February 1, 2017

Dear International Medical Student,

Thank you, for your interest in a fourth year pediatric elective rotation here at UT Southwestern Medical Center/Children’s Medical Center Dallas. In an effort to help with your application process, we have put together an application packet for your convenience. In this packet you will find all the necessary forms and instructions needed to complete your application making it ready for review.

- The application packet has an attachment which are the application and immunization forms, please click on the paper clip icon to open these forms in the pdf window on the left side of screen.

Our electives are highly competitive and so slots tend to fill immediately after registration begins for visiting students both domestic and international. Your attention to detail and completion of all requirements is greatly appreciated. Missing documents will delay and make your application incomplete for review. Keep in mind all requirements listed are needed and that no waivers/exceptions are made at any time.

Lastly, upon completion of the listed forms and documents please combine them into one PDF file and email to peds.clerkship@childrens.com—Attn: Anthony Lee. Upon emailing this packet please continue onto our online google questionnaire to complete this last request if you have not already completed this requirement (Google Questionnaire).

Again, thank you for your interest. You will receive an email shortly after we have started to review all completed applications. As reminder, only those complete with all documents will be forwarded for review. Good luck on your future endeavors.

Feel free to contact me with any further questions or concerns.

Sincerely,

Anthony Lee

Anthony Lee
Sr. Education Coordinator
Pediatric Medical Education
UTSW/Children’s Medical Center-Dallas
Anthony.Lee@UTSouthwestern.edu
Ph: 214-456-2729
International Student Checklist and Application Documents

***$150 application fee is NOT required unless you are accepted for a rotation***

All listed items are required and no waivers/exceptions are made.

☐ Survey: Please click here to complete a brief survey to allow us to better evaluate your application. (Or copy/paste the link below directly into your web browser):
   https://docs.google.com/forms/d/1rvH9duKsuwr8zsFy2Cr4EMyXVK0EUn5N5o8vpOlcsRO/viewform

☐ Application: VMSRF application completed with all dates and signatures. Multiple applications are not required if applying for more than one elective. Signatures cannot be electronic. (PDF format)

☐ Curriculum Vitae: PDF format.

☐ Official Medical School Transcript: Must include pre-clinical and clinical courses. Grade for Pediatric Core rotation must be included on the transcript. (Not waived)

☐ Letters of Recommendation: Three (3) letters of recommendations must be submitted from a clinical preceptor. Personal references from UTSW or Children’s Medical Center staff, as well as recommendations from faculty with whom a student has worked elsewhere in the US, are extremely beneficial. Letters can be emailed to peds.clerkship@childrens.com directly from the preceptor. (PDF format)

☐ Personal Statement: A one (1) page statement telling us about your interest in pediatrics, personal career goals, what has led you to seek education experience at UT Southwestern or in Dallas, and how you feel both you and the institution might benefit by your completion of a rotation here.

☐ USMLE Step 1: This is required for all students. No exceptions will be made. A copy of the score report must be included with your application.

☐ Good Standing: Attestation of good standing is not required if “YES” is indicated on the VMSRF application by your school. If not you will be required to get one from your home institution.

☐ Background Check: Documentation is not required, if your Home Institution has indicated “YES” with a “Date Completed” AND there have been NO BREAKS in enrollment. This search must include a search of US Department of Health and Human Services Office of Inspector General List of Excluded Individuals/Entities. If this was not part of the search criteria OR a background check has not been done by your school, one must be completed within 12 months of the requested elective start date through CertifiedBackground.com. (Note: If you need to complete a drug test as well, use the “Background Check + Drug Test Package” code.)

☐ Immunization Form: UTSW immunization requirements/instructions and form is on pages 7-9. The UTSW Immunization form must be completed. Please attach any supplemental documentation. Signatures cannot be electronic.

☐ Digital Photo: Please submit in .jpg format. This must be emailed.

Revised February 2017
International Student Checklist and Application Documents

***The following items can be sent upon Acceptance for a rotation, but must be turned in 30 days prior to start date or immediately after acceptance.***

**All listed items are required and no waivers/exceptions are made.**

- **Medical Liability:** Coverage must be no less than $25,000 per claim, $75,000 per aggregate, $75,000 per participant. A copy of the policy is not required if the amounts and expiration date are included on the VSAS application by your school. Malpractice insurance can be purchased for $25 through UTSW if accepted for an elective.

- **HIPAA Training:** Must be completed through the online UT Southwestern HIPAA Training program. The HIPAA requirement must be met before you are allowed to rotate at UT Southwestern, but it is not a part of the visiting student application process. If accepted, a login will be requested and you will receive an email with login instructions for completing HIPAA 2-4 weeks prior to your start date. Upon successful completion of the online course, you will be able to print/save a certificate of completion. This must be emailed.

- **Drug Testing:** Must be completed in the U.S. at least 4 business days prior to the requested elective start date and meet the minimum standard drug screen panel. The minimum standard drug screen panel is a Healthcare Professional 10-panel with integrity checks and Creatinine and PH levels. Acceptable and unacceptable test ranges will follow the 49 CFR Part 40 Federal Standards. If your drug testing did not meet the minimum standards OR you have not completed a drug test, you must complete one through CertifiedBackground.com using the “Drug Test Only Package” code. (Note: If you need to complete a background check as well, use the “Background Check + Drug Test Package” code.) Directions are on pages 5 & 6.

- **TB Mask Fit Test:** Testing must be done on a 3M N-95 TB mask. Documentation must include the date of testing, the brand of mask and the size of mask. If you have not had a mask fit test done previously, this can usually be done by your Student/Occupational health department. Appointments can also be made at Concentra which has locations throughout the US. **UTSW does not do testing for visiting students.**

- **Essential Functions Form:** Form is on page 10. Signature cannot be electronic.

- **Universal Precautions Attestation:** Form is on page 11. Signature cannot be electronic.

- **BLS/ACLS Certification:** Expiration date must go through the last day of the desired rotation. A copy of the card must be included with your application.

- **Personal Health Insurance:** A copy of the card/policy must be included with your application.

- **Medical Student Badge Form:** Form is on page 12. All rotation-specific information can be left blank. I will fill in that information if an elective is offered and accepted. Signature cannot be electronic.

- **PHHS Access Control Request Form:** Form is on pages 13-16. Name, Passport ID # and Signature is all that is required for these pages. Signature cannot be electronic.

Revised February 2017
Background Check and Drug Screening Instructions

1. **Background Check** – The Background Check must include a search of US Department of Health and Human Services Office of Inspector General’s List of Excluded Individuals/Entities AND be completed within 12 months of the requested elective start date.
   - **If this was not part of the search criteria OR the student has not completed a background check**, the student must complete one at CertifiedBackground.com using the “Background Check Only Package” code found on the handout attached and on our Visiting Student webpage [http://www.utsouthwestern.edu/education/medical-school/student-support-services/visiting-medical-students.html](http://www.utsouthwestern.edu/education/medical-school/student-support-services/visiting-medical-students.html).  **Note:** *If both a background check and drug test need to be completed, use the “Background Check + Drug Test Package” Code.*
   - **Students from International Medical Schools** MUST complete a background check through CertifiedBackground.com.
     - Where it asks for a social security number, International students should enter all zeroes (000 00 0000) and enter “International Student” in the special notes at the end of the process.

2. **Drug Testing** – This test must be completed in the U.S. **at least 4 business days prior** to the requested elective start date and meet the minimum standard drug screen panel. The minimum standard drug screen panel is a Healthcare Professional 10-panel with integrity checks and Creatinine and PH levels. Acceptable and unacceptable test ranges will follow the 49 CFR Part 40 Federal Standards.
   - **If the drug testing did not meet the minimum standards OR the student has not completed a drug test**, the student must complete one at CertifiedBackground.com using the “Drug Test Only Package” code found on the handout attached and the Visiting Student webpage [http://www.utsouthwestern.edu/education/medical-school/student-support-services/visiting-medical-students.html](http://www.utsouthwestern.edu/education/medical-school/student-support-services/visiting-medical-students.html).  **Note:** *If you need to complete a background check and drug test, use the “Background Check + Drug Test Package” Code.*
   - **Students from International Medical Schools**, MUST complete a drug test through CertifiedBackground.com
     - Where it asks for a social security number, International students should enter all zeroes (000 00 0000) and the enter “International Student” in the special notes at the end of the process.

**IMPORTANT NOTE:** THE DRUG TEST MUST BE COMPLETED ONCE THEY ARRIVE IN THE U.S. THIS MEANS THEY MUST ARRIVE 4 DAYS IN ADVANCE TO SUBMIT THEIR TEST SAMPLE. CERTIFIED MUST HAVE 4 BUSINESS DAYS TO PROCESS THE RESULTS AND WE MUST HAVE THE RESULTS BEFORE THEY WILL BE ALLOWED TO START A ROTATION.
STUDENT INSTRUCTIONS FOR UNIVERSITY OF TEXAS – SOUTHWESTERN MEDICAL CENTER
VISITING MEDICAL STUDENT VMEDNON

About CertifiedProfile

CertifiedProfile is a secure platform that allows you to order your background checks & drug test online. Once you have placed your order, you may use your login to access additional features of CertifiedProfile, including document storage, portfolio builders and reference tools. CertifiedProfile also allows you to upload any additional documents required by your school.

Order Summary

- **Required Personal Information** - In addition to entering your full name and date of birth, you will be asked for your Social Security Number, current address, phone number and e-mail address.
- **Drug Test (ECHAIN)** - Within 24-48 hours after you place your order, the electronic chain of custody form (echain) will be placed directly into your CertifiedProfile account. This echain will explain where you need to go to complete your drug test.
- **Payment Information** - At the end of the online order process, you will be prompted to enter your Visa or Mastercard information. Money orders are also accepted but will result in a $10 fee and an additional turn-around-time.

Place Your Order

Go to: [www.CertifiedBackground.com](http://www.CertifiedBackground.com) and enter package code:

- **UG99** – Background Check + Drug Test Package
- **UG99bg** – Background Check Only Package
- **UG99dt** – Drug Test Only Package

You will then be directed to set up your CertifiedProfile account.

View Your Results

Your results will be posted directly to your CertifiedProfile account. You will be notified if there is any missing information needed in order to process your order. Although 95% of background check results are completed within 3-5 business days, some results may take longer. Your order will show as “In Process” until it has been completed in its entirety. Your school’s administrator can also securely view your results online with their unique username and password.

If you need assistance please contact CertifiedProfile at 888-914-7279 or cpservicedesk@certifiedprofile.com and a Certified Profile Representative will be available Monday-Friday 8am-8pm & Sunday 10am- 6:30pm EST.
IMMUNIZATION REQUIREMENTS

TETANUS
One dose of tetanus/diphtheria/acellular pertussis (Tdap). Td/DPT/DtaP does not satisfy this requirement.

MEASLES (Rubeola)
If you were born on or after January 1, 1957: Documentation of 2 doses of measles vaccine administered since January 1, 1968 or documentation of 2 doses of MMR vaccine administered since January 1, 1968 or documentation of 1 dose of measles vaccine and 1 dose of MMR vaccine administered since January 1, 1968 OR a positive titer confirming immunity or evidence of prior infection.

MUMPS
If you were born on or after January 1, 1957: Documentation of 1 dose of mumps vaccine or documentation of 1 dose of MMR vaccine OR a positive titer confirming immunity or evidence of prior infection.

RUBELLA (German measles)
If you were born on or after January 1, 1957: Documentation of 1 dose of rubella vaccine or documentation of 1 dose of MMR vaccine OR a positive titer confirming immunity or evidence of prior infection.

HEPATITIS B
Documentation of 3 doses of hepatitis B vaccine OR a positive (QUANTITATIVE) titer confirming immunity.

VARICELLA (Chickenpox)
Documentation of 2 doses of varicella vaccine OR a positive titer confirming immunity. History of disease not accepted.

TUBERCULOSIS SCREENING
Documentation of 1 negative PPD tuberculin skin test OR a Quantiferon/T-Spot blood test within 6 months prior to starting your UTSW program. The blood test must be accompanied by the lab report.

POSITIVE TUBERCULIN SKIN TEST (PPD)/TUBERCULOSIS SCREENING
If you tested positive, or have a history of a positive PPD, include the month, day, and year of the positive test on the form, and documentation of a chest x-ray within 6 months of starting your UTSW program. Chest x-ray results must include a copy of the radiology report.

MENINGITIS
One dose of meningitis vaccine if you will be younger than age 22 prior to the beginning of classes. The vaccine must be administered within 5 years and at least 10 days prior to enrollment. (Students over 22 years old upon enrollment are not required to have meningitis immunization).
All immunization requirements must be met prior to registration. Immunizations may be obtained from your current university student health services, private physician’s office, city/county health department or other clinics.

Acceptable documentation of immunizations includes one of the following:
1. Immunization form filled out and signed by your health care provider.
2. Documentation of vaccines administered that includes the signature or stamp of the physician or his/her designee, or public health personnel.
3. An official immunization record generated from a state or local health authority, such as a registry.
4. A record received from school officials.

Please note:
1. Vaccines administered after September 1, 1991, shall include the month, day and year each vaccine was administered.
2. Enclose a copy of the laboratory report on all immune titers (blood test). *(For medical students, many residency programs require immune titers for measles, mumps, rubella, varicella and hepatitis B. If you have insurance which will cover the cost of immune titers, you are encouraged to obtain the titers now.)*

Please call 214-645-8690 if you have any questions regarding the required immunizations.

Mail all immunization information to:
University of Texas Southwestern Medical Center
Student Health Services
5323 Harry Hines Blvd.
Dallas, Texas 75390-8861
Telephone (214) 645-8690
Essential Functions Required of Students
Entering The University of Texas Southwestern Medical School

All individuals, including persons with disabilities, who apply for admission to UT Southwestern Medical School must be able to perform specific essential functions. Essential functions are the basic activities that a student must be able to perform to complete the generalist medical school curriculum. No applicant who can perform the medical school’s essential functions—either with or without reasonable accommodations—will be denied consideration for admission. A candidate for the M.D. degree must be able to perform these essential functions:

1. **Observation**: Candidates must be able to accurately observe demonstrations and patients close up and at a distance to learn skills and to gather patient data (e.g., observe a patient’s gait, appearance, posture, etc.). Candidates must also possess functional use of the sense of vision and somatic sensation. Observation is enhanced by the functional use of the sense of smell.

2. **Communication**: Candidates must be able to communicate orally and in writing with patients and members of the health-care team. Candidates also must be able to read and comprehend written material.

3. **Psychomotor Skills**: Candidates must have sufficient motor function to obtain data from patients using tactile, auditory, and visual maneuvers. Candidates must be able to execute motor movements to provide general care and emergency treatment that are reasonably required of physicians.

4. **Intellectual and Cognitive Abilities**: Candidates must be able to measure, calculate, reason, analyze, synthesize, integrate, and apply information. Problem solving, a clinical skill required of physicians, requires all these intellectual abilities. In addition candidates must be able to comprehend 3-D relationships and to understand the spatial relationships of structures.

5. **Behavioral and Social Attributes**: Candidates must possess the emotional health required to use their intellectual abilities fully, such as exercising good judgment, promptly completing all responsibilities attendant to the diagnosis and care of patients, and developing mature, sensitive and effective relationships with patients. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties and ambiguities inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, interest and motivation are personal qualities that will be assessed during the admissions and education process.

6. **Ethical Standards**: A candidate must demonstrate professional demeanor and behavior, and must perform in an ethical manner in all dealings with peers, faculty, staff, and patients. Candidates must treat all patients equally without regard to ethnicity, race, gender, religion or any other attribute.

Please check below and sign:

(      ) I can perform the specified essential functions.

(      ) I cannot perform the essential functions without accommodations due to a disability. I understand that I must contact the Office of the Registrar (214-648-3606) to discuss any accommodations prior to being approved as a visiting student.

__________________________________________ __________________________________________
Signature                                                Date

Printed name: ______________________________________________________________________________

Revised 2010
Medical / Dental Student Access Form

Personal Information

Last Name ____________ First Name ____________ Middle Name ____________ Preferred Name ____________

Gender: ☐ Male ☐ Female Date of Birth ________ Preferred Email _____________________________________

Address: Street _______________________________________________________________ Apt ______________

City _______________________ State ____________ Zip Code __________

Cell Phone _____________________ Home Phone _____________________ 4SSN/Passport # _________________

Medical School/Program ______________________________________________ UTSW ID # _________________

☐ 1st Year ☐ 2nd Year ☐ 3rd Year ☐ 4th Year ☐ 5th Year ☐ 6th Year ☐ N/A

(International Students Only)

Rotation at Children’s Medical Center

Select One: ☐ Clerkship ☐ Elective ☐ Observation ☐ Research

Observation and Research complete the information below

Department _____________________ Coordinator _________________________ Phone Number _____________

Sponsoring Physician ________________________ Rotation Start Date ____________ End Date ______________

HIPAA Training: Where ________________________ Date ____________________ (Month and Year)

Acknowledgement

I understand that my access at Children’s Medical Center (Children’s) for the duration of my medical school training and/or elective/observer rotation is dependent on accesses granted to me through Children’s GME credentialing and privileging process and that my badge is to be worn appropriately and visible at all times. I agree and understand that my ID / Password(s) are confidential and will not be shared and I will adhere to Children’s Security policies regarding use of these systems (Human Resources Policy 9.01 and Administrative Policy 9.16). I also understand that my access to Children’s will be terminated upon my completion of my medical school training and/or elective/observer rotation and if I was issued a Children’s badge I must return this badge to the Children’s Badge Office upon my completion of my ENTIRE medical school training and/or elective/observer rotation at Children’s.

_________________________________________ ____________________
Signature Date
Consent & Release Form

Applicant’s Printed Name

Applicant’s Consent and Authorization for Children’s to Obtain Consumer Reports

By signing below, I consent and authorize Children’s to procure a consumer report in connection with my membership/privileges to the Medical/Dental Staff on a biennial basis.

I understand that the consumer report(s) that Children’s may obtain during my membership will be include, but are not limited to the following information:

- Records and information related to my criminal history or federal sanctions (including but not limited to convictions, deferred adjudication, probated sentences, warrants, and other types of charges).
- Medicare/Medicaid sanctions
- Social Security verification
- Motor Vehicle Records
- Employment records from previous employers
- Education verification
- Licensure/Certification verification
- Previous Addresses

If I am denied permission to participate as an observer at Children’s, either wholly or partly, because of information contained in a consumer report, a disclosure will be made to me of the name and address of the consumer reporting agency making such report. I will also receive a copy of the report and a statement of my consumer rights.

_____________________________________                          __________________________
Applicant’s Signature                                                                  Date

Confidentiality Agreement

I, _______________________________________________, as an observer at Children’s Medical Center Dallas understand that I will have access to confidential patient information.

I understand that any information that I learn about a patient is confidential and that information about a patient cannot be disclosed to anyone. I understand the law provides for civil and criminal penalties for disclosure of confidential patient information.

I agree that I will not:

- Reveal to anyone the name or identity of any patient.
- Repeat to anyone any statements or communications made by or about any patient.
- Reveal to anyone any information that I learn about the patient as a result of discussions with others providing care to any patient.
- I will not write or publish any articles, stories, papers or other written materials containing the names of any patient or information from which the names or identities of any patient can be discerned.

I have read this statement. I understand my obligation to maintain patient confidentiality and I agree to follow that obligation.

_______________________________________________  ____________________
Signature       Date
COMPLIANCE WITH UNIVERSAL PRECAUTIONS

Universal Precautions should be followed by ALL personnel at ALL times on ALL patients. The use of Universal Precautions is based on an individual's skills and interaction with a patient’s body substances, non-intact skin, and mucous membrane. This applies regardless of the patient’s diagnosis.

Compliance with universal precautions includes performance of all invasive procedures with the following actions undertaken:

1. All patients must be regarded as potentially infected with blood-borne pathogens.

2. Strict hand washing must be practiced before and after each patient contact. **HANDS MUST BE WASHED IMMEDIATELY IF THEY ARE CONTAMINATED WITH BLOOD OR BODY FLUIDS.**

3. Gloves must be worn:
   a. if soiling with blood or body fluids is anticipated
   b. for placement of intravenous lines
   Gloves should not be reused.

4. Gowns should be worn during procedures that are likely to generate splashes of blood or other body fluids and if soiling with blood or body fluids is likely.

5. Masks and protective eyewear (goggles) should be worn during procedures that are likely to generate droplets or splashes of blood or other body fluids, to prevent exposure of mucous membranes of the mouth, nose and eyes.

6. Disposable articles contaminated with blood or body fluids should be discarded in red bags labeled “infectious waste”.

7. Non-disposable articles contaminated with blood or body fluids should be cleaned with an approved disinfectant and autoclaved to sterilize.

8. Blood spills should be cleaned up promptly with a 1:10 bleach-water solution.

9. All specimens must be contained in a leak-proof plastic bag labeled “bio-hazard” for transport.

10. Care will be taken to avoid needle stick injuries. Used needles will not be recapped or bent; they will be placed in an appropriately labeled puncture-resistant needle box.

I have read and received a copy of “Compliance with Universal Precautions” Education presentation and agree to follow the guidelines.

Signature ________________________________ Date ___________________________
CODE of ETHICAL CONDUCT
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En español
Si encuentra dificultad en comprender la información en este folleto, o si tiene preguntas, favor dirigirse al departamento de Recursos Humanos a la extensión #63900 (214-456-3900).
As you know, Children’s Medical Center has a strong commitment to achieving its mission for children in full compliance with all applicable laws, regulations and guidelines. Every employee, medical/dental staff member, vendor, contractor and volunteer associated with this hospital is expected to conduct themselves in a responsible, ethical and legal manner at all times.

Our Code of Ethical Conduct, available in a printed version and on ChildNet, outlines seven standards of ethical conduct that everyone affiliated with Children’s needs to follow at all times as you serve patients, their families and other organizational stakeholders. It is also important to remember that you have a responsibility to report actions that are not in compliance with the Children’s Code. The Children’s Code of Ethical Conduct provides details on reporting compliance issues, including hotline numbers, and describes a four-step process for making a report.

Please take time to read the Code of Ethical Conduct carefully so that you understand the hospital’s expectations for ethical behavior. We value and respect you and want to address any questions or concerns you have. Please discuss any questions or concerns with your supervisor, a Human Resources representative or a staff member in the Compliance Office.

The Board of Directors and Senior Leadership Team join me in pledging to uphold the Code of Ethical Conduct and supporting the Compliance Program here at Children’s. Everyone who plays a role in making life better for children shares that commitment, and I thank you for always conducting yourselves in a way that makes Children’s a great place.

Sincerely,

Christopher J. Durovich
President and Chief Executive Officer
Children’s Medical Center (“Children’s”) is committed to serving our patients, medical/dental staff, applicable third parties, employees and the community in an ethical, legal and responsible manner. Children’s has a Code of Ethical Conduct that defines acceptable, disruptive and inappropriate behavior.

Furthermore, Children’s is committed to providing all services in full compliance with all applicable laws, regulations and guidelines, as well as our own policies and procedures. We are particularly sensitive to those requirements applicable to federal healthcare programs and the submission of accurate billings.

The Code of Ethical Conduct (“the Code”), as well as all statutes, regulations, guidelines, policies and procedures at Children’s, must apply to and be observed by all Staff (defined as employees, contract labor, medical/dental staff, members of the Board of Directors, anyone participating in training and anyone else engaged in our work environment or acting on behalf of the organization). No one, regardless of position, will be allowed to compromise adherence to the Code, statutes, regulations, business standards, policies or procedures. Failure to comply with the Code, statutes, regulations, guidance, policies and procedures can result in serious damage to our standing in the community, regulatory action against the Staff and disciplinary action up to and including immediate termination or revocation of clinical privileges.

If there are any questions about the Code or about any policies or practices at Children’s, you should raise the questions with a supervisor, our Human Resources staff or the Compliance Office. Our supervisory staff has been charged with a special obligation to be available and responsive to Staff when questions arise about adherence to the Code. If anyone is not satisfied with the response received from the management staff concerning applications of the Code, they are encouraged to continue raising their concerns to the highest level of management.

The Code of Ethical Conduct adopted by Children’s is intended to help us meet our ethical and compliance goals in a highly regulated business environment. The Code is designed to provide general guidance, and does not replace the policies and procedures of the hospital. If there is no specific policy, the Code standard becomes the policy. If a policy and a standard of conduct conflict, the standard becomes the policy. In seeking additional guidance and direction regarding the Code, Staff are encouraged to refer to the hospital’s pertinent Policies and Procedures.

The Code is a “living document,” which will be updated periodically to respond to changing conditions. Thus, Children’s reserves the right to modify or terminate any or all of these provisions at any time.
Compliance at Children’s is made up of the following elements:

• Standards and Procedures – This Code of Ethical Conduct, in addition to Children’s policies and procedures, was created to ensure that all Staff are in compliance with federal, state and local laws, rules and regulations.

• Program Oversight – Children’s has appointed a Chief Compliance Officer to oversee the strategic direction, implementation and operation of the Compliance Program. The Chief Compliance Officer reports to the Audit Committee of Children’s Health Services of Texas, the parent company of Children’s Medical Center, the Children’s Medical Center Foundation and several other wholly-owned subsidiaries. In addition, Children’s has established a Compliance Committee which is a standing hospital committee to assist in the implementation and oversight of the Compliance Program.

• Staff Training and Education – Children’s will provide periodic training to all Staff on various compliance issues.

• Communication – Children’s has set up a comprehensive four-step communication and reporting process.

• Enforcement and Discipline – All Children’s Staff are required to adhere to the Compliance Program which includes all policies and procedures and the Code of Ethical Conduct. If any Staff violates any of these items, they may be disciplined up to and including termination or revocation of clinical privileges.

• Monitoring and Auditing – Children’s has established a program to continuously monitor and audit compliance with federal, state and local laws, rules and regulations and to report any audit results as necessary to senior leadership.

• Response and Prevention – All reports or reasonable indications of suspected non-compliance will be investigated to determine whether a material violation of law or the requirements of the Compliance Program has occurred, and if so, steps will be taken to correct the problem.

If Children’s finds credible evidence of alleged misconduct and, after a reasonable inquiry, there is reason to believe that the alleged misconduct may violate criminal, civil or administrative law applicable to Children’s, Children’s will promptly report the matter to the appropriate government authority.
QUALITY of CARE

Standard of Conduct | We are committed to providing quality care and services. Our first responsibility is to our patients and their families.

Duties and Responsibilities
We have a duty at every level of the organization to maintain our integrity, ethics and the quality of our job performance.

We have a duty and responsibility to address any deficiency or error by reporting it to a supervisor who can assess the problem, take appropriate action (through the event reporting or grievance process) and follow the problem to resolution.

We have a duty and responsibility to employ, grant medical/dental staff privileges to or contract with only fully licensed and properly credentialed providers with the expertise and experience to care for our patients.

Patient Rights
We will affirm and uphold the rights of our patients and their parents, guardians or authorized representatives as stated in the Children’s publication, A Guide to Patient Rights and Responsibilities.

Care Delivery
We will encourage all Staff and applicable third parties to continually evaluate existing methods of delivering services in order to discover more effective ways of serving our patients.

We will periodically assess and evaluate the goals and objectives established for medical care and related services provided in order to deliver services according to current standards of practice and the most current knowledge in the field.

We will require that admissions, transfers and discharges are medically appropriate and in accordance with all legal requirements.
PROTECTION and USE of INFORMATION, PROPERTY and ASSETS

Standard of Conduct | We are committed to protecting the property and information of Children’s against loss, theft, destruction and misuse.

Privacy
We will honor the privacy of patients and not reveal or discuss patient-related information except with healthcare personnel involved in their care, payers and others authorized by the parent or his/her authorized representative to review patient information.

Confidentiality of Information
We will maintain the confidentiality of quality improvement, peer review and healthcare services review information in accordance with laws and regulations.

We will protect confidential corporate information and not use or reveal such information except in the proper performance of duties.

Protection of Assets
We will maintain, inventory (as appropriate/required) and keep all supplies secure.

We will adequately safeguard, use and care for all property and equipment entrusted to us including mobile devices such as cell phones, laptops, and pagers. We will report the loss or theft of all property or equipment entrusted to us in a timely manner to our supervisor. We will dispose of all surplus or obsolete property and equipment according to established policies and procedures.

Security of Information
We will maintain all medical and business records in accordance with laws and our record retention policies. We will not alter or falsify information on any record or document.

We will release patient records in accordance with the hospital’s policies.

We will prohibit the making of unauthorized copies of computer software or the use of personal software on computer equipment belonging to Children’s.

We will not knowingly communicate or transfer any information or documents to any unauthorized persons.

We will not use computers, email, facsimile machines and other technology to communicate information to unauthorized people. Further, the use of technology to send offensive, discriminatory or harassing messages is prohibited.

We will use computers, the email system, the Internet, the Children’s Intranet and other technology for work-related purposes. We understand all information sent, received or stored in the email system is the property of Children’s.
COMPLIANCE with LAWS and REGULATIONS

**Standard of Conduct** | We are committed to high standards of business and professional ethics and integrity. We will provide patient care and conduct business while following all applicable laws, regulations and policies.

**In Accordance with the Law**
When any possible violation of law, regulation or policy has occurred, we will promptly report it in accordance with the “Four-Step Communication and Reporting Process.”

All compliance issues or reported concerns will be acted upon in a fair and truthful manner. Any retaliation or other negative action against a Staff member who in good faith reports a suspected violation will not be tolerated.

- We will require that all Staff and applicable third parties provide internal and outside auditors with any and all information required for the performance of their responsibilities.
- We will bill payers and patients according to all applicable laws, regulations and policies.
- We shall not hire or contract with individuals who have been sanctioned by the OIG or barred from federal or state procurement programs.
- We will require that all drugs and other controlled substances used in treatment are maintained, dispensed and transported in compliance with all applicable laws and regulations. We will comply with all requirements of the Emergency Medical Treatment and Active Labor Act (EMTALA).
- We will adhere at all times to Children’s policies regarding the acceptance of gifts and/or courtesies. We will not provide kickbacks, bribes, rebates or anything else of value in order to influence the referrals of patients. We accept patient referrals and admissions based solely on the patient’s clinical needs and our ability to render the needed services.

**Agreements**
We will require that all agreements with individuals or organizations that may be possible referral sources are in writing, approved by appropriate management and reviewed by the Legal Department.

**Confidentiality**
We will maintain complete and accurate patient medical records and keep all such information confidential.

We will comply at all times with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Children’s policies addressing the HIPAA regulations related to the privacy and security of patient protected health information. We will require that confidential patient information is accessible only by healthcare personnel involved in the patient’s care and others authorized to review patient information.
Proper Licensing/Credentialing
We will require that all Staff, who are providers of patient services are properly licensed and trained prior to administering patient care.

Responsibilities of Our Financial Officers
Financial officers are responsible for certifying the accuracy of financial statements that bear their signatures. By their signature, they attest to the following:

- They have reviewed the report.
- Based upon the officer’s knowledge, the report does not contain any untrue statement of a material fact, nor does the report omit material facts necessary to ensure the report is not misleading.
- Based upon the officer’s knowledge, the report fairly represents financial statements and other financial information presented in the report.

Our financial officers are responsible for establishing, maintaining, testing and reporting on the effectiveness of internal controls within their assigned areas.

Our financial officers are responsible for disclosing to auditors and the Board significant deficiencies in internal controls and fraud involving management or Staff with significant internal control responsibilities.

Research
We will conduct all research activities to the highest ethical standards and in compliance with all applicable federal, state and local laws and regulations. This includes the fair and honest presentation and analysis of data, the proper acknowledgment of all contributors and compliance with all federal or state laws or regulations and all Children’s policies related to the protection of all human subjects and/or animals.

Marketing
We will represent Children’s fairly and honestly, emphasizing the scope of our services, our capabilities, values and outcomes achieved from our clinical and research activities. We will not engage in any deceptive marketing practices.

Ethics
We will strive to provide patient care and enter into any business dealings in an ethical manner, not only in conjunction with this Code, but also with any and all professional organizations’ Codes of Ethical Conduct, as appropriate.
CONFLICTS of INTEREST

Standard of Conduct | We are committed to acting in good faith in all aspects of our work. We will avoid conflicts of interest or the appearance of conflicts between the private interests of any individual and his or her official responsibilities and duties performed on behalf of Children’s Medical Center.

General Guidelines
We will exercise good faith and fair dealings in all transactions that involve our responsibilities to Children’s.

We will, as long as we have a relationship with Children’s, conduct business to the best of our ability for the benefit and interests of Children’s.

We will report any actual or perceived conflicts of interest to those who can properly assess the conflict and determine how to proceed.

We will not use our position with Children’s for personal gain.

We will maintain unbiased relationships with actual and potential vendors and contractors.

We will complete a Conflict of Interest form annually, to report all outside employment we are involved in. We will not use Children’s resources or equipment to conduct outside employment. We will not engage in outside employment while on Children’s time.

Family Members, Friends or Business Associates
We will avoid situations where the Staff or a related party (e.g., family member, friend or business associate) receives a benefit from any decision or action taken by the Staff member.

We will not employ or contract with any person or supervise any Staff member where a conflict of interest exists or may occur between the Staff because of a special business or personal relationship.

Financial Interests
We will report any direct or indirect financial interest (except minor interest in publicly traded securities) in any business that supplies Children’s with a substantial amount of goods or services or where sales to Children’s constitute a substantial part of the supplying company’s business.

We will not use information that comes to us in the course of our work for personal investment or gain, nor will we provide that type of information to members of our family or others.

We, as Staff or agents of Children’s, will not contribute financial or other support to political candidates, organizations or parties as part of our official duties or solicit such activity in the workplace. This limitation does not preclude any agent or Staff member from exercising their personal political support outside of Children’s.

Children’s policies prohibit solicitations of any kind on our premises.
WORK ENVIRONMENT

Standard of Conduct  | We are committed to creating an environment where everyone is treated with respect and fairness while being empowered to perform effectively.

**General**
We will treat everyone with fairness, dignity and respect.

We will strive to provide an environment for all individuals free from harassment and intimidation. We will not tolerate verbal or physical harassment, including sexual harassment.

We will continually strive to build confidence and professionalism in every individual.

We will work to maintain open lines of communication so that the views of each individual may be considered and their opinions given proper respect.

We will show respect and consideration for one another, regardless of status or position.

We shall maintain personal information confidentially.

We shall apply the Code of Conduct and policies and procedures equally to all, regardless of their position at Children’s.

We will encourage each individual to continually evaluate existing methods of delivering services in order to discover more effective ways of allocating resources for patient care and support services.

When caring for patients, we will maintain professional boundaries, treat all families equally and show all families caring and respect.

All Staff and applicable third parties in a position requiring licensure/certification will be properly licensed/certified by federal, state, local and professional agencies.

We will provide reasonable training opportunities to assist the Staff in building and maintaining professional skills.

We will require that our Staff are hired, trained, promoted and compensated on the basis of personal competence and potential for advancement without regard for race, color, sex, national origin, age or disability, as well as any other classifications as required by law.

We shall review and evaluate each Staff member’s performance periodically in an objective, consistent and uniform manner.

We will require that admissions, transfers and discharges are medically appropriate and in accordance with all legal requirements.
BILLING and CODING

Standard of Conduct | We are committed to fair and accurate billing that is in accordance with all federal and state laws.

Billing
We will charge and bill only for services that are actually provided and documented in the patient’s medical records.

We will not knowingly submit for payment or reimbursement a claim we know to be false, fraudulent or fictitious.

We will conduct general collection/credit procedures according to the Fair Debt Collection Practices Act.

We will respond to all questions and complaints related to a patient’s bill in a direct and honest manner.

We require reporting of any suspected charging or billing irregularity to the Compliance Office.

We will regularly review our records and promptly refund any overpayments.

We will not routinely waive insurance co-payments or deductibles.

Coding
We will assign diagnostic and procedural codes that accurately reflect the services that were provided. Upcoding, unbundling or any other means of artificially enhancing reimbursement is unlawful and strictly prohibited.

We shall periodically review coding practices and policies, including software edits, to facilitate compliance with all applicable federal, state and private payer healthcare program requirements.

Claims and Record Keeping
We will require that all claims for services submitted to any insurance program or payer, Medicare, Medicaid or other federally funded healthcare programs are accurate and correctly identify the services ordered and performed.

We will maintain all records in a secure location for the period of time required by law. The premature destruction or alteration of any document in response to, or in anticipation of, a request for those documents by any government agency or court is strictly prohibited.

Cost Reports
We will comply with all laws and regulations related to government cost reports. All questions or issues related to cost reports will be promptly reported to the Chief Financial Officer or the Compliance Office.
Federal False Claims Act  
(31 U.S.C. § 3729 et seq.)
To ensure compliance with the False Claims Act:

• We will not knowingly submit for payment or reimbursement a claim we know to be false, fraudulent or fictitious.

• We will not knowingly make, use, or cause to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the government.

• We will not conspire to defraud the government by getting a false or fraudulent claim allowed or paid.

• We will not have possession, custody, or control of property or money used, or to be used, by the government and, intending to defraud the government or willfully to conceal the property, deliver, or cause to be delivered, less property than the amount for which the person receives a certificate or receipt.

• We will not authorize to make or deliver a document certifying receipt of property used, or to be used, by the government and, intending to defraud the government, make or deliver the receipt without completely knowing that the information on the receipt is true.

• We will not knowingly buy, or receive as a pledge of an obligation or debt, public property from an officer or employee of the government, or a member of the Armed Forces, who lawfully may not sell or pledge the property.

• We will not knowingly make, use or cause to be made or used a false record or statement to conceal, avoid or decrease an obligation to pay or transmit money or property to the government.

We understand that a violation of the False Claims Act could result in civil penalties of not less than $5,500 and not more than $11,000, plus three times the amount of damages which the government sustains due to the violation. In the event of conviction, the government may elect to exclude Children’s from participating in federal healthcare programs.

State False Claims Act  
To ensure compliance with the State False Claims Act:

• We will not knowingly make or cause to be made a false statement or misrepresentation of a material fact to permit a person to receive a benefit or payment under the Medicaid program that is not authorized or that is greater than the benefit or payment that is authorized.
• We will not knowingly conceal or fail to disclose information that permits a person to receive a benefit or payment under the Medicaid program that is not authorized or that is greater than the benefit or payment that is authorized.

• We will not knowingly apply for and receive a benefit or payment on behalf of another person under the Medicaid program and convert any part of the benefit or payment to a use other than for the benefit of the person on whose behalf it was received.

• We will not knowingly make, cause to be made, induce or seek to induce the making of a false statement or misrepresentation of material fact concerning (1) the condition or operation of a facility in order that the facility may qualify for certification or recertification required by the Medicaid program, including certification or recertification as a hospital; a nursing facility or skilled nursing facility; a hospice; an intermediate care facility for the mentally retarded; an assisted living facility; or a home health agency or (2) information required to be provided by a federal or state law, rule, regulation or provider agreement pertaining to the Medicaid program.

• We will not, except as authorized under the Medicaid program, knowingly pay, charge, solicit, accept or receive, in addition to an amount paid under the Medicaid program, a gift, money, a donation or other consideration as a condition to the provision of a service or product or the continued provision of a service or product if the cost of the service or product is paid for, in whole or in part, under the Medicaid program.

• We will not knowingly present or cause to be presented a claim for payment under the Medicaid program for a product or a service rendered by a person who (1) is not licensed to provide the product or render the service, if a license is required or (2) is not licensed in a manner claimed.

• We will not knowingly make a claim under the Medicaid program for (1) a service or product that has not been approved or acquiesced in by a treating physician or healthcare practitioner, (2) a service or product that is substantially inadequate or inappropriate when compared to generally recognized standards within the particular discipline or within the healthcare industry or (3) a product that has been adulterated, debased, mislabeled, or that is otherwise inappropriate.

• We will not make a claim under the Medicaid program and knowingly fail to indicate the type of license and the identification number of the licensed healthcare provider who actually provided the service.

• We will not knowingly enter into an agreement, combination or conspiracy to defraud the state by obtaining or aiding another person in obtaining an unauthorized payment or benefit from the Medicaid program or a fiscal agent.

• We will not knowingly obstruct an investigation by the attorney general of an alleged unlawful act under this law.
• We will not knowingly make, use, or cause the making or use of a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to this state under the Medicaid program.

We understand that a violation of the state False Claims Act could result in a payback to the state, with interest, plus civil penalties: (1) of not less than $5,000 and not more than $15,000 for each unlawful act committed by the person that results in injury to an elderly person, a disabled person, or a person younger than 18 years of age or (2) of not less than $5,000 or more than $10,000 for each unlawful act committed by the person that does not result in injury to a person described in number 1, plus two times the amount of the payment or the value of the benefit.
Health and Safety

We shall comply with all safety and health requirements whether established by management, federal, state or local laws or our accrediting organizations.

We will promptly report any accidents involving injury to a Staff member, applicable third party or visitor through the event reporting process.

We will take all reasonable precautions and follow all safety rules and regulations to maintain a safe environment for our patients, Staff, applicable third parties and visitors.

We will strive to provide an environment that is free from violence. Unauthorized weapons of any kind are strictly prohibited.

We are responsible for inspecting the work area under our control for potential health and safety risks, eliminating or reporting such risks to the safety officer (or designee), being familiar with health and safety procedures and training ourselves in health and safety.

The manufacture, sale, possession, distribution or use or misuse of drugs or alcohol at work will not be permitted.

Reporting to work while under the influence of drugs or alcohol will not be tolerated.

We will safely store, secure and count all drugs and pharmaceuticals and medical supplies. Missing or diverted drugs will be promptly reported through the event reporting process.

Hazardous Materials & Waste

We will follow all laws and regulations regarding the disposal of medical waste and hazardous material.

We will promptly handle all spills or accidents involving medical waste or hazardous materials and take action immediately to help prevent further harm/damage.

We will provide training in safe work practices to eliminate hazards and correct unsafe behavior to protect the health and safety of Staff and others.

Environmental Laws

We will comply with all applicable environmental laws.
REPORTING COMPLIANCE ISSUES

Four-Step Communication and Reporting Process
If you have a question or concern about an activity being unethical, illegal or wrong, use the following process to answer questions and report concerns. Throughout this process, your identity will be kept confidential as much as possible.

1) Talk to the department supervisor. He or she is most familiar with the laws, regulations and policies that relate to departmental activities.

2) If you are not comfortable contacting the department supervisor, or if you don't receive an adequate response from him/her, talk to the department supervisor’s manager or the department director. You may also choose to speak with someone from Human Resources.

3) If you have followed either step 1 or step 2 and still have questions, contact the Compliance Office at 214-456-6386.

4) If for any reason you feel you cannot follow the above steps, or don't want to give your name, call the Children’s Compliance Hotline at 1-866-769-0998. The Children’s Compliance Office will review and address all reports to the Hotline.

Quality of Care Concerns
In addition to the four-step communication and reporting process, any individual who provides care, treatment and services is free to raise concerns to the Joint Commission when Children's has not adequately prevented or corrected problems that can have or have had a serious adverse impact on patients, without fear of disciplinary or punitive action. You are encouraged to report and escalate as necessary any concerns about safety or quality of care provided by the hospital, within Children’s. The Joint Commission’s direct phone number is 800-994-6610.

Compliance Hotline 1-866-769-0998
We recognize that there are times when questions or problems cannot be addressed through the normal communication and reporting process. When this happens, you should use the Compliance Hotline. We have hired an outside company to take Hotline calls, so callers who do not wish to give their names can remain anonymous. The operators of the Hotline are trained to assist you in reporting concerns. The Hotline may be reached 24 hours a day, seven days a week at 1-866-769-0998.

Calls to the Hotline will not be traced or recorded. You will remain anonymous, unless you choose to identify yourself. If you do give your name, your identity will be protected to the extent allowed by law. No disciplinary action or retaliation will be taken against you when you report a perceived issue, problem, concern or violation to management, Human Resources, Compliance or the Compliance Hotline “in good faith.” The “in good faith” requirement means a person actually believes or perceives to be true the information reported.
All calls made to the Hotline will be reviewed by the Compliance Office and will be responded to fairly and in a timely manner. All claims will be carefully investigated before any action is taken. The rights of all Staff, including anyone who is the subject of a Hotline call, will be respected and protected. Actions taken will not be made public.

Helpful Numbers to Know

Compliance Hotline
1-866-769-0998

Vice President of Governance and Compliance and Chief Compliance Officer
214-456-6835

Director, Compliance
214-456-6386

Human Resources
214-456-1200

The Joint Commission
800-994-6610

Non-Retaliation Policy
No disciplinary action or retaliation will be taken against you when you report a perceived issue, problem or concern or violation to management, Human Resources, the Compliance Office, the Compliance Hotline or The Joint Commission “in good faith.” The “in good faith” requirement means a person actually believes or perceives to be true the information reported. We value and respect the dignity of the individual, therefore, you have the right to be treated fairly and with respect — and Children’s will require that you are treated that way.
ACKNOWLEDGEMENT

I have received and I will read the Code of Ethical Conduct from Children's Medical Center. I understand that the Code of Ethical Conduct applies to my employment/affiliation and that following all laws, regulations, policies and the Code of Ethical Conduct is a condition of my employment and/or affiliation with Children's Medical Center. I will seek advice from my supervisor, a Human Resources representative, the Compliance Office or I will call the Compliance Hotline with any compliance questions or issues.

My signature reflects that I have received a copy of the Code of Ethical Conduct. I realize that it is my responsibility to read and comply with the procedures and policies set forth in the Code of Ethical Conduct.

I understand this document is available online on the Children's Compliance page on ChildNet and must be reviewed by me as an employee, annually.

______________________________________________
Signature

______________________________________________
Printed Name    Employee #

______________________________________________
Position    Division/Department

______________________________________________
Date
OUR MISSION
To make life better for children.

OUR VISION
Children’s will strive to be the best by:

• Gaining widespread recognition as one of the nation’s preeminent children’s hospitals — an example others will follow.

• Identifying and realizing opportunities for change and improvement that go beyond, rather than duplicate, what is being done in other successful organizations.

OUR GUIDING PRINCIPLES
We strive to live our mission every day through our commitment to four guiding principles:

• Quality Care.
• Research and Innovation.
• Education and Advocacy.
• Excellence and Accountability.

Our commitment to improving the quality of life for children and their families can be achieved only by reflecting these ideals and the values they represent in everything we do.

GENERAL WORKPLACE PRINCIPLES
All Staff of Children’s are expected to adhere to the following guidelines:

• Treat patients and their families with dignity.
• Respect the rights and privacy of patients and their families.
• Behave professionally and ethically at all times.
• Treat each other with dignity, honesty and fairness.
• Value the diversity and unique individual talents each of us brings to the workplace.