

**Planned Parenthood of the North Country New York, Inc.  
Corporate Compliance Program**

**Table of Contents**

**I. Board Resolution**

- A. Board Resolution

**II. Administration**

- A. Required Elements
- B. Program Administration
- C. Duties of the Corporate Compliance Officer
- D. Reporting and Investigation of Complaints
- E. Confidentiality Policy
- F. Corrective Action Policy
- G. Corporate *Compliance Employee, Board, and Contractor Exclusion Screening Policy and Procedure*

**III. Standards of Conduct and Codes of Ethics**

- A. Letter to Staff
- B. Letter to Staff Acknowledgement Form
- C. Standards of Conduct
- D. Standards of Conduct Acknowledgement Form
- E. Code of Professional Conduct
- F. Code of Professional Conduct Acknowledgement Form
- G. Billing Code of Ethics
- H. Billing Code of Ethics Acknowledgement Form
- I. Patients' Rights and Responsibilities
- J. Patients' Rights and Responsibilities Acknowledgement Form
- K. A Donor's Bill of Rights
- L. A Donor's Bill of Rights Acknowledgement Form
- M. Fund Development Code of Ethics
- N. Fund Development Code of Ethics Acknowledgement Form

**IV. Forms and Reference Materials**

- A. Confidential Incident Report Form
- B. State of NY Office of the Medicaid Inspector General Self-Disclosure Guidance
- C. State of NY Office of the Medicaid Inspector General Provider Self-Disclosure Form

**Planned Parenthood of the North Country New York, Inc.**  
**Board Resolution Regarding Corporate Compliance Program**

WHEREAS, the policy of Planned Parenthood of the North Country New York has been always to conduct its business in compliance with applicable federal, state and local laws and regulations, and to adhere to the highest ethical standards; and

WHEREAS, the Board of Directors recognizes that even unknowing violations of laws and regulations by Planned Parenthood of the North Country New York employees and agents can subject the organization to civil and criminal penalties, tarnish its reputation for professionalism, and lead to unfavorable publicity; and

WHEREAS, the Board of Directors recognizes that the federal agencies responsible for enforcement of Medicare and Medicaid laws and regulations applicable to healthcare providers recently have encouraged the development and implementation of formal corporate compliance programs by healthcare providers; and

WHEREAS, the Board of Directors believes that the development and implementation of a formal corporate compliance program is consistent with the organization's efforts to improve quality and performance, and further reflects the organization's long-standing commitment to conduct its business in compliance with applicable Federal laws and regulations and applicable State laws and regulations and the highest ethical standards; and

WHEREAS, the Board of Directors wishes to ensure that the corporate compliance program is effective in identifying and correcting practices and policies that are not in compliance with applicable laws and regulations, including, where necessary, by providing for disciplinary action against those employees and agents that fail to comply with such laws and regulations; and

WHEREAS, the Board of Directors further wishes the corporate compliance program to formalize, and, as necessary, develop specific standards of conduct and policies for educating and training employees and agents with respect to those standards, review and continually enhance internal controls and monitoring systems, and foster effective communication and responsiveness on compliance issues;

NOW, THEREFORE, IT IS HEREBY RESOLVED that the management of this organization is directed to create a Corporate Compliance Program, to appoint a Compliance Officer, to announce to the staff the initiation of a formal corporate compliance program, and to provide

periodic progress reports to the Board of Directors on the development, implementation and ongoing operation of this program.

UNANIMOUSLY ADOPTED this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

\_\_\_\_\_  
Cheryl Maid  
Board President

**Planned Parenthood of the North Country New York, Inc.**  
**Corporate Compliance Program**

**Required Elements**

Planned Parenthood of the North Country New York's Corporate Compliance Program complies with the following eight required elements of an effective compliance program:

- Written policies and procedures that describe compliance expectations as embodied in a code of conduct or code of ethics, implement the operation of the compliance program, provide guidance to employees and others on dealing with potential compliance issues, identify how to communicate compliance issues to appropriate compliance personnel and describe how potential compliance problems are investigated and resolved.
- Designate an employee vested with responsibility for the day-to-day operation of the compliance program. Such employee should report directly to the CEO and shall periodically report directly to the governing body on the activities of the compliance programs.
- Train and educate all affected employees and persons associated with the provider, including executives, volunteers, and governing body members, on compliance issues, expectations and the compliance program operations. Such training shall occur periodically and shall be made part of the orientation of new employees, executives, and governing body members.
- Communication lines to the responsible compliance position that are accessible to all employees, persons associated with the provider, executives, and governing body members to allow compliance issues to be reported. Such communications lines should include a method for anonymous and confidential good faith reporting of potential compliance issues as they are identified.
- Disciplinary policies to encourage good faith participation in the compliance program by all affected individuals, including policies that articulate expectations for reporting compliance issues and assist in their resolution

and outline sanctions for failing to report suspected problems, participating in non-compliant behavior, or encouraging, directing, facilitating or permitting either actively or passively non-compliant behavior.

- A system for routine identification of compliance risk areas, for self evaluation of such risk areas, including but not limited to internal and external audits, and for evaluation of potential or actual non-compliance as a result of such self evaluations and audits, credentialing of providers and persons associated with providers, mandated reporting, governance and quality of care of medical assistance program beneficiaries.
- A system for responding to compliance issues as they are raised, for investigating potential compliance problems, for responding to identified compliance problems, for prompt and thorough correction of such problems, and implementation of procedures, policies and systems to reduce the potential for recurrence, for identifying and reporting compliance issues to OMIG, and for refunding overpayments.
- A policy of non-intimidation and non-retaliation for good faith participation in the compliance program, including but not limited to reporting potential issues, investigating issues, self-evaluations, audits and remedial actions and reporting to appropriate officials.

**Planned Parenthood of the North Country New York, Inc.**  
**Corporate Compliance Program**

**Administration**

Planned Parenthood of the North Country New York (PPNCNY) maintains a discrete and clearly marked written record and files of all Corporate Compliance Program activity, including training activities, employee compliance program acknowledgements, compliance program audits and investigations, internal reports to the Chief Executive Officer (CEO) and Board of Directors, all reports made by employees of suspected wrongdoing, all steps taken to investigate reports, and determinations made as a result of an investigation. Planned Parenthood of the North Country New York will use the Confidential Incident Report form to document initial reports of possible wrongdoing and follow-up investigation. If a serious problem comes to the Corporate Compliance Officer's (COO) attention, they will consult immediately with the CEO.

Planned Parenthood of the North Country New York will communicate its Corporate Compliance Program to all employees and as part of the Corporate Compliance Program records, maintain a file containing the following: (i) each employee's and relevant agent's signed acknowledgment attached to the letter from the CEO giving an overview of the Corporate Compliance Program, (ii) signed acknowledgment forms from each employee and relevant agent that they have received and read the Standards of Conduct and Code of Professional Conduct, (iii) signed acknowledgment forms from those employees involved in billing, coding and documentation that they have received and read the Code of Conduct – Billing for Services, (iv) signed acknowledgment forms from those employees involved in patient services that they have received and read Patients' Rights and Responsibilities, and (iv) signed acknowledgment forms from those employees involved in fundraising that they have received and read the Fund Development Code of Ethics and Donor's Bill of Rights.

All new employees will be introduced to the Corporate Compliance Program as part of orientation. Supervisors are responsible for ensuring that all each new employee is trained in the compliance policies and procedures and is informed of laws and codes of ethics related to the job functions of that employee.

Planned Parenthood of the North Country New York will develop a regular schedule of training programs and activities that will be repeated periodically as necessary, depending on the subject matter. The training for different groups of employees should focus on the legal requirements most relevant to their particular jobs.

From time to time, the Compliance Officer will discuss with the heads of departments any changes in their operations or in the responsibilities or functions of the employees they

supervise. This will assist in making any needed revisions to the Corporate Compliance Program, including to its Standards of Conduct and training activities.

Planned Parenthood of the North Country New York will maintain a record of attendees at every training session, and take steps to ensure that every employee who has been identified for training in a particular area attends the training programs.

Planned Parenthood of the North Country New York will monitor developments in applicable areas of the law by regularly reviewing relevant periodicals.

### **Duties of Corporate Compliance Officer**

The Corporate Compliance Officer is hereby delegated authority for the implementation and day-to-day administration of Planned Parenthood of the North Country New York's Corporate Compliance Program. The Compliance Officer shall use such authority to fulfill the following responsibilities, and, as appropriate, may designate delegates to assist in carrying out those responsibilities:

- Ensure that all Planned Parenthood of the North Country New York employees and relevant agents acknowledge in writing that they will abide by the Corporate Compliance Program;
- Develop and provide annual and as needed training programs for employees so as to enhance the likelihood that such employees will be deterred from misconduct, report possible wrongdoing, and increase their understanding of the legal standards to which Planned Parenthood of the North Country New York's employees and agents are expected to conform; such training shall be designed for specific classes of employees and may include videos, workshops, Healthstream, and educational sessions led by knowledgeable in-house staff and outside consultants, as well as external conferences;
- Maintain a library of regulations, policies and procedures;
- Regularly review, and, as necessary, develop and revise, billing guidelines for all aspects of the billing process, including coding and documentation;
- Promptly investigate any information or allegations concerning possible unethical or improper practices and make independent determinations as to whether wrongdoing occurred;
- Promptly report any apparent criminal activity, other legal violations or violations of the Standards of Conduct to the CEO, including appropriate corrective action.
- Perform all responsibilities, to the maximum extent possible, on a confidential basis;
- Ensure that there is no retribution or retaliation against an employee or agent who, in good faith, reports a question or concern about a compliance matter;
- Establish and maintain systems to document Planned Parenthood of the North Country New York's efforts to implement this Corporate Compliance Program, and provide for consistent procedures for corrective action for violators;
- Ensures that reports of identified compliance issues are reported to the Office of the Medicaid Inspector General.

- Conduct periodic audits of Planned Parenthood of the North Country New York's offices to insure that they are in compliance with this Corporate Compliance Program, coordinating efforts with the Risk and Quality Management Committee. Review existing controls to determine what measures are appropriate for effective implementation of the Corporate Compliance Program;
- Report to CEO on a regular basis regarding the Corporate Compliance Program;
- Report to the Board of Directors Corporate Compliance activities both annually and whenever major compliance issues arrive;
- Develop and institute, with advice of the CEO any programs, systems or processes needed to improve this Corporate Compliance Program.

The Corporate Compliance Officer shall have authority to review all documents and other information relevant to compliance activities, including, but not limited to, patient records, billing records, records concerning marketing efforts, and records of arrangements with other parties, including employees, vendors, and independent contractors.

## **Reporting and Investigation of Complaints**

The process for employees to report information of suspected wrongdoing requires particular attention. In order to encourage reports of suspected improper behavior, consider the following:

- Be vigilant to insist that no one in a position of authority does or says anything that could be understood to, or which does, threaten or constitute retaliation against anyone who in good faith reports suspected wrongdoing, and impose appropriate discipline to achieve this standard of conduct.
- Once a report of wrongful conduct is made, use discretion to determine whether and to what extent to investigate and to seek assistance from others to conduct the investigation. The Compliance Officer, or their designee, is authorized to supervise the inspection of all files relating to the matter and to interview all employees involved.
- If investigation results demonstrate that a report of suspected criminal behavior or other legal violation has a substantial basis, the Compliance Officer must promptly inform the CEO, recommending corrective action if needed and informing her of any obligation to report the incident to Office of the Medicaid Inspector General (OMIG).
- Because serious consequences may arise from failure to prepare accurate bills and submit proper claims in accordance with applicable laws and regulation, confer with the CEO and legal counsel to evaluate on what basis to conduct periodic audits of Planned Parenthood of the North Country New York's billing procedures.

## CONFIDENTIALITY

Confidential information pertaining to the operations of PPNCNY, its staff, interns, volunteers, donors, and customers, shall not be discussed or shared with anyone who does not need that information to perform PPNCNY-related duties. Staff members are responsible for safeguarding confidential information, including its inadvertent disclosure.

Confidential information may include, but is not limited to:

- Patient protected health and financial information
- PPNCNY security
- Financial reports
- Other agency data

At the time of employment with PPNCNY, each individual must sign a Workforce Privacy and Confidentiality Statement or a Non-Work Force Privacy Statement.

Only authorized staff members shall have access to certain classified agency information and operating procedures. Unauthorized staff members shall not attempt to obtain this information.

Only the CEO or Director of Community Relations will speak to representatives of the press, radio or television media about issues pertaining to the business of PPNCNY.

Breach of confidentiality is grounds for immediate termination.

Responsibility pursuant to this policy continues even after association with PPNCNY ends. Any breach of a confidentiality agreement will result in presumptive damages to PPNCNY in an amount not less than \$50,000.

## CORRECTIVE ACTION PROCEDURE

### A. STEPS OF PROGRESSION

Refer to the Corrective Action Meeting Plan for each of the steps of progression.

1. **Preliminary Notice**: When a supervisor discovers a performance problem or minor infraction of PPNCNY policy or procedure, he/she will give timely feedback to the employee regarding the matter as well as training, if indicated. If this informal approach fails to resolve the problem, then the supervisor shall initiate and document the next steps of the Corrective Action Procedure.
2. **First Notice**: If the performance problem continues following the Preliminary Notice, a supervisor may use this process for bringing attention to violations of PPNCNY policies or improper conduct/performance issues with the expectation that this process will be sufficient to bring about the changes desired. A supervisor may begin with this step of progression.

The supervisor must document that the first notice was given using the Corrective Action Documentation form # hr01. Documentation must include name of employee, brief description of the violation, date of first notice, description of first notice and signature of supervisor and employee. The HR Manager may attend the meeting at the discretion of the supervisor. Documentation is forwarded to the Human Resource (HR) department to file in the employee's personnel file.

If, within one (1) year, the employee receives no Second Notice for the same or similar offense, then for the purpose of progressive corrective action, such First Notice will not be considered.

3. **Second Notice**: A supervisor may use this process for bringing attention to a second violation of PPNCNY policies or continued improper conduct.

The supervisor must document the second notice in the same manner as the first notice. The HR Manager may attend the meeting at the discretion of the supervisor.

If an employee receives a Second Notice for the same or similar offense within one (1) year of the First Notice then both notices will remain in effect for two (2) years from the date of the Second Notice. If, within those two (2) years, the employee receives no additional Notices, then the documentation pertaining to the First and

Second Notices will not be considered for purposes of progressive corrective action.

4. **Warning:** A supervisor may begin with this step of progression for major violations of PPNCNY policies, seriously improper conduct or recurrence of offense.

The supervisor must write summary of this step using Corrective Action Documentation form # hr01. Include the same information as first and second notices and acknowledgement from the employee that the warning was given by their signature on the document. The HR Manager may attend the meeting at the discretion of the supervisor.

5. **Suspension for Investigation Pending Discharge:** A supervisor retains the primary responsibility for making a decision regarding suspension for investigation pending discharge. However, the decision must be discussed with the HR Manager or the CEO before it is communicated in person to the employee and the HR Manager must be present at this meeting. Supervisors will conduct fact-finding with the employee during this meeting and prior to imposing any suspension.
  - a. Suspension with pay: If the employee's suspension would be solely for the convenience of PPNCNY in order to conduct the proper investigation, then the suspension shall be with pay.
  - b. Suspension without pay: If the initial facts of the incident indicate that the staff member's presence during the investigation could create a danger to person or property, the suspension shall be without pay.
  - c. Reinstatement: If an employee is reinstated following investigation, then pay will be granted from the date of reinstatement back to the date of unpaid suspension.
6. **Discharge:** A supervisor retains the primary responsibility for making a decision regarding discharge. However, the decision must be discussed with the HR Manager and the CEO before it is communicated to the employee. The HR Manager must attend the meeting.

## **B. INVESTIGATION**

### **1. General Requirements:**

- a. The supervisor will conduct a fact-finding investigation appropriate to the incident or performance issue. Should there be a conflict of interest; an appropriate investigator will be designated. The scope of the investigation will vary depending upon the type of incident. Some steps will not be appropriate or necessary for certain circumstances such as performance issues or for investigations concerning the actions of former employees.
- b. Documentation of all steps in the investigation shall be collected in a Documentation File.
- c. The investigation will be conducted in a manner to ensure confidentiality.
- d. The investigator will prepare written statement of interviews conducted, have the witness edit it and modify the statement as needed for final review and signature. All witnesses shall be cautioned against disclosure.
- e. The investigator shall document his/her own impressions, observations and conclusions after completion of each step in the investigation.
- f. The Corporate Compliance Officer will conduct investigations regarding corporate compliance issues.

### **2. Steps in an Investigation: Supervisor and/or Corporate Compliance Officer**

- a. Conduct fact-finding with the employee in the presence of the HR Manager before imposing corrective action. This includes creating a timeline and course of action.
- b. Documentation is critical. All steps of the investigation must be documented and given to the HR Manager and CCO if applicable. The HR Manager and CCO are responsible to maintain well organized files and ensure their security.
- c. Suspend employee if appropriate.
- d. Conduct the investigation.
- e. Check HR Policies for appropriate applications.
- f. Review employee's human resource file.
- g. Determine the Appropriate Action (see below).
- h. Conduct the Corrective Action Meeting (see below).
- i. Review suspension, if applicable.

- j. Make adjustments as necessary.

## **C. IMPLEMENTING CORRECTIVE ACTION**

### **1. Determining the Appropriate Action:**

- a. At the conclusion of the investigation, the investigator will review the Documentation File with the HR Manager, CEO or designee. Together, they will decide what step of corrective action, if any, is warranted.
- b. The purpose of the collaboration is to review the proposed corrective action objectively in light of past practice, inter- and intra-department consistency as well as compliance with the Corrective Action Policy and Procedure's overall objectives.
- c. Any finding of misuse or misappropriation of PPNCNY property and major corporate compliance infractions shall be reported to the Board of Directors.

### **2. The Post Investigation Corrective Action Meeting Plan:**

- a. Prior to the meeting with the employee, the supervisor and HR Manager will prepare a memorandum that includes:
  - i. Date of corrective action
  - ii. Employee's name, job title and department
  - iii. Summary of events, infractions or violations that provide the basis for the corrective action (include prior corrective actions in the case of progressive corrective action)
  - iv. A statement of the policy or procedure violation, if applicable
  - v. Nature of the corrective action being imposed
  - vi. A statement of the corrective action plan (e.g. sustained performance improvement, compliance with a particular policy, completion of additional job training)
  - vii. Establishment of follow-up meeting date(s), during which staff member's progress toward compliance with the corrective action will be reviewed

- viii. A final statement indicating that a failure to comply with the corrective action plan or any subsequent infraction or violation may result in further corrective action, up to and including discharge
  
- b. The supervisor and HR Manager arrange for a confidential meeting place
  
- c. During the meeting, the supervisor reviews the memorandum with the employee and listens to the employee's comments. The supervisor will stress to the employee, however, that the investigation has been completed.
  
- d. The supervisor makes reasonable efforts to reach agreement with the employee about the corrective action to be taken, stressing the expectation of positive behavior and/or improvement in the future.
  
- e. At the end of the meeting, the supervisor confirms that the employee fully understands the purpose and gravity of the meeting. The supervisor recaps the problems and the solutions.
  
- f. The supervisor gives the employee the opportunity to review the memorandum and to add any statement to the document. The employee then signs the memorandum before leaving the meeting. If the employee refuses to sign, a notation is made on the corrective action document to that effect, with the date and time signed by the supervisor and the HR Manager or designee.
  
- g. The supervisor adheres to the follow-up meeting date(s), as it provides the supervisor and the employee the opportunity to review and respond to any performance improvement or lack of improvement in a timely manner.

## Planned Parenthood of the North Country New York Corporate Compliance Program

Dear Staff Member,

Planned Parenthood of the North Country New York is committed to maintaining the highest level of professional and ethical standards, and to act in compliance with law. We are known and trusted for our integrity. It is fundamental to our values and mission.

In order to help us in this effort, we have a Corporate Compliance Program and Amy Valentine has been appointed as Planned Parenthood of the North Country New York's Compliance Officer. She is responsible for administering and implementing the program.

Your commitment to our Corporate Compliance Program is imperative. If you have any questions at all about the program or any of its requirements, please promptly contact your supervisor, our Compliance Officer, the VP of Patient Services or me.

**Standards of Conduct.** One element of our program is written Standards of Conduct. The Standards of Conduct provide a statement of certain important legal compliance policies, provide guidance on how to resolve questions relating to these Standards and applicable law, and establish a mechanism for reporting possible violations of these Standards and the law.

The Standards of Conduct will be provided to all employees annually. Supervisors are expected and required to communicate these standards to all employees and agents under their supervision, particularly those whose duties involve billing, coding, or other reimbursement documentation on our behalf. The Standards of Conduct are also available to all personnel upon request from your supervisor or from the Corporate Compliance Officer. You are asked to sign the attached Acknowledgement that you have read the Standards, and to return it to your supervisor.

**Mandatory Training.** Periodic mandatory educational programs on specific areas of compliance are scheduled by the Compliance Officer. You will be notified of these programs.

**Know the Basics.** Every employee is expected to be familiar with the basic legal requirements that are relevant to his or her duties and to adhere to high ethical standards at all times. Employees can learn the laws and regulations that apply to their work through training sessions, from their supervisors, by reviewing the Planned Parenthood of the North Country New York policy manual and the Standards of Conduct, and by asking questions of the Compliance Officer. In addition, your job duties may require adherence to specific Codes of Ethics. Your supervisor will provide you those Codes and you are asked to sign an acknowledgement that you have read them and to return it to your supervisor.

**Mandatory Reporting.** You are required to report any suspected improper conduct, including possible violations of law, in accordance with the following procedures:

**Where to Report.** You have the choice to report to your supervisor, the Compliance Officer, the CEO, or through the Safe2Say Hotline: 1-844-254-0278. You may call the Compliance Officer (Amy Valentine) directly at 518-561-0605 ext.117 or the CEO (Tess Baker) at 518.561.0605 ext 123. You may also submit a Confidential Incident Report to any of them in writing. Anonymous reports can also be made to the Safe2Say Hotline by phone at 1.844-254-0278, 24 hours a day.

**What to Report.** You need not be absolutely certain that a violation has occurred before making a report. If you reasonably believe that a violation is possible, let us know. This enables us to investigate potential problems quickly and take prompt action to deal with them.

**Consequences of Reporting.** No employee will be disciplined because he or she made a report in good faith. Wherever possible, the identity of the employee making the report will be kept confidential. For more information, please see the Whistleblower Policy contained in the Standards of Conduct.

The Corporate Compliance Program reflects Planned Parenthood of the North Country New York's commitment to integrity as the guiding principle for its employees and others who act on its behalf. Your participation is essential. Please acknowledge that you have received and read this letter and will abide by this program by signing the attached acknowledgment and giving it promptly to your supervisor.

Sincerely,

Tess Barker, CEO

Attachments:       Standards of Conduct  
                          Code of Professional Conduct  
                          Employee Acknowledgment Forms

Planned Parenthood of the North Country New York, Inc.  
Corporate Compliance Program

### Staff Letter Acknowledgement Form

I have received, read, understand and will comply with Planned Parenthood of the North Country New York, Inc. Corporate Compliance Program Staff Letter.

I have been given the opportunity to have my questions answered about the Corporate Compliance Program. I will address any further questions or concerns that may arise to the Corporate Compliance Officer.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Planned Parenthood of the North Country New York**

### **Corporate Compliance Program Standards of Conduct**

Planned Parenthood of the North Country New York (PPNCNY) is committed to the highest level of professional and ethical standards, and to acting in compliance with all relevant laws and regulations. We are known and trusted for our integrity. It is fundamental to PPNCNY's mission and values.

To ensure the provision of quality health care is consistent with applicable state and federal laws and regulations, PPNCNY employees and agents must acknowledge these standards and conduct themselves accordingly. To help you in this effort, we have prepared these Standards of Conduct. The Standards of Conduct, part of PPNCNY's overall Corporate Compliance Program, specify certain important rules and policies applicable to the maintenance of integrity and lawfulness in the provision of PPNCNY services.

Your commitment to these Standards and to PPNCNY's Corporate Compliance Program is imperative. If you have any questions whatsoever about these Standards or any other corporate compliance issue, promptly contact your supervisor, the Corporate Compliance Officer, or the CEO.

#### **BILLING FOR SERVICES**

PPNCNY and its staff provide a variety of services to patients and the community. We are paid for our services in different ways. Because of our mission, some of these services are provided at no charge, or at reduced rates. In most cases, claims and billing statements are provided to the patient or a third-party payor responsible for payment. It is imperative that, regardless of who pays us, and on what terms, our bills and supporting documentation accurately reflect the services actually provided, who performed the service, as well as all other pertinent data relating to the patient that is required by the particular third-party payor.

It is, of course, fundamental that no one at or acting on behalf of PPNCNY would intentionally falsify a claim. Such conduct is a crime, is never in the interest of PPNCNY and will result in severe sanctions including, but not limited to, dismissal. However, negligently prepared bills cause significant administrative problems, as well as tarnish our reputation for professionalism, and even unintentional violations of billing rules and regulations risk being construed as fraud by state and federal authorities. Thus, bill errors as well as billing and payment improprieties of any kind (such as failure to return overpayments) may expose PPNCNY, as well as the individuals responsible for the billing problems, to substantial penalties, including criminal sanction for false claims.

All health care professionals involved in preparing PPNCNY billing information and all employees and agents that perform technical or clerical tasks in connection with preparing or

submitting this billing information, are required to become familiar with and abide by all applicable laws and regulations, including the particular coding and billing rules of Medicaid, Medicare and other pertinent third-party payors. It is the policy of PPNCNY that all claims for services shall reflect accurately all appropriate codes, that documentation in the medical record shall support the code, and that the claim shall be submitted in the name of the appropriate provider. It is critical that Medicare, Medicaid and other payors be billed only for medically necessary services that are properly documented and accounted for. PPNCNY is committed to this level of achievement and performance by its staff members, and shall provide training opportunities to support this end.

It is also important that each employee and agent use best efforts to prevent and, where appropriate, report errors, improprieties or suspicious circumstances in billing that could violate applicable laws and regulations. Any employee with knowledge of any billing issues of this nature, or with any questions about applicable billing requirements, is required to promptly consult with his or her supervisor, the Corporate Compliance Officer, or the CEO. Failure to do so may result in corrective action, up to and including dismissal. Whenever possible, questions or concerns regarding billing should be raised *before* claims or other billing materials are submitted for payment. PPNCNY strictly prohibits any retribution or retaliating against any workforce member or agent who, in good faith, reports a question or concern about a billing matter.

In addition to these basic billing standards, the following also applies to PPNCNY billing activities:

***Billing Manual.*** Detailed guidelines and explanations of specific codes and instructions relating to specific payors shall be provided in PPNCNY billing manual/ guidelines, which shall be updated regularly, and which shall be discussed in training sessions and educational materials on an ongoing basis for appropriate billing personnel.

***Audits.*** Periodic sample internal chart and billing reviews shall be conducted ***prior to*** the submission of bills or claims to assess compliance and identify potential issues. This shall include review of the bill against the patient record to assure that billing is proper and, in particular, that there was no upcoding, unbundling of services or other improper maximization of reimbursement (see ***Coding for Services***, below).

***Written Acknowledgments.*** These Standards of Conduct and PPNCNY billing manual shall be distributed to all employees and contractors who participate in the billing process, and each is required to acknowledge in writing that he or she has read, understood and will comply with all applicable laws and regulations, these Standards, and all other policies and procedures relating to billing that have been developed by PPNCNY. This acknowledgment shall be a condition of employment with PPNCNY, and a condition of any billing services agreement between PPNCNY and its contractors.

**Medical Record Documentation.** Documentation in the medical record must support the services or procedures selected for billing. Medical records, notes, and other documents shall be appropriately organized and legible so they can be audited and reviewed. The information in the medical record shall be accurate and consistent, and narratives shall be sufficiently detailed to enable billing personnel to verify the appropriate codes. The identity of the individual providing the service shall always be included in the medical record documentation.

Health professionals shall exercise due care and diligence to assure the accuracy and completeness of all medical records and encounter forms. The appropriate health professionals shall sign all such records to verify that service was performed and documented in the medical record, and that the level of care and diagnosis are accurate.

**Coding for Services.** Appropriate and accurate codes shall be used for services provided. For example, “upcoding” is a violation of PPNCNY policy. “Upcoding” means that a provider designates a billing code for services that he or she knows or should know will result in greater payments than the provider is otherwise entitled to receive. “Downcoding,” the opposite of “Upcoding,” means that a provider designates a billing code for services he or she knows or should know will result in a lesser payment than the provider is entitled to receive. “Unbundling”, or billing separately for services where payors require that the services be billed together, is another type of billing impropriety that violates PPNCNY policy. Personnel, including APCs, RNs, LPNs and CAs, shall be responsible for assuring that the codes reported on insurance claim forms or information otherwise provided to the billing department are supported by narratives in the medical record for each treatment or service furnished.

**Non-Physician Providers.** (APCs, RNs, LPNs and CAs) Specific payment rules can pertain to non-physician providers, and these rules may vary depending upon the type of non-physician provider involved. It is very important to understand the rules applicable to such providers when billing for their services. For example, in some cases, certain non-physician providers may provide services without physician supervision, while others may do so only under a physician’s supervision. Accordingly, documentation may require details as to which type of provider performed a service and the name of the physician providing supervision. All non-physician providers shall be responsible for knowing the applicable rules as related to their job description and additional certifications, ie colposcopy, ultrasound, and medication abortion.

## **IMPROPER INDUCEMENTS**

Federal and state criminal laws that are commonly referred to as “anti-kickback” statutes restrict the offers or acceptance of money or anything else of value made with the intent to induce or influence the referral or purchase of health care services or items. Other laws, known as “self-referral” or “Stark” laws, prohibit physicians and certain other health care professionals from referring patients for designated health care items or services (including prescription

drugs, clinical laboratory services, and diagnostic imaging services) if there is a financial relationship between the physician (or other health professional) and the person or entity that provides the referred item or service. Violations of either type of law can be felonies punishable by fines and imprisonment.

While these laws are very broad covering a wide range of activity, they are also subject to important and substantial exceptions. For example, anti-kickback law issues may be raised when a clinic accepts a volume discount from a medical supply vendor or a grant from a hospital that accepts referrals of clinic patients. However, discounts are likely to be acceptable if they are properly reported to Medicaid or Medicare, and grants will often pass corporate muster if they are not conditioned on the referral of patients.

The self-referral or “Stark” laws are similarly broad in scope with substantial and important exceptions. For example, Stark laws may apply when a clinic hires a physician as an independent contractor and also bills for certain Stark designated services (such as ultrasound or prescription drugs) ordered by this physician for clinic patients. However, if physician contractors have one-year written contracts for a flat fee they might well be able to refer patients for Stark designated items and services in compliance with corporate requirements. In most cases, the key whether a particular arrangement complies with the anti-kickback or self-referral laws depends on the details of how it is structured.

Despite the complexity of these laws, PPNCNY employees and agents are required to conduct themselves in compliance with their requirements. In order to help assure compliance, it is the policy of PPNCNY that the Corporate Compliance Officer or CEO review and approve (in consultation with PPNCNY’s Leadership Team and/or Board of Directors if necessary) any new business or contractual relationship or joint venture, or other agreement with any person or organization that may raise a question under these laws. Generally, any financial referrals from PPNCNY can implicate the anti-kickback or self-referral laws and should therefore be scrutinized for compliance with these laws.

## **TRADE PRACTICES/ANTITRUST**

Antitrust laws are designed to preserve and foster robust competition within a market economy. To accomplish this goal, the laws make illegal arrangements, agreements and understandings that restrict competition or interfere with the ability of market systems to function properly. The language of these laws is deliberately broad, prohibiting such activities as “unfair methods of competition” and agreements “in restraint of trade.” Such language gives enforcement agencies the right to examine many different business activities to judge the effect on competition. These laws apply to both for-profit and not-for-profit healthcare providers, and in the eyes of the law, good intentions and consumer benefits do not excuse violations.

In healthcare delivery, one of the areas of greatest antitrust risk is contacts between “competitors,” such as for the purpose of jointly negotiating with payors. Providers that are

competitors under antitrust laws are generally not permitted to share competitively sensitive information, including, but not limited to prices, reimbursement or salary levels.

However, it is not easy to determine whether two healthcare entities are “competitors” under the antitrust laws, for example, the determination of whether healthcare providers are “competitors” requires difficult judgments about the makeup of the relevant economic and geographic markets for each of the healthcare services they provide. Also, even if it is determined those providers are “competitors” under antitrust laws; they may nonetheless be able to share competitively sensitive information if their business arrangement or joint ventures are structured in certain ways.

### **NON-EMPLOYMENT OF CERTAIN PERSONS**

It is PPNCNY’s policy to recruit and employ or otherwise contract with persons of the highest ethical standards. Thus, applicants for positions at PPNCNY and potential vendors and contractors that will be providing critical services (such as billing and coding or the provision of medical/clinical services) shall be screened and answer truthfully and completely questions relating to prior convictions of criminal offenses related to health care, and to exclusion, debarment or ineligibility for participation in Medicaid, Medicare or other federally funded health care programs. Failure to answer such questions truthfully shall be grounds for corrective action, including dismissal or termination.

To help ensure that PPNCNY does not employ or contract with persons that have been convicted of criminal offenses related to health care, or that are excluded, debarred or otherwise ineligible for participation in federal health care programs, the following internet source and EP StaffCheck software shall be checked prior to employing or contracting with any individual or entity as well as monthly during the term of employment: the DHHG Office of Inspector General’s List of Excluded Individuals/Entities at <http://exclusions.oig.hhs.gov> . Other sources may also be checked as deemed necessary by the Human Resources department.

### **CONFLICT OF INTEREST POLICY**

PPNCNY expects all employees to support its mission, policies and goals, and to conduct themselves in an ethical manner. PPNCNY further expects that, in the context of their positions, employees will conduct all business in PPNCNY’s best interest. Business relationships or business practices which would cause or be perceived as a conflict with the interests and purpose of PPNCNY or which could impair or appear to impair an employee’s integrity or objectivity in relation to his/her position must be avoided. Therefore, PPNCNY employees must observe the following guidelines:

- Employees should not show favor or preference to any contractors, suppliers, customers or other persons doing or seeking to do business with PPNCNY based on anything other than appropriate business concerns.

- Employees should not participate in any decision as part of their duties as PPNCNY employees, or be present for discussion of such decisions, if their interest in any company or business concern might influence such decisions.
- Employees should not accept payments, loans, services or any inappropriate gifts or benefits from a business concern doing or seeking to do business with PPNCNY.
- Employees should not use their position to obtain for themselves, their relatives or friends an inappropriate material benefit.
- Neither employees nor volunteers of PPNCNY shall accept any gift or gratuity from any pharmaceutical firm or their supplier or from any provider of service to PPNCNY, other than unconditional gifts of nominal value (e.g., modestly priced meals or medical textbooks, or small items such as pens, calendars or notepads). No gifts of cash or cash equivalents are permitted.

#### **WHISTLEBLOWER POLICY**

The reporting of concerns regarding corporate compliance is encouraged by PPNCNY. In accordance with the law, and the policies of PPNCNY, retaliation of any kind against any employee of Planned Parenthood of the North Country New York, Inc. who submits in good faith a complaint or concern regarding a compliance issue, or who assists in good faith in the investigation (whether by Planned Parenthood of the North Country New York, Inc. or any regulatory authority or law enforcement agency) of any alleged wrongdoing is strictly prohibited.

Any acts of retaliation should be reported immediately to your supervisor, the Corporate Compliance Officer or the CEO. They may also be reported anonymously using the Kroll hotline. Acts of retaliation may result in severe disciplinary action against the individual(s) causing such retaliation, including termination of employment.

#### **PARTICIPATING IN TRAINING AND EDUCATION**

Ongoing training and education are essential components of PPNCNY's Compliance Program. All new PPNCNY employees will be oriented to the Compliance program upon hire. PPNCNY employees and certain agents shall be required to participate in ongoing training and education initiatives that are relevant to their job responsibilities, which shall include education and training of new employees and certain agents, and continued re-training for existing personnel. Attendance at sessions shall be recorded by the Corporate Compliance Officer or designee and records of attendance will be maintained by the HR department.

Topics that will be covered during such sessions shall include updates on the laws and regulations governing relevant subject areas, and, where appropriate, findings from quality monitoring reviews/audits. Educators may include knowledgeable internal personnel as well as

outside consultants. Training opportunities may also include external conferences, seminars, webinars, DVDs and videos, and CAL.

## **PARTICIPATION IN AUDITS AND QUALITY MONITORING ACTIVITIES**

As part of its Compliance Program, PPNCNY shall undertake regular audits and other quality monitoring activities. It shall be the responsibility of all employees and agents to cooperate in and facilitate those activities. Failure to do so is grounds for corrective action, up to and including dismissal.

The Corporate Compliance Officer shall work with appropriate personnel to establish programs for monitoring billing quality. Such programs shall include internal review of billing processes and documentation, and, as necessary, outside auditor reviews conducted in conjunction with legal counsel.

These programs and audits shall examine the propriety of all bills, including a review of the bill, claims form, or statement against the medical record to assure that the billed service was proper and supported by documentation in the medical record, and that the proper procedure and diagnosis codes were utilized.

## **COMPLIANCE WITH STANDARDS OF CONDUCT**

### **Questions Regarding the Standards**

The Corporate Compliance Officer shall be responsible for implementing, monitoring and, as necessary, revising, the Compliance Program, including these Standards. The Corporate Compliance Officer shall work with other PPNCNY employees and agents to accomplish his/her duties.

All employees and agents with questions regarding the applicability or interpretation of these Standards should direct inquiries to their supervisor, the Corporate Compliance Officer, or the CEO. Correspondence should be addressed to their supervisor, the Corporate Compliance Officer, or the CEO marked "Confidential."

### **Reporting of Potential Violations**

Suspected violations must be reported to the employee's immediate supervisor, the Corporate Compliance Officer, the CEO, or through the Kroll Hotline. Reports can also be made to the Kroll hotline on a confidential or anonymous basis by phone at 1.888.801.5260 or by fax at 1.888.801.5243 24 hours a day. Where possible, the identity of the workforce member making the report will be kept confidential, however confidentiality cannot be guaranteed.

### **Investigation of Potential Violations**

All reported violations of the Standards will be promptly investigated by PPNCNY and will be treated confidentially to the extent consistent with PPNCNY's interest and its legal obligations.

Workforce members and agents are required to cooperate in the investigation of an alleged violation of these Standards or other policies and procedures relating to the billing process. If the result of the investigation indicates that corrective action is required, the Corporate Compliance Officer shall be responsible for promptly consulting with the CEO to decide what steps shall be taken to rectify the problem and avoid the likelihood of its recurrence. (See Corporate Compliance Manual for Corrective Action Procedure.)

### **Corrective Action for Violations**

Corrective actions, up to and including dismissal, may be taken for authorization of or participation in actions that violate these Standards, including, but not limited to: failure to report a violation of these Standards or to cooperate in an investigation; failure by a violator's supervisor(s) to detect and report a violation of these Standards if such failure reflects inadequate supervision or lack of oversight; and retaliation against an individual for good faith reporting of a violation or possible violation of these Standards.

### **Acknowledgment and Certification of Compliance**

PPNCNY requires that all employees sign an acknowledgment and certification confirming that they have received, read, understand and will abide by the Standards of Conduct. Employees and contractors involved in billing, coding, and documentation will sign an acknowledgment and certification confirming that they have received, read, understand and will abide by the Code of Conduct - Billing for Services. All employees involved in patient services will sign an acknowledgment and certification confirming that they have received, read, understand and will abide by Patients' Rights and Responsibilities. All employees involved in fundraising will sign an acknowledgment and certification confirming that they have received, read, understand and will abide by the Fund Development Code of Ethics and the Donor's Bill of Rights.

Each year PPNCNY will certify with the Office of the Medicaid Inspector General that we have a Corporate Compliance Program in place.

Planned Parenthood of the North Country New York, Inc.  
Corporate Compliance Program

**Standards of Conduct Acknowledgement Form**

I have received, read, understand and will comply with Planned Parenthood of the North Country New York, Inc. Corporate Compliance Program Standards of Conduct.

I have been given the opportunity to have my questions answered about the Corporate Compliance Standards of Conduct. I will address any further questions or concerns that may arise to the Corporate Compliance Officer.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLANNED PARENTHOOD OF THE NORTH COUNTRY NEW YORK  
CODE OF PROFESSIONAL CONDUCT**

PPNCNY, Inc. is committed to excellence in reproductive health care, education, advocacy and social services. To further the goal of excellence, all staff members adhere to the Code of Professional Conduct in their interaction with patients, colleagues, other health professionals, volunteers, donors and the public.

**1. Respect for All Persons**

- Treat patients/clients, colleagues, other health professionals, volunteers and the public with the same respect you would wish them to show you.
- Accept responsibility for establishing and maintaining healthy interpersonal relationships with other staff members and discuss promptly any issues or problems directly with the staff involved.
- Respect the privacy and modesty of colleagues and patients/clients.
- Use appropriate language, verbally or in writing.
- Avoid the use of endearing terms (i.e. honey, sweetie) when addressing others.

**2. Respect for Patient Confidentiality**

- Treat with confidentiality the medical or personal details of a patient/client with everyone except those health care professionals integral to the well being of the patient, or within the context of an educational endeavor.
- Keep private any discussions regarding patients/clients or their illnesses or circumstances in public places where the conversation may be overheard.

**3. Collegiality**

- Cooperate with other members of the Planned Parenthood Team.
- Share your knowledge willingly and professionally.
- Be generous with your time to answer questions from staff, from patients/clients and from interested parties.
- Use communal resources (equipment, supplies and funds) responsibly and equitably.

**4. Honesty and Integrity**

- Be truthful in verbal and written communications.
- Acknowledge your errors to colleagues and patients/clients.
- Recognize the impact of your action on your peers, i.e. making personal phone calls, personal computer usage, tardiness or extended break times.

**5. Awareness of Limitations, Professional Growth**

- Be aware of your personal limitations (knowledge or abilities) and know when and whom to ask for assistance.

- Avoid patient/client involvement when you are ill, distraught or overcome with personal problems.
- Work only in areas or situations where you are adequately trained.

#### **6. Responsibility for Peer Behavior**

- Indicate disapproval or seek appropriate intervention if you observe unprofessional conduct. Share your concern with the staff involved or seek appropriate intervention.
- Report serious breaches of the Code of Professional Conduct to your immediate supervisor.

#### **7. Behavior as a professional**

- Clearly identify yourself and your position to patients/clients and staff; wear your ID tag on affiliate business.
- Dress in a neat, clean, professionally appropriate manner in accordance with agency dress code policy.
- Maintain a professional composure despite the stresses of fatigue, professional pressures or personal problems.
- Speak positively about colleagues and their decisions in the presence of patients/clients/staff/volunteers/donors/board members, etc.
- Fulfill your professional responsibilities in good conscience.

#### **8. Respect for Property and Laws**

- Adhere to the regulations and policies of PPNCNY, i.e. policies governing fire safety, hazardous waste disposal and standard precautions.
- Adhere to local, state and federal laws and regulations. These standards include but are not limited to the following:
  - Patient Bill of Rights
  - New York State Department of Education Regulations (which includes Nurse Practice Act)
  - Planned Parenthood Federation of America Medical Standards & Guidelines
  - New York State Department of Health Regulations
  - Title X (Ten) Regulations
  - Health Insurance Portability and Accountability Act (“HIPAA”) Regulations
  - Crime Victims Board
  - National Abortion Federation
- Do not misappropriate, destroy, damage or misuse property of PPNCNY.

Planned Parenthood of the North Country New York, Inc.  
Corporate Compliance Program

**Code of Professional Conduct Acknowledgement Form**

I have received, read, understand and will comply with Planned Parenthood of the North Country New York, Inc.'s Code of Professional Conduct.

I have been given the opportunity to have my questions answered about the Code of Professional Conduct. I will address any further questions or concerns that may arise to the Corporate Compliance Officer.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Planned Parenthood of the North Country New York, Inc.**

**Code of Conduct - Billing for Services**

1. Planned Parenthood of the North Country New York Medical Billing Professionals shall maintain objectivity and integrity, conducting business with the highest degree of integrity and in the best interest of our clients and the public.
2. Planned Parenthood of the North Country New York Medical Billing Professionals shall be free of conflicts of interest.
3. Planned Parenthood of the North Country New York Medical Billing Professionals shall never knowingly misrepresent facts to our clients, insurance providers or the public.
4. Planned Parenthood of the North Country New York Medical Billing Professionals shall not disclose any confidential information unless instructed to do so by the Provider.

Planned Parenthood of the North Country New York, Inc.  
Corporate Compliance Program

**Code of Conduct – Billing for Services Acknowledgement Form**

I have received, read, understand and will comply with Planned Parenthood of the North Country New York, Inc.'s Code of Conduct – Billing for Services.

I have been given the opportunity to have my questions answered about Code of Conduct – Billing for Services. I will address any further questions or concerns that may arise to the Corporate Compliance Officer.

---

Printed Name

---

Signature

---

## PATIENTS' BILL OF RIGHTS

### **AS A CONSUMER OF PLANNED PARENTHOOD, YOU HAVE A RIGHT, TO:**

1. Be free from: neglect: exploitation; and verbal, mental, physical or sexual abuse
2. Receive service(s) without regard to age, race, color, sexual orientation, religion, marital status, sex, national origin, disability or number of pregnancies.
3. Be treated with consideration, respect and dignity including privacy in treatment.
4. Be informed of the services available at the center.
5. Be informed of the provisions for off-hour emergency coverage.
6. Be informed of the charges for services, eligibility for third-party reimbursements and, when applicable, the availability of free or reduced cost care.
7. Receive an itemized copy of his/her account statement.
8. Obtain from his/her health care practitioner, or the health care practitioner's delegate, complete and current information concerning his/her diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand.
9. Receive from his/her physician information necessary to give informed consent prior to the start of any nonemergency procedure or treatment or both. An informed consent shall include, as a minimum, the provision of information concerning the specific procedure or treatment or both, the reasonably foreseeable risks involved, and alternatives for care or treatment, if any, as a reasonable medical practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decision.
10. Refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his/her action.
11. Refuse to participate in experimental research.
12. Receive services without the imposition of a durational residency requirement or the requirement to be referred by a physician.
13. Voice grievances and recommend changes in policies and services to the center's staff, the operator and the New York State Department of Health without fear of reprisal.
14. Express complaints about the care and services provided and to have the center investigate such complaints. The center is responsible for providing the patient or his/her designee with a written response within 30 days if requested by the patient indicating the findings of the investigation. The center is also responsible for notifying the patient or his/her designee that if the patient is not satisfied by the center response, the patient may complain to the New York State Department of Health's Office of Health Systems Management. (1-800-804-5447)
15. Privacy and confidentiality of all information and records pertaining to the patient's treatment.
16. Approve or refuse the release or disclosure of the contents of his/her medical record to any health-care practitioner and/or health-care facility except as required by law or third-party payment contract.
17. Access his/her medical record pursuant to the provisions of section 18 of the Public Health Law, and Subpart 50-3 of this Title.

18. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
19. Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the center.

Per: Public Health Law (PHL)2803 (1)(g)Patient's Rights, 10NYCRR, 751.9; Title X Requirement Sections: 9.2, 9.9  
Planned Parenthood Federation of America Medical Standards & Guidelines  
Revised: 7/15, 1/16

Planned Parenthood of the North Country New York, Inc.  
Corporate Compliance Program

**Patients' Rights and Responsibilities Acknowledgement Form**

I have received, read, understand and will comply with Planned Parenthood of the North Country New York, Inc. Patients' Rights and Responsibilities.

I have been given the opportunity to have my questions answered about Patients' Rights and Responsibilities. I will address any further questions or concerns that may arise to the Corporate Compliance Officer.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## A Donor's Bill of Rights

Philanthropy is based on voluntary action for the common good. It is a tradition of giving and sharing that is primary to the quality of life. To assure that philanthropy merits the respect and trust of the general public, and that donors and prospective donors can have full confidence in the not-for-profit organizations and causes that they are asked to support, we declare that all donors have these rights:

- I. To be informed of the organization's mission, of the way the organization intends to use donated resources, and of its capacity to use donations effectively for their intended purposes.
- II. To be informed of the identity of those serving on the organization's governing board, and to expect the board to exercise prudent judgment in its stewardship responsibilities.
- III. To have access to the organization's most recent financial statements.
- IV. To be assured their gifts will be used for the purposes for which they were given.
- V. To receive appropriate acknowledgment and recognition.
- VI. To be assured that information about their donation is handled with respect and with confidentiality to the extent provided by law.
- VII. To expect that all relationships with individuals representing organizations of interest to the donor will be professional in nature.
- VIII. To be informed whether those seeking donations are volunteers, employees of the organization or hired solicitors.
- IX. To have the opportunity for their names to be deleted from mailing lists that an organization may intend to share.
- X. To feel free to ask questions when making a donation and to receive prompt, truthful and forthright answers.

Planned Parenthood of the North Country New York, Inc.  
Corporate Compliance Program

**Donor's Bill of Rights Acknowledgement Form**

I have received, read, understand and will comply with Planned Parenthood of the North Country New York, Inc.'s Donor's Bill of Rights.

I have been given the opportunity to have my questions answered about the Donor's Bill of Rights. I will address any further questions or concerns that may arise to the Corporate Compliance Officer.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Fund Development Code of Ethics**

PPNCNY conducts its fund development activities in accordance with the Association of Fundraising Professionals' Code of Ethical Principles and Standards of Professional Practice. The Association of Fundraising Professionals (AFP) exists to foster the development and growth of fundraising professionals and the profession, to promote high ethical standards in the fundraising profession and to preserve and enhance philanthropy and volunteerism.

### **Code of Ethical Principles and Standards of Professional Practice Adopted 1964; amended October 1999**

Members of AFP are motivated by an inner drive to improve the quality of life through the causes they serve. They serve the ideal of philanthropy; are committed to the preservation and enhancement of volunteerism; and hold stewardship of these concepts as the overriding principle of their professional life. They recognize their responsibility to ensure that needed resources are vigorously and ethically sought and that the intent of the donor is honestly fulfilled. To these ends, AFP members embrace certain values that they strive to uphold in performing their responsibilities for generating charitable support.

AFP members aspire to:

- Practice their profession with integrity, honesty, truthfulness and adherence to the absolute obligation to safeguard the public trust.
- Act according to the highest standards and visions of their organization, profession and conscience.
- Put philanthropic mission above personal gain.
- Inspire others through their own sense of dedication and high purpose.
- Improve their professional knowledge and skills, so that their performance will better serve others.
- Demonstrate concern for the interests and well-being of individuals affected by their actions.
- Value the privacy, freedom of choice and interests of all those affected by their actions.
- Foster cultural diversity and pluralistic values, and treat all people with dignity and respect.
- Affirm, through personal giving, a commitment to philanthropy and its role in society.
- Adhere to the spirit as well as the letter of all applicable laws and regulations.
- Advocate within their organizations, adherence to all applicable laws and regulations.
- Avoid even the appearance of any criminal offense or professional misconduct.
- Bring credit to the fundraising profession by their public demeanor.
- Encourage colleagues to embrace and practice these ethical principles and standards of professional practice.
- Be aware of the codes of ethics promulgated by other professional organizations that serve philanthropy.

## **Standards of Professional Practice**

Furthermore, while striving to act according to the above values, AFP members agree to abide by the AFP Standards of Professional Practice, which are adopted and incorporated into the AFP Code of Ethical Principles. Violation of the Standards may subject the member to disciplinary sanctions, including expulsion, as provided in the AFP Ethics Enforcement Procedures.

## **Professional Obligations**

- Members shall not engage in activities that harm the members' organization, clients, or profession.
- Members shall not engage in activities that conflict with their fiduciary, ethical, and legal obligations to their organizations and their clients.
- Members shall effectively disclose all potential and actual conflicts of interest; such disclosure does not preclude or imply ethical impropriety.
- Members shall not exploit any relationship with a donor, prospect, volunteer, or employee to the benefit of the members or the members' organizations.
- Members shall comply with all applicable local, state, provincial, and federal civil and criminal laws.
- Members recognize their individual boundaries of competence and are forthcoming and truthful about their professional experience and qualifications.

## **Solicitation and Use of Charitable Funds**

- Members shall take care to ensure that all solicitation materials are accurate and correctly reflect their organization's mission and use of solicited funds.
- Members shall take care to ensure that donors receive informed, accurate, and ethical advice about the value and tax implications of potential gifts.
- Members shall take care to ensure that contributions are used in accordance with donors' intentions.
- Members shall take care to ensure proper stewardship of charitable contributions, including timely reports on the use and management of funds.
- Members shall obtain explicit consent by the donor before altering the conditions of a gift.

## **Presentation of Information**

- Members shall not disclose privileged or confidential information to unauthorized parties.
- Members shall adhere to the principle that all donor and prospect information created by, or on behalf of, an organization is the property of that organization and shall not be transferred or utilized except on behalf of that organization.

- Members shall give donors the opportunity to have their names removed from lists that are sold to, rented to, or exchanged with other organizations.
- Members shall, when stating fundraising results, use accurate and consistent accounting methods that conform to the appropriate guidelines adopted by the American Institute of Certified Public Accountants (AICPA) for the type of organization involved.

### **Compensation**

- Members shall not accept compensation that is based on a percentage of charitable contributions; nor shall they accept finder's fees.
- Members may accept performance-based compensation, such as bonuses, provided such bonuses are in accord with prevailing practices within the members' own organizations, and are not based on a percentage of charitable contributions.
- Members shall not pay finder's fees, commissions or percentage compensation based on charitable contributions and shall take care to discourage their organizations from making such payments.

Planned Parenthood of the North Country New York, Inc.  
Corporate Compliance Program

**Fund Development Code of Ethics Acknowledgement Form**

I have received, read, understand and will comply with Planned Parenthood of the North Country New York, Inc.'s Fund Development Code of Ethics.

I have been given the opportunity to have my questions answered about the Fund Development Code of Ethics. I will address any further questions or concerns that may arise to the Corporate Compliance Officer.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLANNED PARENTHOOD OF THE NORTH COUNTRY NEW YORK, INC.**  
**CONFIDENTIAL INCIDENT REPORT**

Return this form to the Quality Assurance/Risk Management Coordinator within 24 hours of the incident. Incident reports related to compliance should be given to the Corporate Compliance Officer (CCO), CEO or Quality Assurance/Risk Management Coordinator. To make an anonymous compliance incident report, call the Safe2Say hotline at 1-844-254-0278.

**SECTION I (To be completed by staff member who observes or discovers the incident)**

Center \_\_\_\_\_ Date \_\_\_\_\_ Time: \_\_\_\_\_ Observed \_\_\_\_\_ Discovered \_\_\_\_\_

Names of person(s) involved: \_\_\_\_\_

Visitor \_\_\_\_\_ (provide address & phone) Patient \_\_\_\_\_ (provide chart number) Staff \_\_\_\_\_ (provide Dept.):

**CLASSIFICATION OF INCIDENT**

- (check all that apply)
- \_\_\_ Injury
  - \_\_\_ Illness
  - \_\_\_ Medication Error
    - ( ) *Transcribing*
    - ( ) *Dispensing*
    - ( ) *Sale*
    - ( ) *Writing*
    - ( ) *Prescription*
  - \_\_\_ Death
  - \_\_\_ Compliance Issue
    - ( ) Billing error
    - ( ) Suspected fraud
    - ( ) Violation of anti-trust or kickback law
    - ( ) Violation of whistleblower policy
    - ( ) Other \_\_\_\_\_
  - \_\_\_ Threatened/Actual Violence
    - ( ) Verbal
    - ( ) *Written*
    - ( ) Physical
  - \_\_\_ Property Damage
  - \_\_\_ Security Issue
  - \_\_\_ Breach of Confidentiality
  - Other \_\_\_\_\_

**CAUSE OF INCIDENT**

- (check all that apply)
- \_\_\_ Action of Employee
  - \_\_\_ Action of Client
  - \_\_\_ Action of Volunteer
  - \_\_\_ Intoxication
  - \_\_\_ Hazardous Conditions
  - \_\_\_ Drug Misuse
  - \_\_\_ Fainting/Fall
  - \_\_\_ Needle Stick
  - \_\_\_ Equipment Problem
  - \_\_\_ Unknown
  - Other \_\_\_\_\_

Describe incident: (Use additional sheet if necessary)

---

---

---

---

---

---

What corrective actions have you taken? (Use additional sheet if necessary)

---

---

---

---

---

---

Signature \_\_\_\_\_  
Date

---

Printed Name

**SECTION II** (To be completed by QA/RMC)

Notes/Trends Identified:

---

---

---

---

---

---

Disposition for Investigation:

Copy to BOC \_\_\_\_\_ Copy to CCO \_\_\_\_\_ Copy retained by QA/RM Coordinator \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

---

---

**SECTION III** (To be completed by Q/RMC, CCO or BOC)

Investigation by: \_\_\_\_\_ QA/RMC \_\_\_\_\_ CCO \_\_\_\_\_ BOC

Notes:

---

---

---

---

---

---

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

---

---

**SECTION IV** (To be completed by QA/RMC, CCO or HR Asst.)

Recommendations/Follow up by: \_\_\_\_\_ QA/RMC \_\_\_\_\_ CCO \_\_\_\_\_ BOC

- \_\_\_\_\_ Staff Training
- \_\_\_\_\_ Repair
- \_\_\_\_\_ External Incident Reporting to NYS DOH
- \_\_\_\_\_ Occurrence Report to ARMS
- \_\_\_\_\_ Case review at QMC
- \_\_\_\_\_ Incident handled / no follow-up needed
- \_\_\_\_\_ Patient Notification of error
- \_\_\_\_\_ Copy of documentation to employee/volunteer health file
- \_\_\_\_\_ Procedure/System change indicated
- \_\_\_\_\_ Staff Corrective Action
- \_\_\_\_\_ Report to OMIG

Notes:

---

---

---

---

---

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Original: Incident Report Binder (QA/RMC)