



Stony Brook Medicine Corporate Compliance Code of Conduct Stony Brook University Hospital

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I. OUR COMMITMENT TO ETHICS AND COMPLIANCE

A. Leadership Commitment to Ethics and Compliance

SBUH is committed to its long tradition of ethical and responsible conduct. The Code of Conduct reflects SBUH’s ICARE values which are Integrity, Compassion, Accountability, Respect and Excellence. The SBM Executive Vice President and SBUH Chief Executive Officer and/or Senior Administrator Officer designated by the President has authority

over compliance with governmental laws and regulations. The Governing Body has ultimate oversight for SBUH's Corporate Compliance Program.

SBUH promotes relationships based on mutual trust and respect and provides an environment where individuals may question a practice without fear of intimidation or retaliation. The Code of Conduct additionally demonstrates SBUH's commitment to compliance with federal and state laws on fraud, waste, and abuse and the standards of conduct expected of all Hospital Representatives. The Code of Conduct provides guidance on how to resolve questions regarding legal and ethical issues, establishes mechanisms for reporting possible violations of law or ethical principles within SBUH and provides tools for making the right choices when confronted with difficult situations. The Code of Conduct imposes requirements that may be more strict than those mandated by law, reflecting SBUH's goal of carrying out its mission with the highest level of integrity. If a violation of the Code of Conduct is substantiated, any involved Hospital Representative is subject to disciplinary action up to and including dismissal, consistent with any applicable collective bargaining agreements.

B. Hospital Representatives' Commitment to Ethics and Compliance

Hospital Representatives are responsible for adhering to and complying with SBUH's Code of Conduct whenever acting on behalf of SBUH, including in their interactions with other Hospital Representatives, patients and their families, government regulators or the general public.

Hospital Representatives are also responsible for adhering to the highest ethical standards of conduct in all business activities; performing in a manner that is honest and law-abiding; and raising actual or suspected ethical and legal concerns.

Appointment and retention of Hospital Representatives and granting of medical staff privileges at any SBUH facility are contingent upon acceptance of and compliance with the Code of Conduct. Vendors, consultants and others acting on behalf of SBUH are similarly expected to adhere to these standards in their dealings with us and with others on our behalf. Failing to adhere to the Code of Conduct, or legal or ethical requirements, jeopardizes the welfare of SBUH, Hospital Representatives, patients, and the communities SBUH serves

Hospital Representatives are required to report any actual or potential violation of this Code of Conduct. Withholding knowledge of improper activities is actually a violation of the Code of Conduct. To report an actual or potential violation or if there are any questions about the application or interpretation of the Code of Conduct, Hospital Representatives may use any of the ways of communication described in Section III

below. Hospital Representatives are assured that they may question a practice without fear of intimidation or retaliation.

C. The Corporate Compliance Program.

SBUH has implemented a Corporate Compliance Program (“Compliance Program”) demonstrating and reflecting SBUH’s commitment to integrity, ethics and compliance. The Compliance Program ensures that SBUH conducts its business and patient care practices in an honest, ethical and proper manner. The Compliance Program also incorporates preventive, detective and corrective measures to reduce the potential for fraud, waste, and abuse, and has systems and processes in place to identify and self-correct errors.

The Chief Compliance Officer leads the Office of Compliance and Audit Services (“OCAS”) and is responsible for the day-to-day operation of the compliance program. SBUH also has a Compliance and Audit Committee (“CAC”) comprising of senior managers. The Chief Compliance Officer and Compliance and Audit Committee are held accountable and report directly to the President of Stony Brook University and the Executive Vice President of Stony Brook Medicine.

II. STANDARDS OF CONDUCT

SBUH is committed to conducting its large volume of daily business activities in a manner that is ethical, compliant and fair. Therefore, SBUH has standards to guard against and address unethical, fraudulent, dishonest or unfair behaviors or activities. Below are the Standards by which Hospital Representatives must comply:

A. Prevent Fraud, Waste, and Abuse; Non-Intimidation and Non-Retaliation (Whistleblower Protections)

1. Prevent Fraud, Waste and Abuse

Hospital Representatives must comply with the requirements of the Federal and New York State False Claims laws and regulations in preventing and detecting any fraud, waste or abuse in the organization, and are protected as whistleblowers under these laws. Liability may be imposed on any person who submits a claim to or seeks reimbursement from the Federal or State government knowing that the submission is false. (See policy **LD0070 Responsibilities for Preventing and Detecting Fraud, Waste and Abuse Related to Federal and State Funded Health Care Programs.**)

- a. Fraud refers to an intentional or deliberate act to deprive another of property or money by deception or other unfair means. It is associated with the intentional submission of false information to get money or a benefit.
- b. Waste includes practices that, directly or indirectly, result in unnecessary costs to federally funded programs, such as overusing services. It is often associated with the misuse of resources.
- c. Abuse includes actions that may, directly or indirectly, result in unnecessary costs to federally funded programs. It is associated with paying for items or services when there is no legal entitlement to that payment.

2. Non-Intimidation and Non-Retaliation (Whistleblower Protections)

SBUH prohibits anyone from taking any retaliatory or intimidating action against a Hospital Representative if the Hospital Representative does any of the following:

(a) discloses, or threatens to disclose to a supervisor or to a public body an activity, policy or practice of SBUH that the Hospital Representative (1) reasonably believes is in violation of law, rule or regulation; or (2) believes that that action poses a substantial and specific danger to the public health or safety;

(b) provides information to, or testifies before, any public body conducting an investigation, hearing or inquiry into any such activity, policy or practice by SBUH; or

(c) objects to, or refuses to participate in any such activity, policy or practice.

SBUH will immediately investigate all reported acts of retaliation or intimidation and take appropriate action.

B. Provide Quality Care with Integrity, Compassion, Accountability, Respect and Excellence ("ICARE")

SBUH is committed to delivering the best possible experience and quality of care for all patients. Hospital Representatives embody the ICARE principles and are expected to provide care with:

1. Integrity by being honest and ethical in all interactions.
2. Compassion by providing empathetic care with attentive listening and affirmation.
3. Accountability by being accountable to the SBUH community, organization and one another for performance and behaviors.
4. Respect by fostering an environment of mutual respect and trust, embracing diversity in people and thinking.

5. Excellence by setting the highest standards for safety, clinical outcomes and service.

C. Market with Integrity

Honest and clear communication are the cornerstone of ethical disclosure of information. Hospital Representatives truthfully represent and make honest statements when conducting SBUH business. Hospital Representatives must report and record all information accurately and honestly whether on marketing materials, patient records, requests for payment, time sheets, clinical research records, financial reports or otherwise. Marketing materials must accurately reflect accreditation, licensure and services available.

D. Submit Accurate Documentation for all Business Records

1. Accurate Documentation

All Hospital Representatives are responsible to ensure accurate, transparent and truthful documentation. Falsification of any business record or document (e.g., medical record, timecard, cost report) is a serious violation of SBUH policies and is strictly prohibited. Falsification of business records with intent to defraud is also a felony pursuant to New York State Penal Law §175.05. Hospital Representatives who falsify a document is subject to disciplinary action, up to and including termination, pursuant to the applicable collective bargaining agreement and possible prosecution by applicable authorities.

2. Ensure Accurate Facility Certification

Hospital Representatives truthfully make statements when representing the conditions or operations of any facility as required for participation in any federal or state governmental program or responsive to inquiry by an accrediting body. Similarly, Hospital Representatives must make truthful statements with respect to ownership and control of a facility or affiliated entity.

E. Submit Accurate Billings and Financial Reports

1. SBUH Billing Activities

SBUH is committed to the accurate preparation and submission of claims to federal and state programs and third-party payers in accordance with legal and regulatory requirements. SBUH prohibits any practice related to claim misrepresentations or conspiracy to commit fraud.

Hospital Representatives participating in billing must comply with legal and regulatory mandates. To ensure such compliance, Patient Accounts routinely perform internal monitoring and audits, inclusive of risk areas, to ensure compliance with federal and state compliance program requirements. Additionally, no less than annually, the Office of Compliance and Audit Services performs auditing and monitoring reviews to ensure compliance program efficacy. The Associate Director of Patient Financial Services serves as the Billing Compliance Liaison and is a member of the Compliance and Audit Committee.

The following conduct is unacceptable by Hospital Representatives when billing patients, federal and state programs (including Medicare and Medicaid), and third-party payers or others:

- Knowingly making any false statement of fact for use in determining rights to a benefit or payment;
- Knowingly making any false statement of fact in any application for payment or benefit;
- Knowingly concealing or failing to disclose an event affecting a right to a benefit or payment with the intent to fraudulently secure the benefit or payment in an amount greater than is due or when no such benefit is authorized;
- Knowingly converting a benefit or payment for a use other than for the use of the person in whose name the application for the benefit was made;
- Knowingly requesting a payment in violation of the terms of an assignment or an agreement with the payer; and
- Knowingly claiming, charging, accepting, or receiving any payments for tests and/or procedures, unless they are medically necessary, and are billed according to applicable regulations.

Under federal and state laws, SBUH must report and return an overpayment within 60 days of its identification. Penalties may be imposed when SBUH staff has or should have, through the exercise of reasonable diligence, determined that SBUH has received an overpayment. If you become aware of an overpayment, you must immediately report it to your supervisor and the OCAS.

2. Laboratory Services

Hospital Representatives participating in billing for laboratory services comply with all established legal mandates. Laboratory Administration implemented a Laboratory Compliance Plan that discourages wrongdoing and utilizes established policies and procedures for monitoring, reporting and addressing any suspected wrongdoing.

The Laboratory Administration Compliance Plan is reviewed regularly and updated, as needed. The annual laboratory staff training includes a module on laboratory compliance. The Laboratory Director serves on the Compliance and Audit Committee of the Governing Body.

3. Medical Staff

All physicians are expected to familiarize themselves with and abide by applicable laws, rules and regulations pertaining to billing. Medical Staff is responsible for accurate and timely documentation in the medical record to support the level of services billed. This responsibility includes following applicable rules on documentation for coding of Evaluation and Management services.

F. Ensure Proper Use of SBUH's Assets

Hospital Representatives all have a role in protecting SBUH Assets and it is our collective duty to:

1. Fully and accurately complete and maintain all financial records consistent with their role and proper business practices;
2. Protect Stony Brook Medicine information and resources from unauthorized use or disclosure;
3. Protect personal, private, sensitive, or confidential information from unauthorized use or disclosure;
4. Observe authorized levels of access and utilize only approved IT technology devices or services;
5. Immediately report suspected information security incidents or weaknesses to the appropriate manager and/or the Information Security Department (InfoSec); and
6. Avoid interfering with official business or an employee's job responsibilities.

All managers must use appropriate internal accounting controls over all areas of their responsibility to ensure safeguarding of SBUH's assets and accuracy of financial records and reports.

G. Prevent Theft

Hospital Representatives must not take, convert, consume or use property or funds belonging to SBUH or any company or private person without the owner's consent or proper authorization. If you suspect a SBUH item is missing due to theft, you must report it to the University Police.

H. Comply with Procurement Policy

The Hospital Purchasing Department is the only authorized administrative office that can enter into contractual agreement with prospective vendors. Hospital representatives are not independently authorized to enter into agreements with prospective vendors by signing formal or informal vendor agreements. Additionally, Hospital Representatives are not independently authorized to bind the hospital to financial commitments and must not

permit a vendor to start providing goods or services without an executed agreement or prior authorization. Vendors who provide goods, services, demo equipment, or consignment goods, without authorization from the purchasing department will not be paid and are subject to being denied future access to SBUH business.

I. Ensure Confidentiality of Protected Health Information

SBUH is committed to maintaining the confidentiality of employees, patients and other sensitive or proprietary information in accordance with the applicable legal and ethical standards.

SBUH prioritizes the confidentiality and privacy of our patients and requires Hospital Representatives to adhere to confidentiality, privacy and security policies, procedures and laws, including the Health Insurance Portability and Accountability Act ("HIPAA"). Hospital Representatives must:

- Actively protect and safeguard patients' Protected Health Information ("PHI") and patient's personal information whether that information is paper, electronic, verbal or telephonic;
- Only access a patient's medical record when involved in that patient's care or when access is required for a legitimate and authorized work-related purpose (e.g. billing, administrative, teaching, or research);
- Share only the minimum necessary information to accomplish the work-related task;
- Seek permission from the patient before discussing patient information in front of patient family members and/or visitors.
- Take special precautions when handling sensitive PHI associated with the following populations, those with: substance use disorder, mental health illness and Human Immunodeficiency Virus ("HIV");

Hospital Representatives who engage in unauthorized disclosure, access or use of information pertaining to our patients or others are subject to disciplinary action in addition to possible civil or criminal sanctions. Any person who becomes aware of a known, suspected or alleged unauthorized use, access, or disclosure of PHI, must report it immediately to their Supervisor, the Chief HIPAA Privacy Officer, the Chief Compliance Officer or at <https://sbuh.complianceprohealth.com/report/privacy-newu>. The Chief Privacy Officer or designee investigates all known, suspected or alleged HIPAA violations.

Questions about the patient confidentiality rules or any other HIPAA Privacy matter should be referred to the Chief HIPAA Privacy Officer or designee.

J. Ensure Confidentiality of SBUH Information

Hospital Representatives must not disclose to others any confidential information obtained during the course of employment. Confidential information includes, but is not limited to, SBUH's methods, processes, techniques, computer software, equipment, service marks, copyrights, research data, clinical and pharmacological data, marketing and sales information, personnel data, patient lists, patient clinical data, financial data, plans and all other proprietary information which are in the possession of SBUH and which have not been published or disclosed to the public. Hospital Representatives are responsible and accountable for the integrity and protection of business information.

Hospital Representatives must carefully handle and properly secure documents and electronic media containing sensitive information concerning patients and Hospital Representatives. Hospital Representatives must pay particular attention to the security of data stored on computer systems. If you observe employee misuse of confidential information or individuals whom you do not recognize using terminals in your area, immediately report this to your Supervisor, Chief Information Security Officer, or Chief HIPAA Privacy Officer.

K. Ensure Confidentiality of Information Owned by Others

Hospital Representatives may only use or access confidential information owned by third-parties when there is a written agreement approved by the Office of Procurement and/or the Office of General Counsel. If Hospital Representatives have information in their possession that could possibly be confidential to a third party or may have restrictions placed on its use, they should consult with the Office of General Counsel.

Additionally, software is an intellectual property which may be protected by copyright, patent and trade secret laws or considered confidential information. The Office of General Counsel reviews and executes software and licensing agreements. Hospital Representatives must follow policy **IM0044 Security of Information Technology Resources** and strictly follow the terms and conditions of license agreements such as provisions not to copy or distribute software. The exception is a copy for backup purposes.

Personally owned or acquired software or equipment must not be used on or copied onto a SBUH-owned computer system.

L. Ensure Appropriate Use of Social Media

Hospital representatives use social media in a manner that protects confidential and protected health information and does not interfere with work responsibilities. Hospital Representatives are reminded of the following social media guidelines:

1. Use good judgment, including being courteous, respectful and thoughtful about how others may perceive or be affected by content;
2. Protect the privacy of our patients and our colleagues;
3. Protect proprietary, SBUH information;
4. Seek guidance if you have any questions about the appropriateness of materials you plan to publish.

Questions related to the Social Media Guidelines may be brought to your supervisor, Chief Privacy Officer or Chief Compliance Officer.

M. Ensure Proper Retention and Destruction of Records

Hospital Representatives are expected to fully comply with the records retention and destruction schedule that is consistent with the SUNY Retention schedule. If a Hospital Representative believes that documents should be saved beyond the applicable retention period, the supervisor is notified to contact the appropriate department for guidance. This may include the Health Information Management Department, Risk Management Department, Office of General Counsel, Chief Compliance Officer, or the Finance Department depending on the nature of the documents in question. Please refer to policy **RC0006 Retention of Health Information** for further guidance.

N. Adhere to Certificates of Need/Licensure Requirements

SBUH is licensed by various regulatory and accreditation bodies. Hospital Representatives are expected to familiarize themselves with the licensure requirements regulations governing their area, to stay abreast of new developments and to alert their supervisor to possible noncompliance with the licensure requirements. Hospital Representatives are to refer questions regarding regulatory requirements to the Chief of Regulatory Affairs.

Hospital Representatives are expected to obtain the prior approval of the New York State Department of Health before purchasing major medical equipment, changing the services it provides or making other significant capital expenditures. Guidance pertaining to major equipment and capital expenditures may be found in policy **LD0005 Certificate of Need Assessment and Applications (CON)**.

O. Prevent Unfair Trade Practices

SBUH complies with all laws pertaining to restraint of trade and unfair competition. Such laws generally forbid any kind of understanding or agreement, whether written or verbal, between competitors to fix or control fees for services, or to engage in any other conduct that results in restraint of competition.

SBUH prohibits the following conduct:

- Attempts to unlawfully monopolize the provision of medical services;

- Fixing or unlawfully controlling fees or prices, including setting unreasonably low fees or prices to drive or keep competitors out of the market;
- Telling a supplier that the decision to purchase goods or services is dependent upon the supplier's seeking medical services at SBUH;
- Engaging in any other antitrust arrangements (e.g. tying arrangements);
- Unlawfully reducing or eliminating competition over price, terms of business or services offered;
- Unlawfully refusing to deal with, or to boycott, suppliers, third party payers or other providers;
- Conducting discussions, conversations or other communications with competitors about the division of either patients, geographic areas, or services; the circumstances under which business will be conducted with suppliers, insurance companies, patients or customers (including boycotts); or marketing efforts;
- Discussing with competitors the future business plans of SBUH or those of any competitors;
- Discussing with competitors such information as pricing, reimbursement or salary levels.

Participation in surveys among competitors regarding information on such things as salaries and fees, are permissible only if: (1) the survey is managed by a non-competitor third party; (2) the information provided by survey participants is based on data more than three months old; (3) at least five hospitals participate in the survey; and (4) the information provided is not identifiable. If you have questions regarding trade practices, contact the Office of General Counsel.

P. Prevent Unlawful Referrals and Kickbacks

SBUH prohibits Hospital Representatives from directly or indirectly offering, paying for, soliciting or accepting money or anything of value in exchange for patient or member referrals. As a provider of patient care, SBUH cannot receive any improper inducement from its vendors to influence it in making decisions regarding the use of particular products or the referral or recommendation of patients to other providers of goods and services paid for by federal programs, including Medicare or Medicaid.

1. The Anti-Kickback Statute

The Anti-Kickback statute is a criminal law which specifically 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 care services for Medicare or Medicaid patients).

New York Social Services Law prohibits medical assistance providers from soliciting, receiving, accepting or agreeing to any payment or consideration in exchange for referral

of services for payment by Medicaid. Federal and state laws impose criminal and administrative sanctions for violating the Anti-Kickback Statute.

SBUH must scrupulously avoid being either the offeror or the recipient of an improper inducement. Care must be taken in structuring relationships with persons not employed by SBUH so as not to create the appearance of offering an improper inducement to those who may be in a position to refer or influence the referral of patients to SBUH.

2. The Physician Self-Referral Law (Stark Law)

Hospital Representatives must not make referrals for a designated health service* to an entity in which the Hospital Representative or their immediate family member, has a financial relationship**.

Under the Stark Law, Physicians are generally prohibited from referring patients to receive "designated health services" payable by Medicare or Medicaid from entities with which the physician or an immediate family member has a financial relationship, unless an exception applies. New York extends the prohibition to health care providers authorized to order clinical laboratory services, pharmacy services, radiation therapy services, or x-ray or imaging services. Hospital Representatives must become familiar with these laws and assure that all activities are conducted in such a manner that no question may arise as to whether any of these laws have been violated. Hospital Representatives should direct any questions concerning these statutes or any business arrangement subject to Anti-Kickback Statute, the Stark Law or any anti-referral laws to the Office of General Counsel.

*Examples include inpatient and outpatient services, laboratory, physical therapy, occupational therapy, radiology, radiation therapy, durable medical equipment, and home health services, and all outpatient supplies, drugs, and equipment.

**Includes ownership or investment interest in an entity. Also includes any compensation arrangement involving any remuneration to a physician or immediate family member by the entity.

Q. Adhere to Tax-Exempt Requirements

In general, the New York State Tax Law provides exemption from sales tax for purchases made by SBUH. Purchases made by Hospital Representatives are exempt from sales tax only if such purchases are made on behalf of SBUH for legitimate SBUH activities. Hospital Representatives may not purchase personal items through SBUH even if SBUH is reimbursed by the Hospital Representative. Hospital Representatives must comply with all SUNY and SBUH Procurement Policies and New York State Finance Law when making purchases on behalf of SBUH. Questions on these issues should be referred to the Office of General Counsel.

R. Avoid Inappropriate Gifts

Soliciting, giving or accepting gifts can sometimes be construed as an attempt to influence the other party. No personal gifts can be offered or received if the action could raise a reasonable question concerning whether the gift was offered or received to influence a person in the exercise of proper business judgment or is intended as a reward for any official action on the Hospital Representative's part. Hospital Representatives may not solicit, accept or offer any gift of more than nominal value. For further guidance surrounding gifts, see **LD0109 Gifts** or **contact the Office of Compliance and Audit Services**.

S. Engage in Appropriate Fundraising

SBUH adheres to SUNY policy in that only fundraising or solicitation of funds that results in a benefit to the University is permitted, unless specifically authorized by the President or designee. Such events must be consistent with the mission, goals and mandates of the University.

Hospital Representatives must report all fundraising activities through the Stony Brook Medicine Advancement Office for coordination. Hospital Representatives must not undertake solicitation and fundraising within SBUH without appropriate written authorization. Questions about fundraising are directed to the SBM Advancement Office.

T. Commit to Fairness and Equity

SBUH is committed to creating fair and equitable learning and work environments. All Hospital Representatives must abide by the rules, regulations, and policies related to equal employment, educational opportunity, sexual misconduct, and affirmative action. SBUH prohibits discrimination on the basis of race, sex, sexual orientation, gender identity or expression, religion, age, color, creed, national or ethnic origin, disability, marital status, familial status, pregnancy, genetic predisposition, criminal convictions, domestic violence victim status, and veteran or military status and all other protected classes under federal or state laws in the administration of its policies, programs, and activities. Hospital representatives with discrimination-related concerns are encouraged to contact the Office of Equity and Access (OEA). If you choose to report a concern with OEA, the action does not bar you from filing a complaint with an outside agency such as the State Division of Human Rights or the Equal Employment Opportunity Commission.

Students are encouraged to contact the Student Accessibility Support Center (SASC) with their accommodation requests due to disability. Hospital Representatives who require accommodation due to disability, religious observation, or religious practice are encouraged to contact OEA.

SBUH reaffirms our commitment to creating a learning and working environment free of discrimination and sexual misconduct. SBUH takes reported incidents seriously and encourages its members to report such violations to either OEA, Labor Relations, or Human Resources. Such violations may result in discipline, up to and including termination of employment.

U. Avoid Conflicts of Interest

A conflict of interest arises if a person's judgment and discretion is or may be influenced by personal considerations, or if the interests of SBUH are jeopardized. Please refer to the standards listed in policy **LD0101 Conflict of Interest** such as:

- Hospital Representatives must promptly disclose any existing or new relationships that may give the appearance of a conflict of interest to their immediate supervisor or the Chief Compliance Officer.
- Hospital Representatives must also report to the Chief Compliance Officer any investment or ownership in a competitor, supplier or an entity which refers patients.
- Immediate family members should not supervise or report to each other.
- Outside employment that interferes with an employee's performance is prohibited.

Hospital Representatives should not use equipment, materials or proprietary information owned by SBUH for any outside employment purpose.

Hospital Representatives are to avoid situations which present the appearance of or actual conflict of interest. For a more complete guidance to State policy on these types of issues, please refer to New York State Ethics: A Guide to Public Law and Public Officer's Law, both published by the New York State Ethics Commission. See also New York State Public Officers Law §73, §74.

V. Comply with Labor and Employment Laws

1. Employer-Employee Relationship

It is SBUH's policy to comply fully with all applicable labor laws and statutes regulating the employer-employee relationship and the workplace environment. Under federal and state laws, it is illegal for SBUH or a Hospital Representative to pay or receive any money or other thing of value from any labor organization that represents SBUH employees (this does not include the amount paid in the normal course of business, e.g. union dues, political action committee). No Hospital Representative may interfere or retaliate against another Hospital Representative who seeks to invoke his or her rights under those laws.

Hospital Representatives should refer questions regarding the laws governing labor and employee relations to the Director of Labor Relations.

2. Non-Retaliation, Non-Intimidation

SBUH Hospital promotes a safe environment for employees, patients, students and visitors free from violence, harassment and other threatening behaviors. A Hospital Representative who experiences or observes disruptive behavior, inclusive of conduct or behavior that may be perceived by a reasonable person as demeaning, intimidating, offensive, harassing or, discriminatory to a targeted individual or group, should submit a report regarding such behavior to the Compliance Helpline.

Hospital Representatives are not permitted to engage in intimidation or retaliation against another individual for reporting compliance-related concerns in good faith.

W. Comply with Immigration Requirements

SBUH only hires persons who are legally authorized to work in the United States, consistent with federal law. Hospital Representatives should refer questions related to immigration to the Human Resources Office.

X. Provide Emergency Care

SBUH adheres to the provisions of the Emergency Medical Treatment and Labor Act (EMTALA). Regardless of ability to pay, SBUH provides a medical screening examination, to patients who present themselves to its Emergency Department and request examination; and SBUH treats and stabilizes all patients with emergency medical conditions. In limited circumstances, SBUH only transfers patients after providing the patient with necessary stabilizing treatment and in compliance with applicable state and federal laws.

SBUH does not delay a Medical Screening Examination and/or treatment of a patient in order to inquire about the individual's insurance or payment status. All Emergency Department personnel must be aware of SBUH's policy in this regard.

Y. Comply with Environmental Health and Safety Requirements

All Hospital Representatives encountering hazardous materials and regulated medical waste must comply with environmental laws and regulations, and hospital hazardous material policies and procedures. Hospital Representatives are expected to:

- Comply with all laws and regulations governing the handling, storage and use of hazardous materials, other pollutants and regulated medical wastes;
- Comply with permits that allow SBUH to safely discharge pollutants into the air, sewage systems, water pollution control facilities, or onto or into land;
- Hire licensed/permitted contractors to transport and dispose of hazardous materials/waste and regulated medical wastes; and

- Accurately maintain records required by the environmental laws and regulations.

No one at SBUH may participate in concealing improper discharge or disposal of hazardous materials. Any Hospital Representative who has reason to believe that there have been violations of this or any other aspect of SBUH's environmental compliance procedures should report immediately to the Chief Compliance Officer.

If you are made aware or notice a potential or actual infringement of the laws and rules regarding hazardous materials and waste, immediately advise your Supervisor, the Director of Healthcare Safety & Sustainability or the Chief Compliance Officer.

Z. Ensure Proper Control of Medications

SBUH, and therefore its Hospital Representatives, is legally responsible for the proper distribution and handling of pharmaceutical products and preventing unauthorized access to them. The diversion of any prescription drug, non-prescription drug or controlled substance, including a drug sample, in any amount for any reason to an unauthorized individual or entity is forbidden.

Any violation of any law or SBUH policy involving non-controlled or controlled drugs will constitute grounds for discipline, up to and including, dismissal. Should you become aware of potential violations of any law, policy or regulation relating to pharmaceuticals, you must immediately advise your supervisor or the Chief Compliance Officer.

AA. Adhere to the Ethical Conduct of Research

All research conducted at Stony Brook University involving human subjects must conform to the Stony Brook University Institutional Review Board ("IRB") policies and procedures and to SBUH's Informed Consent Policy. Hospital Representatives must submit any proposal involving human subjects to the (IRB) for review and approval.

All proposals for animal care and use must be approved by The Institutional Animal Care and Use Committee ("IACUC") to assure compliance with federal and state laws and guidelines.

Hospital Representatives are reminded that research must conform with SBUH and regulatory requirements responsive to SBUH conflict of interest and anti-kickback policies and relevant regulatory requirements.

BB. Avoid Scientific Misconduct

Stony Brook University (hereinafter referred to as the University) is committed to excellence in all scholarly endeavors. Individuals must adhere to the highest professional

standards of scientific integrity in planning, conducting or in reporting the results of research activities conducted under the auspices of this University.

All faculty, staff and students will report observed, suspected or apparent research misconduct, and will cooperate with the Research Integrity Officer and other University officials in the review of allegations and the conduct of Inquiries and Investigations. Research misconduct may include 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.

The full policy on Research Misconduct can be found here:

https://www.stonybrook.edu/policy/pdf/research_misconduct_policy.pdf

CC. Ensure Appropriate Political Participation/Government Relations

Hospital Representatives must distinguish between personal and organizational political activities. Unless specifically requested by SBUH to represent it before legislative or other governmental bodies, Hospital Representatives must clearly label any personal communication with legislators as their own beliefs.

If contacted by legislators or regulators regarding SBUH's position on public issues; or if you have any questions regarding SBUH's positions on public policy, legislation, or appropriations; contact the Office of Government and Community Relations or the Office of General Counsel.

III. COMPLIANCE WITH THE CODE

A. Questions Regarding the Code

SBUH's Chief Compliance Officer is responsible for implementation of SBUH's Corporate Compliance Program, including the Corporate Compliance Code of Conduct. The Chief Compliance Officer works with others in SBUH, as necessary, with respect to elements of implementation, including training and enforcement of this Corporate Compliance Code of Conduct.

Hospital Representatives should direct any questions regarding the applicability or interpretation of the Corporate Compliance Code of Conduct to the Chief Compliance Officer in person, in writing, or by telephone. Hospital Representatives should address any correspondence relating to the Corporate Compliance Code of Conduct to Chief Compliance Officer's attention marked "CONFIDENTIAL."

B. Reporting of Suspected Violations

Hospital Representatives must report suspected violations of this Code. As a matter of policy, no Hospital Representative will be disciplined or subjected to retaliatory action or intimidation because he or she made a report in good faith. Where possible, SBUH protects the confidentiality of the Hospital Representative making the report.

To report a compliance concern or to make a compliance inquiry contact the Chief Compliance Officer, Patricia Cooper, at (631) 444-5864.

Reporting of compliance concerns or inquiries can also be made to:

- your Supervisor who is then required to report the suspected violation to the Chief Compliance Officer;
- the Office of Compliance and Audit Services (631) 638-4349;
- the Corporate Compliance Helpline (866) 623-1480; or <https://www.compliance-helpline.com/sbuh.jsp> (which is available 24 hours a day, seven days a week) to report anonymously or by name;
- via fax (631) 444-5791 with correspondence marked "CONFIDENTIAL" or
- by mail to the Office of Compliance and Audit Services located at 7 Flowerfield, Suite 36, St. James, New York 11780-1514.
Internal zip 6062.

A Hospital Representative need not be absolutely certain that a violation has occurred before making a report; reasonable belief that a violation may have occurred is sufficient. Hospital Representatives are required to come forward with any information, without regard to the identity or position of the suspected offender. All compliance inquiries and reports of potential violations are promptly investigated and reported to SBUH Governing Body.

C. Investigation of Suspected Violations

SBUH promptly investigates all reports of suspected violations of the Corporate Compliance Code of Conduct and maintains confidentiality to the extent consistent with SBUH's interests and legal obligations. If an investigation of an alleged violation is undertaken and the Chief Compliance Officer believes the integrity of the investigation is at stake because of the presence of Hospital Representatives under investigation, the Hospital Representative(s) allegedly involved in the misconduct is removed from his/her current work activity until the investigation is completed, consistent with the appropriate collective bargaining agreement, where applicable. In addition, steps are taken to prevent the destruction of documents or other evidence relevant to the investigation. Hospital Representatives must cooperate with investigations.

While it is SBUH's policy to cooperate with any government investigation, SBUH must only act with the advice of its legal counsel, therefore the Office of General Counsel must coordinate all cooperation with the government in these matters. Clinical services and divisions are not authorized to engage external consultants, auditors, or legal counsel in

connection with compliance matters except with the advance approval of the Chief Compliance Officer.

D. Discipline for Violations

Disciplinary action may occur for:

- Violations of the Code of Conduct.
- Failure to report a violation of the Code of Conduct or to cooperate during an investigation.
- Failure by a violator's supervisor(s) to reasonably detect and report a violation of the Code of Conduct.
- Retaliation or Intimidation against an individual for reporting a violation or possible suspected violation of the Code of Conduct.

Disciplinary action may, when appropriate, include dismissal. Any discipline applicable to union members is taken in accordance with the appropriate collective bargaining agreement.

Disciplinary decisions related to the Code of Conduct are reported to SBUH Governing Body, as required.

3.2023