

Code of Ethical Conduct



“Working Together for Quality”



Dear SIUH Colleague,

Staten Island University Hospital has a comprehensive Compliance Program that reflects our mission and core values and demonstrates our commitment to providing the highest quality patient care and to acting with absolute integrity at all times. We are committed to full compliance with all federal and state health care program requirements as well as with our own policies and procedures.

This Code of Ethical Conduct sets the foundation that we need to continue to keep the trust of our patients, our communities, our employees and those who do business with SIUH. The Code provides tools that help us to ensure that our work is done in an ethical and legal manner. It also contains resources that can help you to get assistance when you believe the Code may have been violated. You are required as a condition of your affiliation with SIUH to know the provisions of the Code and to report any activity that may constitute a violation of it.

If you become aware of any such activity, you should immediately report it to your supervisor, another member of senior management at your facility, or to the Office of Corporate Compliance at (718) 226-4355. You also can make a confidential report 24 hours a day, 7 days a week to the Compliance Help Line by calling (800) 894-3226, or by visiting www.northshore-lij.ethicspoint.com online. You can make a report anonymously if you choose to do so. No one should suffer any retaliation for asking questions or reporting concerns about the Code or about conduct you have observed in the workplace.

Compliance is the responsibility of every member of the SIUH community. We have a zero tolerance policy for violations of the Code, our policies and procedures and the requirements of state and federal laws relating to health care. We also seek to have a workplace where everyone is respected, treated fairly and valued. We expect everyone's actions to reflect the ethical standards set forth in the Code. I need your help and your commitment to achieving these important goals. I ask you to join me in working to maintain SIUH's reputation as a leader in the health care industry and a model of integrity and compliance.

A handwritten signature in blue ink, appearing to read "Anthony Ferreri". The signature is fluid and cursive.

Anthony Ferreri
President and Chief Executive Officer
Staten Island University Hospital

SIUH Compliance Program



THE CODE OF ETHICAL CONDUCT

Our success in achieving our mission and vision is dependent upon maintaining our commitment to honesty, integrity, quality service and excellent care. We expect and require everyone affiliated with Staten Island University Hospital (SIUH) to perform their job duties and responsibilities in a law-abiding, honest and trustworthy manner.

SIUH is committed to an ethical environment founded on these principles of conduct:

- Treat patients, staff and the public with dignity and respect
- Abide by applicable laws, rules, guidelines and procedures
- Behave honestly and fairly and be truthful and accurate in all communications
- Use good judgment and high ethical standards in all business dealings
- Safeguard confidential patient and employee health and other private information
- Protect trade secrets, competitive and other business information
- Maintain accurate and timely records
- Strive for mutual respect and trust in work relationships
- Ensure a safe and healthy work environment
- Avoid conflicts of interest
- Guard against theft and misuse of SIUH property and other assets
- When in doubt about a situation, ask before acting

Our Code of Ethical Conduct (Code) provides guidance for you so that you can respond properly when compliance-related issues arise. It is designed to assist you in the performance of your job within appropriate moral, ethical and legal standards. The Code is not intended to cover every situation. Rather, it can help you to make the right decisions or ask the right questions. The Code and the associated SIUH policies and procedures apply

to virtually everyone who has a relationship to SIUH, including, but not limited to, Board members, officers, employed and non-employed staff, vendors, volunteers, consultants and contractors.

Everyone must adhere to both the spirit and the letter of the standards of conduct set forth in the Code. Your job performance will be evaluated, in part, based on your compliance with the Code and with SIUH's compliance-related policies and procedures. Anyone who violates the Code or related policies and procedures will be subject to disciplinary action.

Certain SIUH compliance policies are referenced in this Code. SIUH's other compliance policies can be reviewed and downloaded from the SIUH intranet site on the Office of Corporate Compliance web page or obtained from a supervisor in hard copy form. You have a duty to know, understand and comply with the requirements all of these policies, regardless of whether they are referenced in this Code.



OUR COMMITMENT TO COMPLIANCE

The SIUH Corporate Compliance Program

The SIUH Corporate Compliance Program demonstrates our firm commitment to the highest standards of ethics and compliance. The SIUH Office of Corporate Compliance is led by the Chief Corporate Compliance Officer who reports to the President and CEO of SIUH. SIUH has an Administrative Compliance Committee consisting of members of senior management and led by the Chief Corporate Compliance Officer. This committee provides direction, oversight and guidance to the Compliance Program.

The SIUH Board of Trustees is responsible for monitoring the Compliance Program and for ensuring that corrective actions are taken whenever deficiencies in the Program or in SIUH's compliance with the law are identified. The Chief Corporate Compliance Officer

reports to the Audit and Corporate Compliance Committee of the Board, the Executive Committee and to the full Board on a regular basis to ensure that the Trustees are fully informed on compliance issues and that transparency in the program exists at all times.

The Office of Corporate Compliance carries out the day-to-day implementation of the Compliance Program. The staff of our Office is comprised of a team of ethics and compliance professionals who are experienced in the areas of coding, billing, auditing, ethics and quality. The Office of Corporate Compliance is located at One Edgewater Plaza, Sixth Floor, Staten Island, New York 10305, telephone (718) 226-4355. You should feel free to contact the Office of Corporate Compliance whenever you have questions about any compliance-related issue. SIUH's Human Resources Department also may be able to provide guidance on workplace issues arising from the Code of Ethical Conduct and/or SIUH's policies and procedures.



For more information about SIUH's Compliance Program, visit the Office of Corporate Compliance on the SIUH Intranet page.

Supervisors and Managers

SIUH supervisors and managers have a special responsibility to set the right tone. They are responsible for making sure that their work areas reflect SIUH's commitment to compliance and quality healthcare. Supervisors and managers are expected to create a work environment in which concerns can be raised and openly discussed without fear of retaliation. Even if an employee has criticisms or raises an uncomfortable question, supervisors and managers must welcome the communication, always remembering that openness is essential to a healthy work environment.

Discipline

Anyone who violates the Code or related policies and procedures will be subject to disciplinary

action. The discipline imposed will be determined on a case-by-case basis and will depend upon the nature, severity and frequency of the violation. The disciplinary policy will be firmly and fairly enforced with respect to all persons affiliated with SIUH. Possible disciplinary actions include: oral warning, written warning, suspension and termination of employment.

Consent Agreement

In 2005, SIUH entered into a consent agreement with the New York State Attorney General to resolve claims against SIUH. This Agreement requires, among other things, having an Independent Monitor review certain aspects of SIUH's operations and controls, mandating upper management oversight and rotating SIUH's outside auditors. The full text of this Agreement is available on our Corporate Compliance intranet site.

Corporate Integrity Agreement

In 2008, SIUH entered into a Corporate Integrity Agreement (CIA) with the Office of the Inspector General of the U.S. Department of Health and Human Services (OIG) as part of a settlement of a federal investigation. The purpose of the CIA is for SIUH to further promote and ensure compliance with the federal health care program requirements. A CIA is a legal agreement that requires SIUH to maintain its existing Compliance Program and to implement additional compliance measures for a period of five years. Among other items, SIUH is required to report certain potential violations of federal healthcare program laws to the government and submit reports to the federal government regarding our Compliance Program. The full text of the CIA is available on our Corporate Compliance intranet site.

DUTY TO COMPLY AND REPORT

Reporting Obligations

It is the duty of every trustee, officer, employee and all other individuals affiliated with SIUH to comply fully with all governing laws, regulations, SIUH



policies and procedures, the requirements of the CIA and the Consent Agreement, and the Code. Everyone must offer their complete cooperation with any investigation by SIUH and/or governing authorities.

Ensuring compliance with the many laws, rules, regulations and industry standards that govern the operations of SIUH requires teamwork. For this effort to be successful, everyone who is employed by or affiliated with SIUH must work together. SIUH cannot continue to act with honesty and integrity without your help.

In addition, you are required to report to the Office of Corporate Compliance or the Compliance Help Line any actual or suspected violations of the Code, SIUH's policies and procedures, the requirements of the CIA, the Consent Agreement and/or any federal or state law. You also must report any ethical breaches, conflicts of interest, fraud or other misconduct of any type relating to the operations of SIUH.

Consequences for Not Reporting Potential Compliance Issues

The failure to comply with the laws and/or to report suspected violations of state or federal law can have very serious consequences for SIUH and for any individual affiliated with SIUH who fails to comply or report. The individual may be terminated from employment (or from his/her contractual arrangement with SIUH) or be subject to other disciplinary measures, depending on the nature of the violation.

The consequences for SIUH and any of its employees and agents include, but are not limited to, the imposition of fines and penalties pursuant to the Agreements reached by SIUH with the New York State Attorney General and the OIG and exclusion from the federal and state health care programs.



How to Report Compliance Issues

Reports of suspected compliance problems and perceived violations of the laws can be made to your supervisor or to the Office of Corporate Compliance at (718) 226-4355. You also can call the confidential Help Line 24 hours a day, 7 days a week at (800) 894-3226 or contact the Help Line online by visiting www.northshore-lij.ethicspoint.com to file a report electronically. If you wish, your report to the Help Line can be made anonymously. To the extent appropriate and possible, SIUH will maintain the confidentiality of all reports unless doing so prevents us from fully and effectively investigating the suspected violation.

Non-Retaliation and Non-Intimidation

We do not permit anyone to retaliate in any manner against an individual who reports any potential compliance problem or violation of law in good faith. SIUH also prohibits anyone from intimidating an employee who discloses a compliance concern. SIUH will immediately investigate and take appropriate action with respect to all suspected acts of retaliation or intimidation. Any individual who is found to have retaliated against an employee or intimidated an employee will be subject to immediate discipline, up to and including termination of employment.

Responding to Potential Compliance Issues

SIUH is committed to investigating all reported concerns promptly, thoroughly and confidentially, to the extent possible and appropriate. The Chief Corporate Compliance Officer directs the investigation of compliance concerns. We expect all colleagues to cooperate with investigative efforts. Where an internal investigation substantiates a reported violation, we initiate corrective actions or other changes that need to be made in order to remedy the problem. These actions can include making prompt repayment of any overpayment amounts, notifying the appropriate government agency, instituting disciplinary action and implementing systemic changes to prevent a reoccurrence of the problem.



Greg Radinsky

*Chief Corporate
Compliance Officer*

*“Thank you for your
commitment to compliance
and quality.”*

Deficit Reduction Act of 2005 - False Claims Acts

Under the Deficit Reduction Act of 2005, any employer who receives more than \$5 million per year in Medicaid payments is required to provide information to its employees about the Federal and New York State False Claims Acts, the rights of employees to be protected as whistleblowers and the employer's policies and procedures for detecting and preventing fraud, waste and abuse.

The Federal and New York State False Claims Acts impose liability on any person who submits a claim to the federal government that he or she knows to be false. The Acts also impose liability on individuals who knowingly submit a false record in order to obtain payment from the government or who obtains money from the federal government to which he or she is not entitled and then uses false statements or records in order to retain the money. The Acts permit private parties to bring actions to recover money on behalf of the United States and to share in a percentage of the proceeds obtained by the government. Persons who bring these actions are protected against retaliation.

Examples of false claims include:

- Billing for a higher level of services than were actually performed
- Billing for services that were not medically necessary
- Altering claim forms or medical records
- Billing multiple codes instead of one billing code for a drug panel test to increase reimbursement
- Billing for services provided by an unlicensed provider
- Submitting false or inaccurate pricing or rebate information on pharmaceuticals to a federal health care program
- Submitting a claim under one patient's name when services were provided to another person
- Failing to repay overpayments within 60 days after identification



- Enrolling a beneficiary in a Medicare Advantage program without the beneficiary’s consent

SIUH maintains a vigorous Compliance Program and strives to educate our work force regarding the importance of submitting accurate claims and reports to federal and state governments, as well as regarding the requirements, rights and remedies of federal and state laws governing the submission of false claims, including the rights of employees to be protected as whistleblowers under such laws.

We recognize that questions, concerns or disputes sometimes arise. SIUH believes that it is in the best interest of both its employees and SIUH to resolve those questions, concerns or disputes in a forum that provides the fastest and fairest method for resolving them. As a SIUH employee, you have an obligation to report concerns using the internal methods listed above and to understand the options available should your concerns not be resolved.



Please refer to SIUH policy number ADM I 57.3, “Detecting and Preventing Fraud, Waste and Abuse” for details about these laws.

OUR COMMITMENT TO OUR PATIENTS

High Quality Patient Care

SIUH’s number one priority is the delivery of the highest quality of patient care possible. We treat all of our patients equally with compassion, understanding and respect. We provide only care which is medically necessary and appropriate. Our main concern is for the well being, comfort and dignity of our patients. We do not make a distinction in the availability of services or the care we provide based on age, gender, disability, race, color, religion, national origin, actual or perceived sexual orientation, marital status, veteran status or based on the source of payment for the patient’s services or the patient’s ability to pay. All clinical decisions are based upon identified health care needs regardless of how SIUH compensates or shares financial risk with any individual or entity.

Our commitment to quality of care and patient safety is an obligation of every person affiliated with SIUH. If any circumstance arises where you have a concern about quality or patient safety, you have a duty to raise it through the appropriate channels at your facility or to the Office of Corporate Compliance until it is properly resolved.

Patient Choice

All patient care at SIUH is administered in accordance with the “Patient’s Bill of Rights in New York State.” Every SIUH patient is provided with a statement of these rights and with a Notice of Privacy Practices. These patient rights include the right to make decisions regarding medical care, the right to refuse or accept treatment, the right to informed decision-making and rights related to how the patient’s health information is maintained by SIUH. We listen to and follow the choices made by our patients with respect to their clinical care, as required by law.



We are responsible for informing patients about their proposed plan of care including the risks, benefits and alternatives available to them. We respect patients’ rights to make informed decisions about treatment as well as to establish and have followed advance directives. Patients are free to choose their service providers, including but not limited to, physicians and ancillary service providers such as home health, home infusion and durable medical equipment suppliers.

Emergency Treatment

We follow the Emergency Medical Treatment and Active Labor Act (EMTALA) in providing an emergency medical screening examination and necessary stabilization to every person who presents themselves for emergency care, regardless of ability to pay or any other discriminatory factor. We do not delay examination and treatment in order to obtain financial and demographic information for patients in life-threatening

situations. Patients with emergency medical conditions are transferred to another facility at the patient's request or if the patient's medical needs cannot be met at SIUH because we do not have the capacity or capability to do so. Patients must consent to any transfer and all transfers are accomplished in strict compliance with state and federal EMTALA regulatory and statutory requirements.

Safeguarding Patient Information

We demonstrate our respect for our patients by protecting the confidentiality of all personal information they share with us for the purpose of receiving quality medical care. This information, known as "Protected Health Information" or "PHI," can include patients' names, addresses, phone numbers, Social Security numbers, medical diagnoses, family illnesses and other personal information. Federal and state laws, as well as quality of care standards, require us to keep this information confidential. SIUH employees who are patients in our facilities also must be accorded the highest level of confidentiality with respect to their medical records and the PHI contained in them.

We must never use, disclose or discuss patient-specific information except as necessary for patient care or as required by law. Subject to emergency exceptions, patient privacy will be protected and patient-specific information will be released only to persons authorized by law or by the patient's written authorization. It is inappropriate to discuss patients or their cases in a public area where conversation may be overheard by others. It also is inappropriate to permit access to a patient's record to individuals who are not involved in legitimate activities relating to the patient. We must remember that these rules apply to employees' medical records when they are receiving medical care at our facilities.

If you are unsure of the rules governing the release of patient-related data, ask and be sure you understand them before you release any information. Anyone affiliated with SIUH who engages in unauthorized disclosure of patient information will be subject to disciplinary action up to and including termination of



employment. Individuals also may be subject to civil or criminal penalties. If you become aware of an unauthorized disclosure of patient information, you must report it immediately to your supervisor and the Office of Corporate Compliance. SIUH prohibits retaliation against any person who makes a good faith report of a privacy violation.

Patient Records

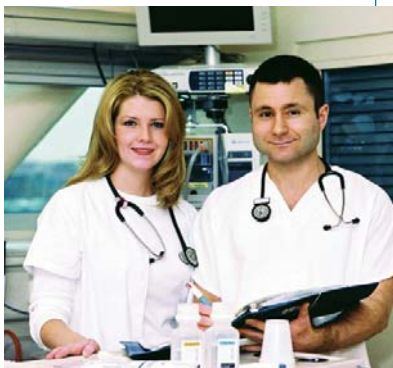
We make every effort to ensure that entries we make into patient records are clear and complete and reflect exactly the item or service that was provided to the patient. SIUH strives to ensure that our records never include guesswork, exaggeration, or miscoding.

Research

We conduct research according to the highest ethical standards and in full compliance with federal and state laws and regulations. We do not tolerate research misconduct. Our first priority is always to protect the patients and respect their rights during research, investigations and clinical trials. When we ask patients to participate in research projects we will advise them of all alternative treatments available to them and the risks and benefits of the proposed treatments. We want patients to make informed decisions as to whether or not to participate in research projects.

If you have any questions about the conduct of research with patients, you may contact the Office of the Institutional Review Board at 718-226-6679. The IRB is a committee of people from various backgrounds, including SIUH employees and community members, who are responsible for protecting the rights and welfare of patients who participate in research studies.

If you wish to report a compliance-related concern about any research being conducted at SIUH, you can call the Help Line 24 hours a day, seven days a week at (800) 894-3226 or visit www.northshore-lij.ethicspoint.com online. If you wish, your report to the Compliance Help Line can be made



anonymously. To the extent appropriate and possible, SIUH will maintain the confidentiality of all reports unless doing so prevents us from fully and effectively investigating the suspected violation.

Credentialing

One important aspect of our commitment to high quality patient care is the proper credentialing of all health care providers associated with our institution. We ensure that our providers are appropriately credentialed and that their work is within the parameters of their respective licenses. We conduct credentialing reviews not only for permanent hospital employees who are deemed licensed independent practitioners, but also for temporary and non-employed staff, such as voluntary physicians, visiting or locum tenens physicians and allied health professional staff. Credentialing reviews occur before the relationship between SIUH and an individual commences. We recertify those credentials every two years thereafter. We also conduct background checks on individuals who work in our facilities, regardless of whether their position requires a license, to ensure that they do not have criminal backgrounds.



Adverse Event Reporting

New York State law requires us to report to the Department of Health certain adverse patient events within 24 hours after their occurrence. Our health care providers are required to report such incidents to designated SIUH administrators immediately upon learning of them. Failure to do so constitutes an unacceptable practice and is grounds for discipline. We are committed to the full and prompt investigation of every adverse event and to the implementation of corrective or remedial action where appropriate.

Marketing and Advertising

We market SIUH's services in a fair, truthful and ethical manner. Our marketing materials are designed to reflect only the services available and the level of the provider's licensure and accreditation. SIUH uses

marketing and advertising to educate the public, report to our community, increase awareness of our services and to recruit staff members.

OUR COMMITMENT TO GOVERNMENT REGULATORS

Coding and Billing

One of the most important aspects of SIUH's commitment to compliance is our dedication to the preparation and submission of accurate claims for payment to federal and state health care programs. We have a zero tolerance policy with respect to billing for improper claims. All claims for payment for any service provided by SIUH must be supported by complete documentation in the medical record, proper coding based on that record and bills that accurately reflect the coding. We can bill only for those goods and services actually provided and medically necessary.

Accurate and timely documentation also depends on the diligence and attention of physicians who treat patients in our facilities. We expect those physicians to provide us with complete and accurate information in a timely manner.

SIUH should always bill accurately for services rendered in accordance with the law and with its agreements with third party payors. When we receive a question from a patient or a third party payor about an invoice or charge, we promptly address the question, if authorized to do so, or refer the matter to the person who is authorized to address it. Unresolved disputes regarding a patient's bill are referred to a supervisor for resolution.

Cost Reports

SIUH receives reimbursement under federal and state health care programs. These programs require us to submit complete and accurate reports of its costs of operation and other information. We comply with all applicable legal, regulatory and program requirements in the preparation of our cost



reports. These laws, regulations and guidelines define what costs are allowable and outline the appropriate methodologies to claim reimbursement for the cost of services provided to program beneficiaries.

Anti-Kickback/Bribes

SIUH prohibits its employees and other service providers from offering, paying, asking for, or accepting money or other benefit in exchange for patient referrals, purchases, leases or orders.

Responsible Conduct of Research

Truth, integrity and credibility are critical and distinctive principles of the research conducted at SIUH. These principles are essential for the progress of scientific research and to preserve the trust of the public in the research community. SIUH has set standards and procedures for its researchers in order to preserve truth, integrity and credibility in research, to prevent research misconduct, and to deal efficiently and fairly with allegations or other indications of research misconduct.

All employees who observe or suspect apparent misconduct in research must report it to the Research Integrity Officer, Dr. Bettie Steinberg, at (516) 562-1159, the Help Line at (800) 894-3226 or online at www.northshore-lij.ethicspoint.com. Any employee who reports such information will be protected against retaliation for making the report.



Not-For-Profit Tax-Exempt Status

SIUH is a tax-exempt entity because of its charitable mission. SIUH provides community benefits that include health care services, medical training, education, research and community outreach activities. SIUH must use its resources in a manner that furthers the public good rather than the private or personal interests of any individual or entity.

Antitrust

SIUH engages in activities that are subject to state and federal antitrust laws. Generally, these laws prohibit competitors from entering into agreements to fix prices or to reduce price competition. We should not provide

information about SIUH business to a competitor. In addition, we are to refrain from engaging in unfair practices that might restrict competition.

Record Retention

Accurate and complete records are crucial for the continuity of patient care, appropriate and proper billing, and for compliance with regulatory, tax and financial reporting requirements. Everyone who enters information into a medical record, business record, regulatory or financial report has a responsibility to do so in a truthful, accurate, legible and timely manner. SIUH maintains record retention schedules to ensure that all patient and business records are maintained in accordance with business and legal requirements. Each of us is responsible for knowing the retention schedules for the records with which we work. We never tamper with records, remove them from SIUH property or destroy them prior to the date specified in the relevant retention schedule.

Response to Governmental Inquiries

SIUH cooperates fully with government inquiries and investigations. We do not prevent persons affiliated with us from speaking with government officials. However, you should contact your supervisor and the Office of Legal Affairs before doing so. When we receive a request for documents or a subpoena, we refer it to the Office of Legal Affairs, which will coordinate SIUH's response and ensure that it is appropriate and complete. We never destroy, alter or change SIUH records. When we receive notice of an investigation or lawsuit, a request for documents or a subpoena, we preserve all related records and cooperate with the Office of Legal Affairs in making them ready for evaluation and/or production.

Accreditation and Surveys

In preparation for, during, or after surveys, SIUH employees deal with all accrediting bodies in a direct, open and honest manner. No action should ever be taken in relationships with accrediting bodies that would mislead the accrediting



organization or its survey teams, either directly or indirectly.

OUR COMMITMENT TO OUR BUSINESS PARTNERS

Our business partners — suppliers, contractors, physicians, and others with whom we do business — are vital to our success. We always treat them with respect, professionalism and fairness. Our patients and the community we serve frequently associate our business partners' performance with SIUH. We look into the background of our partners before allying with them to ensure they demonstrate high standards of ethical business conduct.

Supplier, Vendor, Subcontractor, Attorney and Consultant Relationships

SIUH selects our suppliers, vendors, subcontractors, attorneys and consultants based on the quality, price, delivery and supply of their goods and services. We obtain these services only when there is a legitimate need for them. We do not accept any form of compensation that is designed to influence the selection process.

Referral of Patients

We do not pay or offer to pay anyone – colleagues, physicians or other persons or entities – for referral of patients. Similarly, we do not accept payments for referrals we make. When SIUH discharges patients and refers them to other providers, we ensure that the referrals are based on the patient's documented need for the referred service and the ability of the referred provider to meet that need. The patient's freedom to choose a service provider must be honored at all times. Financial relationships with providers with whom SIUH has a referral relationship are reviewed to ensure compliance with the relevant laws.

Gifts and Interactions with Industry

Recent scientific evidence suggests that certain business practices of pharmaceutical, medical device and similar companies can negatively influence physician decisions and the educational and training experience



of students and trainees. SIUH prohibits all gifts and other forms of compensation from industry representatives. SIUH also prohibits the offering or giving of gifts of any kind to government officials.

Please refer to the SIUH policy number ADM I 31.2, “Gifts and Interactions with Industry” and SIUH policy number ADM I 52.2, “Business Courtesies to Potential Referral Sources” for further guidance regarding your interactions with industry and business associates.

OUR COMMITMENT TO OUR COLLEAGUES

Conflicts of Interest

We have a duty to avoid conflicts of interest and a duty of loyalty to SIUH. Our business conduct must always put SIUH’s interests ahead of our personal interests. We are obligated to avoid conduct that could create a conflict of interest or even the appearance of one. We do not use our positions or confidential information obtained in the course of our work for personal gain. We make sure that any outside jobs or positions do not conflict with our work at SIUH and we disclose to our manager and the Chief Corporate Compliance Officer any potential conflict that might.

Examples of potential conflicts of interest include:

- Acting as a director, partner, consultant or employee of a firm that provides services, supplies or equipment to SIUH or is a competitor of SIUH
- Having a material financial interest (or a family member having a financial interest) in a firm that is either a competitor of, or a vendor (or potential vendor) to, SIUH
- Purchasing or leasing real estate that may increase in value based on knowledge that SIUH may have an interest in the property
- Hiring subordinates or SIUH vendors to perform personal work for yourself or your family without appropriate administrative approval



- Having your research funded by a company or evaluating a product owned, manufactured, or distributed by a company in which you (or a family member) have a material ownership interest or from which you (or a family member) have received significant compensation

Certain members of the SIUH community must file annual Conflict of Interest Disclosure Forms. You will be notified if you are required to complete a disclosure form.

Confidentiality of Business Data

In addition to patient information, other information created by SIUH in the conduct of business, such as staff data, financial data, development plans, proprietary research data, marketing strategies or information about pending or contemplated business deals, is confidential information that belongs to SIUH. We always keep this information confidential and do not use it as a basis for personal gain. When you receive confidential information in the course of performing your job duties and responsibilities you must not use it for your own or your family's benefit and you may not disclose it to others for their personal use.

Substance Abuse and Impairment in the Workplace

SIUH works diligently to maintain an alcohol and drug-free environment at our facilities. We are expected to perform our responsibilities in a professional manner free from the influence of alcohol, drugs or other substances which may impair our job performance or judgment. If we suspect that you are under the influence of drugs or alcohol, you will be required to submit to appropriate drug or alcohol testing. If you are found to be performing any activity for SIUH while impaired by or under the influence of alcohol or illegal drugs you will be subject to disciplinary action up to and including termination of your employment.



Controlled Substances

Pharmaceutical drugs may be handled only by properly authorized individuals who do so as a part of their job duties and responsibilities. You may not under any circumstances divert pharmaceuticals for personal use or sale. You are expected to protect the integrity of SIUH by safeguarding the drugs entrusted to you. If you become aware of any potential lapses in security, or any actual violation of any law, policy or regulation relating to drugs, you are required to immediately inform your supervisor or the Office of Corporate Compliance.

Non-discrimination and Equal Employment Opportunity

SIUH promotes diversity in its workforce at all levels of our organization. We are committed to providing a work environment where everyone is treated with respect, dignity and fairness. We are an equal opportunity employer and do not discriminate on the basis of race, color, creed, religion, gender, national origin, actual or perceived sexual orientation, veteran status, marital status, age or disability. We celebrate cultural and other differences because they contribute to the strength of SIUH. We comply with all laws, regulations and policies relating to equal employment opportunity in hiring, reductions in force, transfers, terminations, evaluations, recruiting, compensation, promotions and discipline. We make reasonable accommodations to known physical and mental limitations of qualified individuals with disabilities.

Harassment

SIUH strives to provide a workplace that is free from harassment and disruptive behavior. We do not tolerate harassment by anyone based on diverse characteristics or the cultural backgrounds of those who work with us. Degrading jokes, slurs, intimidation or other harassing conduct are not acceptable at SIUH.



Sexual harassment can be particularly harmful to the work environment and is prohibited. This prohibition includes unwelcome sexual advances or requests for sexual favors in conjunction with your employment. Verbal and physical harassment or abuse and any other behavior that creates an intimidating, hostile or offensive work environment have no place at SIUH. If you engage in this conduct, you will be subject to discipline. If you observe or experience any form of harassment or violence, you must report it to your supervisor, the Human Resources Department, a member of management, the Office of Corporate Compliance, the Compliance Help Line at (800) 894-3226 or by visiting www.northshore-lij.ethicspoint.com online.

Leadership and Professionalism

SIUH is committed to the highest standards of excellence in the practice of medicine, and strongly believes that collaboration, communication and collegiality are essential for the provision of safe and competent patient care.

According to the Joint Commission, *“Intimidating and disruptive behaviors can foster medical errors, contribute to poor patient satisfaction and to preventable adverse outcomes, increase the cost of care and cause qualified clinicians, administrators and managers to seek new positions in more professional environments. Safety and quality of patient care is dependent upon teamwork, communication and a collaborative work environment.”*

As such, all individuals associated with SIUH must treat others with respect, courtesy and dignity and must conduct themselves in an appropriate, professional and cooperative manner.

Appropriate professional and cooperative behavior means any reasonable conduct intended to advocate for patients, to recommend improvement in patient care and to participate in the operations, leadership or activities of the staff, including the Medical Staff. Inappropriate



or disruptive behavior includes, but is not limited to: the use of profanity in the workplace; the refusal to speak or respond to others; inappropriate physical contact; sexual, religious, racial or other unlawful harassment; throwing objects; and/or, the destruction of SIUH property.



Breaches of the Code of Ethical Conduct by any staff member affiliated with or employed by SIUH will be addressed in accordance with SIUH policies. Practitioners credentialed by a medical board, physician trainees and medical students will be addressed by the procedures provided for in the Bylaws, rules and regulations of the Medical Staff and the relevant SIUH policies, including ADM I 68.0, “Professional Behavior.”

Issues relating to non-credentialed employees will be addressed by the procedures set forth in the Employee Conduct Policy.

Anyone who observes, or is subjected to, inappropriate conduct by any staff member can notify their supervisor, Human Resources, the Chief Corporate Compliance Officer, the Help Line at (800) 894-3226 or online at www.northshore-lij.ethicspoint.com, the relevant Medical Director and/or the Nurse Executive for the facility. Employees who make such reports in good faith cannot be retaliated against for making the report.

Health and Safety

SIUH is committed to providing a workplace that is safe, healthy, smoke-free and in compliance with all applicable laws and regulations. You are expected to know the safety issues and policies that affect your job and to follow those policies at all times. It is important that you immediately advise your supervisor of any workplace injury or any circumstance presenting a danger of injury so

that timely corrective action can be taken to resolve the problem.

Environmental Protection

We are to dispose of all waste and other materials and store all chemicals and substances in accordance with applicable laws and regulations. It is important to file all necessary environmental reports accurately and promptly and to cooperate fully with all governmental authorities in the event of an environmental incident.

Political Contributions

We do not use SIUH revenues directly or indirectly for political activities or in support of political campaigns. We do not reimburse personal expenses related to any political activities including money spent in support of any political candidate. You may not solicit political contributions from your colleagues in SIUH facilities. SIUH does not take positions on political elections or campaigns.

Use of SIUH Resources

Each of us is responsible for preserving SIUH's assets including time, material, supplies, equipment and information. All communications systems including, but not limited to, telephones, computers, electronic mail, Intranet, Internet access and voice mail are the property of SIUH and are to be used primarily for business purposes in accordance with our policies. You have no right to privacy with respect to anything you create, store, send or receive on SIUH computer and telephonic systems and we reserve the right to monitor and/or access all communications usage and contact.

Intellectual Property

SIUH is committed to adhering to all applicable intellectual property laws. We will respect the intellectual property and copyright laws regarding books, trade journals, and other applicable resources. All software used in connection with SIUH business



must be properly licensed, and used in accordance with that license.

All inventions or improvements, whether patentable or not, which are conceived or first reduced to practice or as to which research or development work is done by employees of SIUH or by others who use research or development facilities owned by or otherwise made available by SIUH, must be disclosed to SIUH in compliance with the SIUH Intellectual Property policy (GR017). The Office of Technology Transfer at the Feinstein Institute for Medical Research is responsible for the evaluation, protection, development and commercialization of inventions and other intellectual property on behalf of the North Shore-LIJ Health System. For more information, contact: Kirk R. Manogue, PhD, Vice President, Technology Transfer, Tel: (516) 562-3404, Fax: (516) 562-2356, Email: kmanogue@nshs.edu.



Screening of Excluded Individuals

SIUH will not knowingly employ, appoint, elect, contract or bill for any individual or entity that has been listed as debarred, excluded or is otherwise ineligible for participation in federal or state health care programs. We routinely search the lists of excluded and ineligible persons provided by the Department of Health and Human Services' Office of Inspector General, the General Services Administration and the New York State Department of Health. You are required to report to us if you become excluded, debarred or ineligible to participate in federal or state health care programs or have been convicted of a criminal offense related to the provision of health care items or services.

Media Relations

All requests from reporters or the general public for information should be referred to the Department of Hospital and Community Relations at (718) 226-2483. Employees should never release information

without the permission of the Department. Please refer to SIUH policy, ADM I 15.0, “Information to the Media and Press Relations” for additional information.

COMPLIANCE RESOURCES

The Office of Corporate Compliance

The Office of Corporate Compliance is located at One Edgewater Plaza, Sixth Floor, Staten Island, New York 10305. Office hours are 9:00 AM to 5:00 PM Monday through Friday. Walk-ins are welcome or you can call to make an appointment. The Office can be contacted at (718) 226-4355 or by fax at (718) 226-4698 during regular working hours. Email addresses and telephone numbers for the principal members of the Compliance staff are:

- Greg Radinsky, Chief Corporate Compliance Officer
gradinsk@nshs.edu
(516) 465-8327
- Kim Greene, Deputy Chief Corporate Compliance Officer
kgreene@nshs.edu
(516) 465-8017
- Regina Bergren, Deputy Compliance Officer
rbergren@siuh.edu
(718) 226-4572
- Michael Scognamiglio, Associate Compliance Officer/
Privacy Officer
mscognamiglio@siuh.edu
(718) 226-4630
- Robert Abramson, Compliance Audit Manager
rabramson@siuh.edu
(718) 226-5029
- Michele Bonomo, Compliance Specialist
mbonomo@siuh.edu
(718) 226-4859
- Linda Galante, Coordinator
lgalante@siuh.edu
(718) 226-4355

The Compliance Help Line

The Compliance Help Line is available 24 hours a day, 7 days a week. Compliance Help Line callers may remain anonymous and those who choose to give their name will have their identities protected to the extent allowed by law. The Compliance Help Line has multi-lingual operators who can take reports from individuals whose first language is not English. The Help Line can be reached by calling (800) 894-3226 or by visiting www.northshore-lij.ethicspoint.com where individuals can make reports about compliance issues online.

The Office of Research Compliance

The Office of Research Compliance (ORC) is responsible for compliance-related activities directly related to the conduct of clinical research and research grant management. The ORC is located at the Feinstein Institute for Medical Research, 350 Community Drive, Manhasset, New York 11030. Office hours are 9:00 AM to 5:00 PM Monday through Friday. Walk-ins are welcome or you can call (516) 562-2018 to make an appointment during regular working hours.

The ORC Staff members are:

- Cynthia L. Hahn, Administrator, Research Compliance
chahn@nshs.edu
(516) 562-2018
- Emmelyn Kim, Manager, Research Compliance
ekim@nshs.edu
(516) 918-4847
- Cerdi Beltre, Manager, Research Compliance
cbeltre@nshs.edu
(516) 566-0340
- Tammy Manchester, Manager, Research Compliance
tmanchester@nshs.edu
(516) 562-0450

OTHER RESOURCES

- Human Resources (718) 226-8116
- Employee Relations (718) 226-2891
- Office of Legal Affairs (718) 226-9990
- Quality/Risk Management (718) 226-9162
- Patient Accounts (718) 226-4516 or 4616
- Health Information Management (718) 226-9010
- Hospital and Community Relations (718) 226-2483
- Security (718) 226-9328





475 Seaview Avenue, Staten Island, NY 10305
Compliance Help Line: 1-800-894-3226

Rev. 3/2011



Compliance Help Line

Toll-free, anonymous, confidential, non-retaliatory reporting, available 24 hours, 7 days a week.

To report concerns, problems or violations, call:

1-800-894-3226 or visit

www.northshore-lij.ethicspoint.com

Corporate Compliance Office: **718-226-4355**.

Quality • Integrity • Community • Trust • Respect • Caring