

## Stony Brook Medicine

### Administrative Policy and Procedures

<b>Subject:</b> HLD0039 Corporate Compliance Code of Conduct	<b>Published Date:</b> 08/21/2025
Leadership	<b>Next Review Date:</b> 08/21/2026
<b>Scope:</b> SBM Southampton Campus	<b>Original Creation Date:</b> 08/01/2017

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

#### **Policy:**

Stony Brook University Hospital (including all campus locations, collectively "SBUH") has a Corporate Compliance Code of Conduct (Code of Conduct) that provides written guidance on principles and expectations related to workplace conduct. The Code of Conduct reflects the mission, vision, and values of SBUH and complies with applicable federal and state laws, rules and regulations, SBUH policies and procedures, and appropriate standards of ethical conduct. SBUH workforce members in their activities for and on behalf of SBUH have an affirmative duty to abide by the Code of Conduct in their personal and professional conduct as a condition of association with SBUH.

#### **Definitions:**

**Anti-Kickback Statute ("AKS")** – A criminal law that prohibits the knowing and willful payment of "remuneration" to induce or reward patient referrals or the generation of business involving any item or service payable by the federal health care programs (e.g., drugs, supplies or health services for Medicare or Medicaid patients).

**Gifts** – Anything of value an individual receives where that individual did not pay or perform services in a manner consistent with routine commercial transactions. Examples of gifts include, but are not limited to, money, services, loans, travel, lodging, meals, refreshments, entertainment, discounts, or a forbearance of an obligation or a promise that has monetary value.

**Immediate Family Member** - includes spouse; birth and adoptive parents, children and siblings; stepparents, stepchildren and stepsiblings; fathers-in-law, mothers-in-law, brothers-in-law, sisters-in-law, sons-in-law and daughters-in-law; and grandparents and grandchildren. (NY PHL §238. Definitions)

**Nominal Value** - is considered such a small amount that acceptance could not reasonably be interpreted or construed as intending to influence a workforce member. Items that have a fair market value of \$15 or less are deemed to be of

nominal value. Alcoholic beverages, cash, and cash equivalents (e.g. gift cards) regardless of value are not allowed.

**Protected Health Information** - An individual's oral, written or electronic health information created or received by a Covered Entity, that is identifiable or for which there is a reasonable basis to believe that the information can be used to identify the individual, and relates to 1) the past, present, or future physical or mental health condition of an individual, or 2) the provision of health care or payment for health care to an individual. HIPAA details the below 18 identifiers that render health information identifiable:

1. Names
2. geographic subdivisions smaller than a [State](#), including street address city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code in certain situations.
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
4. Telephone numbers;
5. Fax numbers;
6. Electronic mail addresses;
7. Social security numbers;
8. Medical record numbers;
9. Health plan beneficiary numbers;
10. Account numbers;
11. Certificate/license numbers;
12. Vehicle identifiers and serial numbers, including license plate numbers;
13. Device identifiers and serial numbers;
14. Web Universal Resource Locators (URLs);
15. Internet Protocol (IP) address numbers;
16. Biometric identifiers, including finger and voice prints;
17. Full face photographic images and any comparable images; and
18. Any other unique identifying number, characteristic, or code.

**Research misconduct** - Fabrication, falsification, or plagiarism<sup>7</sup> in proposing, performing, or reviewing research or in reporting research results. (Federal Research Misconduct Policy available at [federal-research-misconduct-policy](#))

- a. Fabrication is making up data or results and recording or reporting them.
- b. Falsification is manipulating research materials, equipment, or processes or changing or omitting data or results such that the research is not accurately represented in the research record.
- c. Plagiarism is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit. Note: Unless the activity in question is funded by the National Science Foundation (NSF),

this statement of policy and procedures does not apply to authorship or collaboration disputes. These exclusions from the Plagiarism definition are consistent with the federal Office of Research Integrity's position on the matter. See [ORI Policy on Plagiarism | ORI - The Office of Research Integrity](#)

Research misconduct includes but is not limited to the destruction, absence of, or respondent's failure to provide research records where these actions constitute a significant departure from accepted practice of the relevant research community. Honest errors or differences of opinion are not considered to be research misconduct.

**Remuneration** - The transfer of anything of value, directly or indirectly, overtly or covertly, in cash or in kind.

### **Stony Brook University Hospital campus locations -**

Stony Brook University Hospital Main Campus (SBUH Main Campus)  
Stony Brook Eastern Long Island Hospital (SBELIH)  
Stony Brook Southampton Hospital (SBSH)

**Workforce Member** - An employee, volunteer, trainee, medical staff member, including state, research foundation, professional employer organization, personnel employed through contracted agencies, or other individual affiliated with SBUH who furnish products or services on behalf of SBUH or is otherwise under the direct control of SBUH, regardless of whether they receive(d) payment(s) from SBUH.

### **Procedures:**

A. workforce members are provided with a copy of the SBUH Code of Conduct upon hire and annually. The SBUH Code of Conduct is also made available on the Office of Compliance, Audit and Privacy Services (OCAPS) intranet and public facing internet sites and upon request made to the OCAPS.

1. Upon engagement, all workforce members participate in compliance training which incorporates a review of the SBUH Code of Conduct. A copy of the SBUH Code of Conduct is provided with the training. workforce members are required to review and attest to compliance with the SBUH Code of Conduct.
2. Annually, all workforce members participate in training that includes a review of the Code of Conduct that, at a minimum, address critical areas such as compliance with laws and regulations, prevention of fraud, waste and abuse, non-intimidation and non-retaliation, human resource practices, quality

of care and service, conflicts of interest, proprietary rights, privacy and confidentiality, and appropriate use of SBUH assets.

B. Human Resources maintains the [Code of Conduct Attestation](#)

C. The SBUH Code of Conduct is reviewed, no less than annually, by the Chief Compliance Officer (CCO), and/or designee, to determine whether revisions are warranted. Updates are reported to the Compliance and Audit Committee and Governing Body.

D. All contracts with outside contractors and vendors providing services directly to SBUH specify that the organization has a similar SBUH Code of Conduct.

E. The CCO in conjunction with the SBUH Chief Executive Officer and/or Chief Administrative Officer, as applicable, and senior leadership have responsibility for reviewing and updating the SBUH Code of Conduct, no less than annually.

G. Workforce members who are subject to the requirements under the Protection of People with Special Needs Act comply with all of its related reporting and oversight obligations. Failure to comply with the requirements of review and attestation of the Code of Conduct may result in adverse action consistent with the appropriate collective bargaining agreement, as applicable.

H. For Code of Conduct concerns or contact any of the following:

1. Your Supervisor;
2. The Chief Compliance Officer, Patricia Cooper, (631) 444-5864;
3. The Office of Compliance, Audit and Privacy Services, (631) 638-4349;
4. The Corporate Compliance Helpline (866) 623-1480; <https://www.compliance-helpline.com/sbuh.jsp> (which is available 24 hours a day, seven days a week) to report anonymously or by name;
5. Sending a fax to (631) 444-5791 with correspondence marked "CONFIDENTIAL;"
6. Mailing the concern to the Office of Compliance and Audit Services located at 7 Flowerfield, Suite 36, St. James, New York 11780-1514. (Internal zip 6062); or  
Email: [compliancehelp@stonybrookmedicine.edu](mailto:compliancehelp@stonybrookmedicine.edu)

**Forms:** (Ctrl-Click form name to view)

None

**Policy Cross Reference:** (Ctrl-Click policy name to view)

[HLD0005 Certificate of Need Applications](#)

[HLD0038 Policy and Procedure for an Employee Responding to Governmental Investigations](#)

[HLD0109 Gifts](#)

[HLD0058 Review of Suspected Health Insurance Portability and Accountability Act \(HIPAA\) Violations](#)

[HLD0070 Responsibilities for Preventing and Detecting Fraud, Waste and Abuse Related to Federal and State Funded Health Care Programs](#)

[HLD0071 Reporting of Compliance Violations or Suspected Violations and NonIntimidation/Non-Retaliation](#)

[HLD0087 Health Insurance Portability and Accountability Act \(HIPAA\) Violations](#)  
[HLD0101 Conflict of Interest](#)

[HEC0026 Regulated Medical Waste Disposal](#)

[HEC0054 Hazardous Chemical Materials Spill Plan](#)

[HMM0084 Pharmaceutical Waste Management](#)

[HIM0044 Security of Information Technology Resources](#)

[HRC0006 Retention of Health Information](#)

[HRC0081 Uses and Disclosures of Protected Health Information](#)

[Equal Opportunity and Discriminatory Misconduct Policy](#)

[Research Misconduct Policy](#)

### **Relevant Standards/Codes/Rules/Regulations/Statutes:**

Title 18 NYCRR 504.3., Duties of the Provider

Title 18 NYCRR 504.8., Audit and Claim Review

Title 18 NYCRR Parts 514., Policy

Title 18 NYCRR Parts 515., Sanction; effect

Title 18 NYCRR Parts 516., Scope and definitions

Title 18 NYCRR Parts 517., Provider Audits

Title 18 NYCRR Parts 518., Definitions

Title 18 NYCRR Parts 519., Provider Hearings

Title 18 NYCRR Parts 520., Overpayments

Title 18 NYCRR Parts 521., Fraud, Waste, and Abuse Prevention

Title 19 NYCRR Part 934; Pursuant to Legislative Law

New York State Public Officers Law §73, Financial Disclosure

-§74., Code of Ethics

§80., Legislative ethics commission

§94., Commission on Ethics and Lobbying in Government

42 USC § 1396a(a) (68)., State plans for medical assistance  
31 USC §§ 3729-3733., False claims  
31 USC Ch. 38., Administrative Remedies for false claims and statements  
NY Labor Law § 740., Prohibitory Retaliatory Personnel Action by Employers  
NY Labor Law § 741., Prohibition; health care employer who penalizes employees  
because of complaints of employer violations  
NY State Finance Law §§ 187-194., New York False Claims Act

**References and Resources:**

[SBUH Code of Conduct](#)

US Department of Health and Human Services, The Office of [Research](#) Integrity