effectively. Disruptive and inappropriate behavior includes, but is not limited to, abusive language, condescending voice intonation, angry outbursts, bigotry, bullying, demeaning behavior, offensive jokes, physical violence, and sexual misconduct.
- We will employ safe practices and maintain a safe environment for our patients, visitors and workforce. We will utilize our Safety programs to identify potentially unsafe environments, practices, or patient care.
- We will maintain a workforce free of any unauthorized substances or alcohol while on property.
- We will respect patients' privacy rights by maintaining patient information in accordance with all laws and policies.
- We will ensure the integrity of research and the appropriate protection of human subjects.

Focus on Staff

- We will embrace open, honest, fair, and respectful communication.
- We will promote the reputation of the Health System with our honesty and integrity by not making false or misleading oral or written statements during the performance of our duties.

Focus on Corporate Responsibility

- We will operate in accordance with all applicable laws, regulations and standards.
- We will conduct our duties for the benefit and interest of the Health System and avoid conflicts and any appearance that our responsibility to the Health System might be compromised by outside obligations or interests.
- We will take every reasonable precaution to ensure that our medical service documentation, coding and billing is accurate, timely and in compliance with our policies and with laws and applicable standards governing these complex processes.
- We will prepare and maintain financial reports, accounting records, and all other business and patient care records accurately and completely, and in accordance with applicable standards.

- We will avoid offering or accepting inappropriate gifts or other things of value to or from our patients or vendors.
- We will provide equal opportunity in all aspects of employment and will not tolerate discrimination or harassment of any kind. Derogatory comments, unwelcome sexual advances and similar behavior are prohibited.
- We will support appropriate boundaries between our team members and between our team members and our patients to ensure our focus on integrity.
- We will be responsible to question, challenge and report any situations that potentially violate these Standards, a Health System policy, or applicable law, without fear of retribution, intimidation, or retaliation.
- We will protect and safeguard the Health System's funds, assets, confidential, and/or proprietary information and Health System information related to our vendor relationships.
- We will market Health System services honestly and fairly.
We will cooperate with legally authorized government investigations, including Health System leadership, Legal Services and the Compliance Officer as soon as we are aware of the investigation. We will not destroy or alter any documents or records in anticipation of a request by a government agency or court, we will not make false or misleading statements to a government official, and we will not attempt to influence others as the investigation progresses.

Reporting

We all are responsible for ensuring compliance with these Standards. This responsibility includes an obligation to seek answers to questions regarding these Standards, policy, or law, and an obligation to report a potential violation of these Standards, policy or law. In either of these instances, our workforce members should contact their supervisor, another leader, the Compliance Officer, Integrity Program, or the Legal Services Department.

Additionally, Virginia Mason has a secure and confidential Integrity Help Line at **(206) 515-5800** and Yakima Valley Memorial Hospital Association has secure and confidential Help Line at **877-684-8658**; these may be used for inquiry or for reporting potential Standards violations.

All inquiries and reports made to the Integrity Program will be thoroughly investigated and if necessary, appropriate action taken to resolve the issue.

A supervisor or manager to whom a report of a suspected violation is made is obligated to pursue resolution and involve the appropriate administrators and the Integrity Program.

The Health System is committed to protecting those who, in good faith, report actions that they believe are violations to these Standards, Health System policy, or applicable laws. We will not engage in retaliation or reprisal against anyone who properly reports violations of law, regulation or policy. Anyone who feels that retaliation has occurred subsequent to a report of non-compliance should immediately notify Human Resources, the Compliance Officer, Integrity Program, or Legal Services Department.

Integrity Standards in Action

The Health System commits to supporting each workforce member in understanding their role in the integrity process: doing the right thing-- the first time, and every time. When we have not done the right thing, we must correct our mistake, and when we don't know what we should do, we must ask for help.

The Standards of Conduct support the workforce to conduct business using sound ethical practices, and the healthcare industry is highly regulated and complex rules and regulations exist at the federal and state level which govern the Health System. The following address some complex, integrity-related topics which are important to the healthcare industry:

Preventing and Detecting Fraud, Waste and Abuse

The Health System will investigate allegations of fraud, waste or abuse and, where appropriate, take corrective action, including, but not limited to civil or criminal action. A number of federal and state laws are designed to prevent and detect fraud, waste and abuse in government health care programs and impose liability on any person or entity that submits a claim to the federal government that is known (or should have known) to be false. The federal False Claims Act (FCA) and similar state laws prohibit the knowing submission of a false claim to the government for reimbursement, and violations of the FCA can result in significant civil penalties and damages, an obligation to enter into a Corporate Integrity Agreement with the government, exclusion from federal healthcare programs, or even criminal prosecution.

The FCA allows private parties to bring suit on behalf on the government against parties alleged to have committed fraud, protecting these “whistleblowers” from retaliation. Both the federal False Claims Act and state law provide protections against employer retaliation of an employee who reports fraud to the government.

For detailed information on the Federal False Claims Act, please refer to:

Federal False Claims Act (31 U.S.C §§ 3729-3733)

http://www.justice.gov/civil/docs_forms/C-FRAUDS_FCA_Primer.pdf

For detailed information on the Washington False Claims Act, please refer to:

Washington Medicaid False Claims Act (RCW 74.09)

<http://apps.leg.wa.gov/rcw/default.aspx?cite=74.09>

Anti-Kickback Statutes

In general, anti-kickback laws prohibit the offering, payment, solicitation or acceptance of any form of payment for the referral of a patient. Health care professionals and entities are prohibited from paying directly or indirectly for referrals. Referrals can refer to hospital admissions, durable medical equipment, ordering a particular lab test or drug, or another type of healthcare activity. Payment is defined as any type of cash payment or promise of payment or payment in kind.

Stark Laws

These laws prohibit physicians and their immediate family members from making referrals for certain designated health services payable to Medicare to an entity with which they have a

financial relationship (ownership, investment or compensation), unless a specific exception applies. The Laws also prohibit the entity from presenting claims to Medicare for those referred services. Any questions related to this topic should be directed to the Compliance Officer.

Conflicts of Interest

A conflict of interest may exist if a workforce member's outside activities or personal interests influence or appear to influence the workforce member's ability to make objective decisions in the course of carrying out responsibilities and obligations to the Health System. Conflicts must be disclosed and resolved so all parties involved understand the concerns involved, and those not involved in the conflict can make the appropriate business decision.

Emergency Medical Treatment and Active Labor Act (EMTALA)

Patient's emergent medical care will not be delayed by financial screening in accordance with EMTALA. The Federal government has enacted the EMTALA (anti-dumping") law to ensure that patients receive a medical screening examination and are not transferred from one emergency room to another facility unless it is medically appropriate.

Safe Environment

We are committed to protecting and enhancing the environment in which we serve our community. A safe environment supports physical safety and security, and mitigates or prevents contact with hazards without appropriate protections. Reducing the impact of a healthcare organization on the environment through sustainability efforts also supports a safe environment by reducing wastes and preserving natural resources.

Drug Free Workplace

We support a drug free environment.

NOTE: The Code of Conduct was originally adopted in 1997. Subsequent updates were approved in June 2004, December 2006, December 2008, February 2010, November 2015, and May 2016.

ID Badge Policy

Student

A Student ID badge will be issued after the student reviews and signs the below policy. However, it is important that this signed document be submitted with the entire packet, not separately and the entire packet is received at least fourteen (14) days before the student arrives at Virginia Mason.

The ID badge:

1. Provides picture identification to maintain a secure environment for our patients and employees.
2. Allows students access to the buildings after hours, if needed.

Your ID badge should be handled with the same care as your driver's license, credit card, and other forms of identification. Once a Virginia Mason ID badge is issued to you, you are responsible for its use at all times.

The following policies and procedures are to be followed by all Student ID badge holders:

1. Your ID badge must be worn with photo and name visible at all times while on Virginia Mason premises. It is each person's responsibility to wear his/her ID badge while working on Virginia Mason premises and to use it properly.
2. For security and protection, the ID badge should only be used by the person to whom it is issued. Never loan nor give your badge to anyone.
3. The badge is Virginia Mason property; therefore, attaching pins, defacing or altering the badge is against policy. When your placement ends with Virginia Mason, you must return your ID badge to your Virginia Mason contact person or Human Resources on your last day of service.
4. **You are responsible for the replacement of a lost or stolen ID badge;** you should report missing ID's to Security immediately. Replacement badges can be obtained in Human Resources or Security Services