



UMC HEALTH SYSTEM

Service • Teamwork • Leadership

CODE OF CONDUCT and ETHICAL BEHAVIOR

Code of Conduct and Ethical Behavior

It is the mission of UMC to provide high quality health care to the citizens of the region, to serve as a teaching resource for the Texas Tech University Health Sciences Center (TTUHSC) and its

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medical school, and to maintain a position of financial viability. In accomplishing that mission, UMC is committed to ensuring that it operates in an ethical and lawful manner.

This Code of Conduct is part of a comprehensive Corporate Compliance Plan. The Compliance Plan is designed to prevent accidental and intentional noncompliance with applicable laws, to detect and correct noncompliance if it occurs, and to discipline those involved in non-compliant behavior.

Additionally, the Compliance Plan is designed to foster behavior that is consistent with our corporate culture. Central to our culture is our commitment to ethical behavior. UMC adheres to the ethical values of conducting care above and beyond what is required by law. The duty to act in an ethical manner is expected of all UMC employees and associates. Our commitment to ethical behavior is evident in the quality of care we provide to our culturally diverse patient population.

The Compliance Plan applies to UMC's Board of Managers, officers, employees, medical staff, agents and contractors. Each person has an obligation to observe the Code of Conduct and Ethical Behavior. Because of the importance of standards, violations will not be tolerated and will result in appropriate disciplinary action.

The Compliance Plan will be updated periodically (minimum every two years) to reflect the most current information available pertaining to compliance requirements in the health care industry.

General Compliance Standards

Each and every UMC Employee should:

- Conduct themselves with honesty, integrity and fair dealing
- Participate in initial and continuing educational activities related to the Compliance Plan
- Comply with all applicable laws, regulations, policies, and procedures.
- Report suspected violations of the law or the Compliance Plan and make that report in good faith, with no malicious intent.

*Corporate Compliance Plan &
Code of Conduct*

SPP# CO-16

Ethical Behavior and Supportive Committee

SPP# PAS-24

Hospital Plan of Care

SPP# AO-18

ICQ 195 Quality Manual

Code of Professional Conduct

SPP# PAS-3

Patient Rights

Every individual, whether adult or newborn, who enters UMC for care retains certain rights to privacy which should be protected by UMC. Another important aspect of the patient's right to privacy is related to the preservation, within the law, of confidentiality and security of his/her patient information.

Patients have a right to personal dignity and respect.

Patients have a right to have a family member or representative of choice or physician notified of his/her admission to UMC.

The patient, parent, or legal guardian has the right to know the identity of all caregivers. In addition, the patient, parent, or legal guardian has the right to informed as to the nature and purpose of any technical procedures that are to be performed. Patients have the right to know the name of the physician, and other practitioners primarily responsible for his/her care, treatment, and services and who will perform the care treatment and services. This information will be given to the patient within 4 hours of admission.

The patient, parent, or legal guardian has the right to communicate with those responsible for care and to receive information concerning the nature and extent of medical problems, the planned course of treatment, including unanticipated outcomes of care or outcomes that vary significantly from the proposed plan of care and prognosis. Communication is provided with consideration to ethnic and cultural needs.

The patient, parent, or legal guardian, or surrogate decision maker has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his/her actions. If the patient is not legally responsible, the surrogate decision maker as allowed by law has the right to refuse care, treatment, and services on the patient's behalf.

Patients have a right to participate in his/her plan of care and to be informed about advanced directives.

The patient or legal guardian has the right to examine and to receive an explanation of the bill regardless of source of payment.

The patient, parent, or legal guardian has the right to know what UMC rules and regulations apply to conduct as a patient or visitor.

The patient, parent, legal guardian, or surrogate decision maker, has the right to expect reasonable continuity of care. He/she has the right to know in advance what appointment times and physicians are available. He/she has the right to expect that UMC will provide a mechanism

whereby he/she is informed by the physician or a delegate of the physician of the patient's continuing health care requirements following discharge.

Patients have a right to a safe and secure environment, free from all forms of abuse or harassment and free of medically unnecessary restraint/seclusion.

Patients, parents, and legal guardians have a right to access his/her medical record and to request corrections and/or amendments to the medical record. Patients have a right to question the policies regarding the confidentiality, security, release and correction of medical records. Questions may be referred to patient Relations, who will assist in securing information.

Patients have a right to expect quick response to reports of pain.

Patients have a right to religious and other spiritual services.

Patients and, when appropriate, surrogate decision makers have the right to be informed about outcomes of care whenever those outcomes differ significantly from the anticipated outcomes.

Patients have a right to expect respect for their cultural and personal values, beliefs, and preferences.

Patients have a right to a family member, friend, or other individual to be present for emotional support during their stay unless the presence infringes on other's rights, safety, or is medically or therapeutically contraindicated.

<i>Advance Directives</i>	<i>SPP#PC-3</i>
<i>"Do Not Resuscitate" Policy</i>	<i>SPP#PC-14</i>
<i>Informed Consent</i>	<i>SPP#PC-17</i>
<i>Patients' Rights & Responsibilities</i>	<i>SPP#PC-29</i>
<i>Prisoners-TX Department Criminal Justice (TDCJ)</i>	<i>SPP#PC-29.2</i>
<i>Refusal to Submit to Treatment</i>	<i>SPP#PC-35</i>
<i>Restraints, Immobilization & Seclusion</i>	<i>SPP#PC-36</i>
<i>Adult/Pedi Patient Rights</i>	

Relationship between Patient Services and Financial Incentives

UMC is committed to providing guidelines that ensure the integrity of clinical decision-making. UMC does not structure financial compensation/incentives for its administrative staff, clinical staff or licensed independent practitioners that compromise the quality of care. Independent practitioners, clinical staff, and hospital employees are expected to make decisions about the patient's healthcare needs based on the clinical needs of the patient. To allow independent practitioners, clinical staff, and hospital employees to make decisions based on the patient's healthcare needs (such as tests, treatments, level of care, as well as other interventions), it is the

policy of UMC to establish financial incentives that do not compromise the patient’s right to receive appropriate and necessary care. UMC strives to structure its compensation in such a way to prevent conflict of interests from arising between personal compensation/incentives and the individual patient’s need for services delivered or not delivered. The integrity of decisions is based upon identified care, treatment and service needs of the patient.

Point of Service Collections - Incentives

SPP# FA-21.5

Admissions and Transfers

Patients visiting the Emergency Center at UMC are seen based on their medical condition, not on their ability to pay. Patients with emergency conditions are seen in the Emergency Center and, if their condition warrants, they are admitted to the hospital if the services they require can be provided at UMC. If a transfer is necessary, the patient will be stabilized prior to transfer. Financial information will be collected after the medical team has assessed the patient.

<i>Admission of Patients</i>	<i>SPP# AO-2</i>
<i>Hospital Nondiscrimination</i>	<i>SPP# AO-16</i>
<i>Patient Transfers from UMC</i>	<i>SPP# PC-27</i>
<i>Patient Transfers to UMC</i>	<i>SPP# PC-28</i>
<i>Patients’ Rights & Responsibilities</i>	<i>SPP# PC-29</i>
<i>Signing Out Against Medical Advice</i>	<i>SPP# PC-37</i>
<i>Refusal to Submit to Treatment</i>	<i>SPP# PC-35</i>
<i>Scope of Services</i>	<i>Nursing P&P 100.2</i>
<i>ICU Overflow</i>	<i>Nursing P&P148.4</i>
<i>Non-Critical Care Overflow</i>	<i>Nursing P&P 148.2</i>
<i>Admission, Initial Reassessment of the Patient</i>	<i>Nursing P&P HA-202.0</i>
<i>Internal Patient Transfer</i>	<i>Nursing P&PMS-232.0</i>

Patient Confidentiality (HIPAA)

UMC recognizes every patient’s right to confidentiality of his or her patient information. UMC realizes the sensitive nature of patient information and is committed to the privacy and confidentiality of that information; it is disclosed only when appropriate, only to those with a legitimate need, and only in accordance with law regarding protection of confidentiality. UMC policies direct staff with regard to confidentiality, security, release and retention of patient information. Every employee is expected to adhere to these policies.

<i>Disclosures of PHI</i>	<i>SPP# PS-33.2 through PS-36</i>
<i>Minimum Necessary use of PHI</i>	<i>SPP# PS-54</i>
<i>Verification of Individuals or Entities Requesting Use or Disclosure of PHI</i>	<i>SPP# PS-86</i>
<i>Social Media Policy</i>	<i>SPP# HR-36.5</i>

Patient Access to & Privacy of Their Information (HIPAA)

Patients have a variety of rights while under the care of a healthcare professional or provider. The Health Insurance Portability and Accountability Act (HIPAA) of 1996 is specifically concerned with a patient's right to access and control his individual health information or protected health information (PHI). Additionally, HIPAA requires the healthcare professional/provider to maintain strict standards as to who in their organization has control or access to a patient's health information.

Under HIPAA, patients have seven specific rights. They are as follows:

1. Right to a Notice of Privacy Practices
2. Right to Access PHI
3. Right to Request Amendment to PHI
4. Right to Request Alternative Means of Communicating
5. Right to Request Restrictions on PHI
6. Right to an Accounting
7. Right to Complain about our Privacy Practices

<i>Access to Inspect – Denying Access & Review of Denial</i>	<i>SPP# PS-1</i>
<i>Access to Inspect – Granting Access</i>	<i>SPP# PS-5</i>
<i>Accounting of Disclosures of PHI</i>	<i>SPP# PS-10</i>
<i>Accounting of Disclosures of PHI – Suspension Of Rights</i>	<i>SPP# PS-12</i>
<i>Complaints</i>	<i>SPP# PS -21</i>
<i>Confidential Communications Regarding PHI</i>	<i>SPP# PS-24</i>
<i>Notice of Privacy Practices – Content of Notice</i>	<i>SPP# PS-60</i>
<i>Notice of Privacy Practices – Provision of Notice</i>	<i>SPP# PS-62</i>
<i>Request to Amend PHI</i>	<i>SPP# PS-74</i>
<i>Requesting Restrictions on Uses and Disclosures of PHI</i>	<i>SPP# PS-77</i>
<i>Requesting Restrictions of Communication of PHI to Family & Close Personal Friends</i>	<i>SPP#PS-77.1</i>

Conflict of Interest

A conflict of interest may occur if outside activities or personal interests interfere with the employee's ability to make objective decisions in the course of his/her job responsibilities. Personal interests also include those interests of a family member or those with whom an employee maintains living arrangements approximating a family relationship.

An employee may not accept gifts from vendors or contractors except for token gifts of minimal value such as pens, note pads, key chains, and coffee mugs.

The use of inside information is prohibited. Under certain circumstances, outside interests and outside activities may be permitted as outlined in UMC's policy and procedure manual.

It is each individual employee's responsibility to ensure that conflicts of interest are avoided while performing daily job responsibilities.

Potential conflicts of interest can arise in subtle and obvious circumstances. UMC is aware of the potential for conflicts of interest and reviews relationships with other entities carefully to ensure that its mission and responsibility to the patients and community it serves is not harmed by any professional, ownership, contractual, or other relationships.

UMC reviews its relationships and its staff's relationships with other care providers, educational institutions, and payors to ensure that those relationships are within law and regulation and determine if conflicts of interest exist. UMC discloses these relationships between UMC and other entities to those who provide and receive care, treatment and services from UMC.

UMC addresses conflicts of interest as they arise.

<i>Gifts to Staff</i>	<i>SPP# FA-15</i>
<i>Vendor Relations, Sales & Services Representatives</i>	<i>SPP# FA-27</i>
<i>Conflict of Interest</i>	<i>SPP# HR-4</i>
<i>Conflict of Interest Policy for Professional Staff</i>	<i>SPP# PAS-10</i>

Confidential Information

Confidential Information is an important aspect of UMC operations, which includes, but is not limited to medical records, hospital business records, strategic planning, marketing strategies, peer review activities, performance improvement activities, and personnel records. It also includes information discussed and reported at all committee meetings at UMC. Confidential information will be protected and will not be released except as allowed by law or with proper authorization. All employees will sign a confidentiality statement upon employment and annually thereafter.

Employees may disclose, if he or she wishes, information about his or her own compensation, benefits, or terms and conditions of employment.

<i>Confidential Communications Regarding PHI</i>	<i>SPP# PS-24</i>
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Records Retention

UMC will ensure that records required by Federal or State law or by this compliance program are created and maintained. UMC employees are responsible for the integrity and accuracy of

UMC's documents and records, not only to comply with regulatory and legal requirements but also to ensure that records are available to defend our business practices and actions. No one may alter or falsify information on any record or document. Records must not be tampered with, removed or destroyed prior to the specified date.

Records Management Program SPP# AO-29
Documentation-Maintaining Appropriately with Regard SPP# PS-39
To Compliance with HIPAA Privacy Requirements

Electronic Media

Data and information created, collected, aggregated, analyzed, stored and/or reported by or on behalf of UMC are owned by UMC. The electronic media systems are to be used primarily for business purposes however, limited reasonable personal use of the UMC communication systems are permitted.

The E-mail and Internet system are **NOT** to be used for inappropriate, illicit, or offensive communication. E-mail messages are considered to be business records of UMC and therefore may be subject to review by management. Those who abuse our communication systems or use them excessively for non-business purposes may lose their privileges and be subject to disciplinary action.

Faxing & E-mailing PHI SPP# PS-45
Workstation Use and Security-Definitions SPP#PS-425
Workstation Use-General Security Policies SPP# PS-440

Fraud and Abuse Laws

Anti-Kickback:

UMC employees, officers, and board members will not offer or accept payment (money, goods, services, or anything of value) for referring a patient to: (1) UMC; (2) a physician; or (3) any other health care provider.

Nor should they offer or accept payment (money, goods, services, or anything of value) for purchasing, leasing, ordering, or recommending the purchasing, leasing, or ordering of any good, facility, service or item. This means kickback payments and/or bribes will not be accepted under any circumstances.

False Claims Act:

UMC employees, officers, and board members will not knowingly and willfully make any false statement or misrepresent any material fact in any claim or application for benefits under any health care program or health care benefit program.

Exclusion Authority:

UMC will not knowingly form a contract with, purchase from, or enter into any business relationship with any individual or business entity that is publicly listed by a federal agency as debarred, suspended, or proposed for debarment.

<i>Gifts to Staff</i>	<i>SPP# FA-15</i>
<i>Vendor Relations, Sales & Services Representatives</i>	<i>SPP# FA-27</i>
<i>Conflicts of Interest</i>	<i>SPP# HR-4</i>
<i>Texas False Claims Act</i>	<i>SPP# AO-31.5</i>
<i>Gifts (Business Courtesies) to Physicians</i>	<i>SPP#AO-14.1</i>

IRS Laws

UMC is a tax-exempt organization under §501(c)(3) of the Internal Revenue code. All transactions of UMC must serve the promotion of health, and any benefits to private persons must be incidental to carrying out UMC's charitable purpose. UMC will use its profits, if any, to improve facilities, equipment, patient care, health services, and medical education, training, and research.

All contracts and relationships to which UMC is a party must be commercially reasonable and meet applicable IRS guidelines.

UMC will not participate in, or intervene in, any political campaign on behalf of, or in opposition to, any candidate for public office. UMC will not use a substantial part of its activities for lobbying.

<i>Enabling Legislation for UMC</i>	<i>Administration</i>
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Billing and Collections

Every effort will be made to provide correct coding and billing information to patients and payors. Patients will be billed only for the services and care provided. Any overpayments received by UMC will be promptly refunded.

Upon request patient billings are itemized and include dates of service. All goods and services provided to patients will be properly documented.

<i>Discounts of Patient Charges</i>	<i>SPP# FA-11.5</i>
<i>Plan of Internal Control</i>	<i>SPP# FA-21</i>
<i>Rate Review & Development</i>	<i>SPP# FA-25</i>
<i>Ethical Behavior & Supportive Committees</i>	<i>SPP#PAS-24</i>
<i>Pricing Transparency</i>	<i>SPP# FA-11</i>

Cost Reports

UMC derives final reimbursement settlements from various government programs by submitting a formal cost report to the appropriate governing agencies within the required time frame. UMC diligently complies with all federal and state laws and regulations related to the preparation of the cost report. These laws and regulations determine allowable reimbursable cost and services, as well as, guidelines for acceptable methodologies for inclusion on the cost report in regard to providing services to program beneficiaries.

Preparation and submission of the yearly cost report is a cooperative effort between the Reimbursement Specialist, the CFO, and an outside consulting firm.

Annual Budget Report

SPP# FA-1

Audits

SPP# FA-2

Plan of Internal Control

SPP# FA-21

Financial Reporting and Records

UMC is committed to maintaining financial records and reports with accuracy, completeness, and timeliness. These records are vital for proper decision-making at all levels within the facility. As part of the mission of the hospital, financial viability is tracked and decisions are based on the financial reports and records. As a governmental entity we have a responsibility to the public to not only maintain a level of financial viability, but also to diligently record and report on all financial activity in an accurate and timely manner.

Our financial information allows UMC to monitor and comply with applicable legal and regulatory requirements. As such, all financial activity must be reflected accurately and must conform to Generally Accepted Accounting Principles (GAAP). No undisclosed or unrecorded funds or assets may be established. Internal controls have been created to provide a reasonable level of assurance that proper procedures are followed and authorization is established for financial activity to maintain accountability of the organization's assets.

Annual Budget Report

SPP# FA-1

Audits

SPP# FA-2

Accreditation

Accreditation is a requisite of successful operations at UMC. UMC will pursue excellence in compliance with all accrediting standards as well as excellence in the corresponding reviews and surveys by accrediting bodies (i.e., American College of Surgeons, DNVGL, etc.). Each accrediting body will require examination of the processes, knowledge, outcomes and performance of UMC and its staff, both organizationally and individually. UMC will respond to

each accrediting body honestly and ethically, presenting a fair representation of the scope of operations and service at UMC.

Board of Managers Bylaws

Employment Practices

UMC Employees will be courteous to the Board of Managers, officers, employees, professional staff, agents, contractors, patients, and visitors.

UMC and its employees will enter into all employment and personnel matters without regard to race, color, pregnancy, religion, national origin, marital status, age, gender, or disability. **Harassment will not be tolerated.**

UMC will not employ a person whom it knows has been convicted of a criminal offense related to federal healthcare programs, or listed by a federal agency as debarred, excluded, or otherwise ineligible for federal healthcare program participation. UMC will make a reasonable inquiry into the status of any potential employee. If an employee is charged with a criminal offense related to health care (i.e.: patient abuse or neglect, controlled substance abuse, failure to repay Health Education Assistance Loans (HEAL)), or proposed for debarment, suspension, or exclusion, UMC will immediately remove the employee from a position of authority, or from responsibilities related to federal healthcare programs, until the resolution of the criminal charges, debarment, suspension or exclusion. If an employee is convicted or excluded from participation in federal healthcare programs, UMC will terminate the person's employment.

For employment or promotion opportunities, UMC works actively to attract a broad, culturally diverse pool of applicants that is representative of the community and the region. From among this diverse applicant pool, we will employ or promote the best candidate, according to the specific requirements and responsibilities of each position.

Every UMC employee has the right to work in a professional atmosphere that prohibits discriminatory practices, including harassment. We are committed to a work environment where all employees are treated with respect and dignity.

Employees who experience or observe any form of harassment should immediately report it to their supervisor, Department Director, the Human Resources Department, or the Compliance Office.

<i>Equal Opportunity Employer</i>	<i>SPP# HR-11</i>
<i>Recruitment Policy</i>	<i>SPP# HR-33</i>
<i>Rules of Conduct</i>	<i>SPP# HR-34</i>
<i>Harassment/Discrimination Policy</i>	<i>SPP# HR-35</i>
<i>Disruptive Behavior by Members of the Professional Staff</i>	<i>SPP# PAS-20</i>

License and Certification Renewals

Practitioners in positions that require professional licenses, certifications, or other credentials, are responsible for maintaining the current status of their credentials and shall comply at all times with Federal and Texas requirements applicable to their respective disciplines. To assure compliance, UMC requires evidence of the practitioner having a current license or credential status. UMC will not allow licensed or certified practitioners to work without valid, current licensures or credentials as specified by the Professional Staff Bylaws, Rules, Regulations, Policies, and Procedures.

Practitioner Licensure Verification
Licensure & Certification Verification

SPP# PAS-56
SPP# HR-23

Marketing and Advertising

UMC uses marketing, advertising and public relations activities to educate the public, provide information to the community, increase awareness of our services, and to recruit colleagues. The UMC staff is highly sensitive to patient confidentiality in all areas of marketing and only uses information for which patients have given full consent. All materials from the hospital – both written and verbal – are presented in a highly professional manner and present informative, truthful information about the hospital, its services and healthcare in general. We hold to the fundamental value and dignity of the individual and the freedom of speech, assembly, and the press.

Patient Release/Consent for Taking &
Publication of Photographs
Social Media Policy

SPP# PC-26
SPP# HR-36.5

Environment, Safety and Health

UMC employees must comply with all applicable environmental, safety, and health laws and policies to provide a safe environment for employees, patients, and others. Our policies have been developed to protect each individual from potential workplace hazards. If there is a serious workplace injury or any situation presenting a danger of injury, you are advised to contact your supervisor immediately so that the situation can be resolved in a timely manner.

Needlestick/Sharp Puncture Exposure Protocol
Precautions for Pregnant Health Care Workers
Standard Precautions (Exposure Control Plan)
Hospital Environment of Care Manual

SPP# HR-26
SPP# HR-31
SPP# PC-37.1

Departmental/Hospital Standards

The standards in this Code of Conduct do not identify all applicable laws, policies, and procedures. You will comply with all hospital-wide policies. Depending on your responsibilities with UMC, you may be provided with additional written policies and guidelines.

Hospital Policies & Procedures

Department Policies & Procedures

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Employee Training

All employees, managers and officers, and all members of the Board of Managers will receive education and training concerning UMC's Compliance Plan. Each person will receive general information about the Compliance Plan, including the Code of Conduct. In addition, each person will receive specific training in compliance areas related to the employee's job requirements.

Reporting Process

A complete copy of the Compliance Plan is in the Compliance Office and on the intranet. You may have a copy of the Compliance Plan, or any part of the Compliance Plan, upon request. To request a copy call the Compliance Office at 761-0994.

If you have a question about the Compliance Plan, applicable laws, or conduct, please ask your immediate supervisor. If you feel uncomfortable discussing a particular situation with your supervisor, contact the Compliance Office.

Compliance Officer

Robert Brace

How to Report Violations

THE COMPLIANCE OFFICE WILL MAKE ALL EFFORTS TO MAINTAIN THE CONFIDENTIALITY OF YOUR REPORT TO THE EXTENT POSSIBLE CONSISTENT WITH LAW AND THE PLAN.

If you suspect a violation of the Compliance Plan or any applicable law, it is your responsibility to make a report to your supervisor. If there is a reason why reporting to your supervisor is inappropriate, report to the Compliance Officer by:

- Hotline, or
- Written report, or
- Meeting with the Compliance Officer

The **Hotline** number is **(888) 329-6445** or www.ethicspoint.com under UMC Health System. EthicsPoint will take your information and may ask questions about the situation and forward the report to UMC. You may remain anonymous, you may contact EthicsPoint either by phone or web for a status report on your issue, you may contact EthicsPoint either by phone or web to add additional information to your original issue, and you will have at least one week after the report has been closed to add additional information to your report.

If you prefer to report the matter **in person**, you may call the Compliance Office at 761-0994 to arrange a meeting with the Compliance Officer.

You will not suffer any penalty or retribution for good faith reporting of any suspected misconduct or violation. If you make an intentionally false statement or otherwise misuse the reporting system, you will be subject to discipline.

Report Progress

Reports received through the Compliance Office will be addressed promptly and confidentially to the extent possible. Corrective action or changes that need to be made will be organized and carried out by the Compliance Officer with assistance from the Compliance Committee and/or appropriate hospital personnel as required.

Monitoring and Auditing

The Compliance Officer, with the assistance of the Compliance Committee, subcommittees, legal counsel, and/or appropriate personnel will implement a monitoring and auditing system designed to determine compliance with its policies.

Corrective Action

UMC will take reasonable steps to respond to instances of non-compliance and to prevent similar offenses – including any necessary modifications to its program to prevent and detect violations of the law.

Disciplinary Procedures

Failure to comply with the Compliance Plan, or the laws and regulations applicable to UMC, will result in discipline up to and including termination from employment or association with UMC. If you are involved in verified misconduct, you will be subject to disciplinary procedures, which may include:

- discipline for failing to report known or suspected non-compliant conduct;
- discipline for being involved in the non-compliant conduct; and,
- discipline for failing to be aware of compliance issues in your department.

In addition, if you violate the laws and regulations applicable to UMC, you risk individual indictment, criminal prosecution and penalties, civil actions for damages and penalties, and administrative exclusion.