



**THE UNIVERSITY *of* TEXAS**  
HEALTH SCIENCE CENTER AT HOUSTON

OFFICE OF INSTITUTIONAL COMPLIANCE

INSTITUTIONAL COMPLIANCE  
MANUAL

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## **Purpose of Compliance Manual**

The purpose of this compliance manual is to document the compliance structure and the policies and procedures that pertain to the compliance program at The University of Texas Health Science Center at Houston. This manual includes a description of the responsibilities of the Executive Compliance Committee and the Compliance Officer and includes bylaws, policies, and procedures that pertain to the compliance program.

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## UTHSC-H Standards of Conduct

### 2.01

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## General Standards of Conduct

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### ***POLICY OVERVIEW***

The University of Texas Health Science Center at Houston ("university") expects all employees and students to follow the highest standards of personal conduct as established by university policy and federal, state and local laws.

As a condition of employment with the university, all employees are required to acknowledge receipt of a copy of the General Standards of Conduct policy, a list of contacts/responsible areas for various compliance issues, and the web site references for the [Standards of Conduct Guide](#).

Employees must also acknowledge they understand their responsibilities to review the policy and to perform their work in an ethical and legal manner as described in the [Standards of Conduct Guide](#).

The university reserves the right to take appropriate disciplinary measures against any employee or student who fails to comply with, or fails to report suspected noncompliance with, policies and procedures of the university, federal health care program requirements, or other applicable state or federal law or regulation.

Employees who encounter situations they believe violate provisions of the university's *Handbook of Operating Procedures*, federal health care program requirements or other applicable state or federal law or regulation are expected to immediately consult their supervisor, another member of management in their area, or the Chief Compliance Officer. Employees may also call the Compliance Hotline at 1-888-472-9868 in confidence and anonymity. Any person with a concern regarding a breach of ethics or a possible compliance matter should notify the Chief Compliance Officer.

### **Retaliation**

The university encourages its employees and students to make good faith disclosures of university related misconduct. The university will not tolerate retaliation or threat of retaliation against those who make disclosures of actual or perceived misconduct. Acts or threats of retaliation in response to such disclosures may subject the person retaliating to disciplinary action, up to and including termination. Persons making disclosures with reckless disregard for the truth or in willful ignorance of the facts may be subjected to disciplinary action. Refer to [HOOP Policy 2.17.1 Protection from Retaliation](#).

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As a condition of enrollment, students are also responsible for knowing and observing the university regulations concerning student conduct and discipline (refer to [HOOP Policy 6.03 Student Conduct and Discipline](#)).

### ***POLICY SCOPE***

This policy applies to all university employees and students.

### ***POLICY CONTACT***

For questions regarding this policy, contact the [Office of Institutional Compliance](#).

### ***PROCEDURE***

Violations of the provisions of this policy will be handled in accordance with the appropriate disciplinary policy.

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## STANDARDS OF CONDUCT GUIDE

*A Guide to Excellence Through Integrity*

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## MESSAGE FROM THE PRESIDENT

As a comprehensive health science university, the mission of The University of Texas Health Science Center at Houston is to educate health science professionals, discover and translate advances in the biomedical and social sciences, and model the best practices in clinical care and public health. In doing so, the university must maintain ethical, professional and legal standards to serve as the basis for our work. These standards are outlined in the university's *Standards of Conduct*. The most critical element, however, in maintaining the success of these standards is you. Every university employee has a responsibility for maintaining our *Standards of Conduct*. It is important that you never hesitate to ask questions if something does not seem right to you.

As President, I support the university's *Standards of Conduct* and our commitment to compliance. I encourage each of you to familiarize yourself with the *Standards of Conduct* to safeguard the University's reputation for excellence and integrity.

Sincerely,

Larry R. Kaiser, M.D.  
President

President

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# THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON

## MISSION AND VISION

### *Mission*

As a comprehensive health science university, the mission of The University of Texas Health Science Center at Houston is to educate health science professionals, discover and translate advances in the biomedical and social sciences, and model the best practices in clinical care and public health.

We pursue this mission in order to advance the quality of human life by enhancing the diagnosis, treatment, and prevention of disease and injury, as well as promoting individual health and community well-being.

### *Vision*

*Excellence above all* in the quest to be an acknowledged leader in the collaboration to treat, cure and prevent the most common diseases of our time through education, research and clinical practice.

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## PURPOSE OF THE STANDARDS OF CONDUCT GUIDE

Ethical conduct and following the policies, laws, and regulations which apply to the university is the responsibility of each faculty and staff member. Each of us must be aware of the legal and ethical standards which apply to our job responsibilities. We must perform our duties and responsibilities in accordance with the provisions of federal and state laws, regulations, and policies; the Rules and Regulations of the Board of Regents of the U.T. System; and the policies of The University of Texas Health Science Center at Houston. These responsibilities are outlined in the university's [General Standards of Conduct Policy](#) in the university's Handbook of Operating Procedures.

This booklet, *A Guide to Excellence Through Integrity*, is the University of Texas Health Science Center at Houston's Standards of Conduct Guide. The Guide provides a summary of the responsibilities and standards of ethics and conduct that apply to all faculty and staff. This guide does not cover every situation and does not state every applicable policy. If additional information is needed, it may be found in the university's Handbook of Operating Procedures. The Handbook of Operating Procedures can be found online at <http://legal.uth.tmc.edu/hoop/index.html>. Faculty and staff members may also seek guidance on specific ethical or compliance issues by contacting the Office of Institutional Compliance at (713) 500-3294.

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# INSTITUTIONAL COMPLIANCE PROGRAM

## **Institutional Compliance Program**

The purpose of the Institutional Compliance Program is to pro-actively promote compliance with all applicable legal and regulatory requirements. The compliance program strives to foster and help ensure ethical conduct and provide education, training, and guidance to all faculty and staff members. These goals are accomplished through regular high risk identification, training, and monitoring of the effectiveness of compliance activity. The goals, purpose, and elements of the Institutional Compliance Program are contained in the university's [Institutional Compliance Plan](#). Copies may also be obtained through the Office of Institutional Compliance.

Responsibility for oversight of the implementation of the Institutional Compliance Program rests with a multidisciplinary Executive Compliance Committee, consisting of the President; the Executive Vice President and Chief Operating and Financial Officer; the Executive Vice Presidents for Research and Academic Affairs, and the Medical School Executive Vice Dean for Clinical Affairs.

## **Faculty and Staff Member Responsibilities**

Compliance is both an institutional and an individual commitment at The University of Texas Health Science Center at Houston. Each individual commits to:

- maintaining a working knowledge of the laws, regulations, policies, rules, and procedures which apply to your individual job responsibilities;
- complying with the laws, policies, and procedures which apply to your individual job responsibilities;
- upholding the highest legal and ethical standards in fulfilling your job duties at the university; and
- addressing ethical or compliance issues or concerns.

## **Management Responsibilities**

Management personnel at every level are expected to set an ethical tone and to be role models for legal and ethical behavior in their departments. They should strive to create a departmental culture which promotes the highest legal and ethical behavior and encourages everyone in the department to voice concerns when they arise.

Management personnel are required to ensure and verify that all employees attend appropriate compliance training at the university.

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## **Addressing Ethical & Compliance Concerns**

It is the individual responsibility of each faculty and staff member to address ethical and/or compliance questions or concerns. Determining if you have an ethical or compliance issue can be complex. Follow the checklist below to determine if you have an ethical or compliance issue:

- Does the action comply with The University of Texas Health Science Center at Houston's policies and procedures?
- Is the action legal?
- How would the action look to your family, friends, and community if published on the front page of the newspaper or broadcast on the news?
- Is the action fair & honest?

If the answer to any of the above questions is no, you must report the action using any of the following steps:

- Make a report through the normal administrative channels (*i.e.*, reporting to the appropriate supervisor).
- Make a report through the Compliance Hotline (1-888-472-9868).
- Make a report to the Chief Compliance Officer, or other staff member of the Office of Institutional Compliance, either by letter, by telephone, by e-mail, or by meeting.
- Make a report in an exit interview statement given upon the conclusion of employment at UTHSC-H.
- Make a report through the designated UTHSC-H Compliance E-mail address: [compliance@uth.tmc.edu](mailto:compliance@uth.tmc.edu).
- Make a report through the designated "Web Reporting" website: [www.tnwinc.com/webreport](http://www.tnwinc.com/webreport).

**Faculty and staff are encouraged to directly contact the Chief Compliance Officer at (713) 500-3268 to discuss compliance questions or concerns.**

As stated above, The University of Texas Health Science Center at Houston has established a Compliance Hotline and Web Reporting. The Compliance Hotline is intended to supplement regular communication channels. Faculty and staff are encouraged to call the Compliance Hotline with questions concerning ethical or legal conduct or to discuss potentially improper actions, if they do not feel comfortable addressing these concerns through the normal administrative channels. The caller is not recorded, traced or identified, and the caller is not required to furnish his/her name. Information provided to the hotline is treated as confidential to the extent permitted by law.

### **Retaliation**

UTHSC-H will not tolerate retaliation or threat of retaliation against those who make disclosures of actual or perceived misconduct. Acts or threats of retaliation in response to

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such disclosures may subject the person retaliating to disciplinary action, up to and including termination. Persons making disclosures with reckless disregard for the truth or in willful ignorance of the facts may be subjected to disciplinary action. If you believe you have been retaliated against for addressing an ethical or compliance concern, you should immediately contact the Chief Compliance Officer at (713) 500-3268.

## **Q&A**

What is the number for the Compliance Hotline?

*1-888-472-9868*

What are the hours of the Compliance Hotline?

*The Compliance Hotline is available 24 hours a day, seven days a week.*

I have a concern that I want to address through the Compliance Hotline, but I am afraid that my supervisor will find out that I called the hotline. What should I do?

*You should feel comfortable making a good faith report to the Compliance Hotline. All reports made to the Compliance Hotline are treated anonymously and confidentially. You do not have to give your name when you call the Hotline or report on the website. Additionally, both university policy and state law protect you from retaliation.*

What are some examples of retaliation?

*Retaliation is adverse action taken against an employee who has reported suspected misconduct when business related reasons do not exist for the action. Some examples of retaliation are listed below.*

- *Giving unwarranted negative performance evaluations to the reporting employee.*
  - *Transferring the reporting employee, without legitimate business justification.*
  - *Taking adverse salary actions against the reporting employee, without legitimate business justification.*
  - *Suspending, demoting, or dismissing the reporting employee, without legitimate business justification.*
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## **PREVENTING, DETECTING AND REPORTING FRAUD AND ABUSE**

### **Fraud and Abuse:**

Fraud is knowingly or willfully attempting to gain any benefit which does not belong to you. The University of Texas System Fraud Policy, [UTS 118](#), specifies our individual responsibilities and actions regarding the prevention and reporting of fraud.

Abuse is defined as any activity that results in excessive or unreasonable cost to the university, or other state or federal agencies.

The University of Texas Health Science Center at Houston is required by federal law to provide information to all of its employees, contractors and agents regarding the federal False Claims Act, administrative remedies for false claims and statements, the state False Claims Act and whistleblower protections under these laws. The federal and state False Claims Acts play an important role in detecting fraud, waste and abuse in federal health care programs.

### **Federal False Claims Act:**

The federal False Claims Act was enacted to prevent the United States government from paying federal funds for fraudulent claims involving a good or a service. The law allows a civil action to be brought against a health care provider who:

- Knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval to any federal employee;
- Knowingly makes, uses or causes to be made or used a false record or statement to get a false or fraudulent claim paid; or
- Conspires to defraud the government by getting a false or fraudulent claim allowed or paid.

### **Examples of a False Claim:**

- Billing for procedures not performed
- Falsifying information in a medical record
- Duplicate Billing
- Falsifying claim forms to receive overpayment for services provided

### **Federal False Claims Act Remedies:**

- A federal false claims action may be brought by the U.S Department of Justice Civil Division, the United States Attorney.
  - The False Claims Act allows a private individual or *whistleblower*, with knowledge of past or present fraud on the federal government, to sue on behalf of the government to recover stiff civil penalties. This is known as a Qui Tam case. If the government joins the lawsuit and prosecutes the entity suspected of fraudulent conduct and collects money which must be paid back to the federal government, the private individual who brought the suit, known as the Qui Tam
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Relator, is eligible to receive 15-25% of the proceeds of the recovery, depending upon the extent to which the Qui Tam Relator contributed to the prosecution of the action.

- Violation of the federal False claims Act is punishable by a civil penalty of between \$5,000 and \$10,000 per false claim, plus three times the amount of damages incurred by the government.
- A statute of limitations says how much time may pass before an action may no longer be brought for violation of the law. Under the federal False Claims Act, the statute of limitations is six years after the date of violation or three years after the date when material facts are known or should have been known by the government, but no later than ten years after the date on which the violation was committed.

### **Federal Whistleblower Protections:**

Federal law prohibits an employer from discriminating or retaliating against an employee in the terms or conditions or his or her employment because the employee initiated or otherwise assisted in a false claims action. The employee is entitled to all relief necessary to make the employee whole. This relief includes reinstatement with the same seniority status, two times the amount of back pay, interest on the back pay, compensation for any special damages sustained as a result of the discrimination.

### **Texas False Claims Act:**

Texas has a state version of the False Claims Act that is substantially similar to the federal False Claims Act.

Offenses under the Texas False Claims Act are, in general, similar to those of the federal False Claims Act. However, under the Texas False Claims Act, a person may also be liable if he presents a claim for payment under the Medicaid program for a product or service that was rendered by an unlicensed provider or that has not been approved by a healthcare practitioner. The Texas False Claims Act also differs from the federal False Claims Act in that the civil penalty is greater for unlawful acts that result in injury to an elderly person, a disabled person, or someone younger than eighteen.

### **Texas Whistleblower Protections:**

The Texas False Claims Act also has a whistleblower provision which prevents employers from retaliating against employees who report their employer's false claims. Texas also has several other false claims statutes that are intended to prevent fraud and abuse in the Texas Medicaid program. These laws generally prohibit the filing of any false or fraudulent claim or documentation in order to receive compensation from the Texas Medicaid program.

### **Reporting:**

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It is the individual responsibility of all individuals who are employed by, affiliated with, under a contract or agreement, or otherwise under the control of the University, to report any activity that appears to be in violation of any state or federal law, including the federal or state false claims act, through the normal administrative channels or any other reporting paths described in these guidelines.

It is not required that possible false claims act violation be reported to the University first. Reports may be made directly to the federal Department of Justice or the U.S. Health and Human Services Office of Inspector General Hotline telephone number, 1-800-447-8477 (1-800-HHS-TIPS).

### **Billing Compliance:**

UTHSC-H is committed to providing high-quality patient care and to complying with applicable laws and regulations. All claims for professional fee reimbursement made by or on behalf of UTHSC-H shall adhere to applicable federal and state laws and regulations, The University of Texas System Board of Regents' *Rules and Regulations*, and UTHSC-H policies. The institution will follow all legal and regulatory guidelines for billing hospital and physician services. Any contractors engaged to perform billing or coding services are expected to ensure that all billings for government and commercial insurance programs are accurate. UTHSC-H shall collect only those amounts to which the institution is entitled and refund amounts billed and/or collected in error. Employees and medical staff members will receive disciplinary action for failure to abide by the applicable federal and state laws and regulations, The University of Texas System Board of Regents' *Rules and Regulations*, and UTHSC-H policies.

Examples of unacceptable billing practices include, but are not limited to:

- Billing for items or services not accurately documented in the medical record;
- Billing for items or services that were not actually rendered;
- Billing for items or services that were not medically necessary; and
- Duplicate billing.

If you believe any unacceptable billing practices have occurred or have any billing compliance concerns, you should discuss the issue with your supervisor. If you do not feel comfortable discussing the issue with your supervisor, you may contact the Office of Institutional Compliance at (713) 500-3294. You may also contact the Compliance Hotline at 1-888-472-9868.

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## ETHICAL STANDARDS AND STATE ETHICS LAWS

### Ethical Standards

The State of Texas and the Board of Regents of The University of Texas System have defined certain ethical standards that apply to faculty and staff members of the UT System. For further information, consult the U.T. System Office of General Counsel [UT System's Ethics Standards](#) .

### Q&A

Does the university have an Ethics Officer?

*Yes, the Chief Legal Officer also serves as the university's Ethics Officer. You are encouraged to directly contact the Ethics Officer at (713) 500-3268 with any ethical questions or concerns you may have.*

Where can I get a copy of the UT System Ethics Policy?

*You can access the [Ethics Policy](#) via the internet. The Office of Legal Affairs also maintains hard copies of the UT System Ethics Policy. You may request a copy by calling (713) 500-3268.*

### Conflict of Interest

A conflict of interest exists when university employees owe a professional obligation to UTHSC-H that is or might be compromised by the pursuit of outside interests. Outside interests, such as professional activities, personal financial interests, or the acceptance of gifts from third parties, can create conflicts between the interests of UTHSC-H and university employees' private interests and may prevent university employees from making decisions that are in the best interest of UTHSC-H. Even if those outside interests do not actually impair university employees' ability to act in the best interest of UTHSC-H, it may appear to the public that independence of judgment has been affected. For more information, consult [HOOP 2.19, Conflicts of Interest](#).

### Q&A

I am a department head and have been working with a health science center vendor for several years. This vendor recently offered to do some landscaping work for me at a discount. Can I let him landscape my yard?

*No. A discount would mean that the vendor is giving you a benefit with the expectation that you will provide continued or more health science center business for this vendor. Tex. Penal Code §36.08.*

If I own stock in UPS and my department ships packages via UPS, does a conflict of interest exist?

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*No. Investments in publicly traded companies such as UPS are not considered to be conflicts of interest.*

Can faculty or staff benefit financially from books or other writings that were purchased with health science center funds?

*No. Royalties from books, scholarly works or other writings that are purchased with health science center funds may not be retained by faculty or staff. Faculty and staff must account for, and remit to the health science center, all royalties or like compensation received for any such purchases.*

A student with constant billing problems frequently visits the Bursar's Office for assistance. The student wants to tip the Cashier \$100. Can the Cashier accept the gift?

*No. Cash gifts must never be accepted from anyone with whom the university has a business relationship.*

One of the vendors we deal with in our department wants to take me to lunch to discuss their new product line. Is it okay to accept the invitation?

*It is okay to accept the invitation if going to lunch with the vendor will not tend to influence your decisions, you are the guest of the vendor, and the vendor is present. However, you cannot go to lunch and use a vendor's account at the restaurant if the representative is not present. You should, however, pay for your own meal to avoid the appearance that the lunch influenced your choice of vendors or products for the university.*

### **Gifts, Gratuities, and Items of Value**

There are two standards under Texas law governing gifts – (1) a general standard of conduct that applies to all employees and (2) a criminal standard that applies only to those persons who make recommendations or decisions about contracts and other financial transactions.

Under the general standard, university employees may not accept or solicit any gift, favor, or service that might reasonably tend to influence their discharge of official duties. Furthermore, university employees may not accept or solicit any gift, favor or service that they know or should know is being offered with the intent to influence official conduct. This standard applies even when the donor is not asking for anything in exchange for the gift. A gift is *anything of value*, including tickets to entertainment or sporting events, expenses for a trip, and food. Acceptance or solicitation of a gift in violation of this standard is not a criminal offense, but is grounds for discipline, including termination.

Under the criminal standard, criminal penalties may apply to persons who make recommendations or decisions about UTHSC-H financial transactions. University employees who make recommendations or decisions about UTHSC-H financial transactions, such as purchases and contracts, may not accept a gift from an individual or

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entity that is interested in or likely to become interested in that transaction, with limited exceptions. Under those exceptions, it is not a criminal offense to accept any of the following type of gifts as long as the gift is not given in exchange for official action (it is *never* lawful to accept a gift in exchange for official action):

- Gifts of non-cash items worth less than \$50.
- Gifts from a person such as a relative, friend, or business associate with whom the university employee has a relationship independent of their official status, if the gift is given on account of that relationship rather than their official status.
- Gifts of food, lodging, transportation, or entertainment in any amount if the faculty or staff member accepts them as a “guest,” which means the donor must be present.<sup>1</sup>

Note that even if acceptance of a gift is permissible under the criminal standard, it may still be prohibited under the general standard if the gift is given to influence a university employee’s official duties.

Additional restrictions apply if the gift is from a student loan lender. The definition of “student loan lender” is very broad and covers entities that may not traditionally be thought of as student loan lenders. Consult the UTHSC-H Office of Institutional Compliance or UT System’s Office of General Counsel to determine if the proposed gift from the student loan lender is permissible under the Texas Higher Education Fair Lending Practices Agreement.

### **Outside Employment, Board Service or Compensation**

University employees should not accept other employment or compensation that could reasonably be expected to impair their independence of judgment in performing official duties. The primary responsibility of university employees is the accomplishment of the duties and responsibilities assigned to their position at UTHSC-H. External consulting or outside employment that interferes with those duties and responsibilities should not be accepted. At the same time, UTHSC-H recognizes the benefits of employees’ participation in activities of a consultative or advisory capacity with governmental agencies, private industry, or other institutions that are not in conflict with the proper discharge of their duties and responsibilities in the public interest. In keeping with the University’s mission to serve its stakeholders, the University believes these activities improve the performance of an employee by virtue of his or her continuing contact with issues/problems in the nonacademic world and serve to promote the University. In general, faculty members may devote up to thirty (30) working days in any fiscal year to outside consultative or advisory activities with governmental agencies, private industry, or other institutions, whether compensated or not, as long as these activities are not in conflict with the proper discharge of their duties and responsibilities in the public interest.

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<sup>1</sup> The law provides additional prohibitions if the donor is a lobbyist registered with the Texas Ethics Commission. It is advisable to consult the Office of General Counsel before accepting a gift from a lobbyist.

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This thirty (30) working day time threshold does not apply to or affect service to activities conducted for university-related Governmental, University or Non-Profit Boards, Study Sections, Committees, and Projects or required attendance for service in the United States armed forces (See [Military Leave HOOP 2.65](#)). Any outside employment, including self-employment, consulting or employment by another state agency, must first be approved by the faculty or staff member's immediate supervisor. All requests must be approved in writing in advance. Individual immediate supervisors have the right to limit a staff or faculty member's outside activities if they conflict with the ability of the faculty or staff member to perform the obligations of his or her University responsibilities.

## **Honoraria**

**A university employee may not accept an honorarium in consideration for services that the employee would not have been requested to provide but for the employee's official position or duties.** For example, faculty or staff members may not accept a gift or payment for giving a speech if they would not have been asked to provide the speech but for their official position. However, meals, transportation, and lodging may be accepted in connection with such services as long as the services are more than merely perfunctory or superficial. Also, gifts of very minimal value may be accepted for such services, such as a plaque or coffee cup.

## **Q&A**

I have been asked to give a speech regarding the paper I published this spring in the Journal of the American Medical Association. The director stated that I was asked to speak at the conference because of my position at the university and because of my research work. I have been offered a small fee to give the speech along with reimbursement for my food, transportation, and lodging. Can I accept the fee? What about the food, transportation, and lodging?

*You cannot accept the fee because your position with the university is one of the reasons you were asked to give the speech. However, you may accept the reimbursement for your food, transportation, and lodging expenses. Tex. Penal Code §36.07.*

## **Personal Investments**

University employees may not make personal investments that could reasonably be expected to create a substantial conflict between their private interest and the public interest. University employees should not have a direct or indirect financial interest in a business that conflicts with UTHSC-H interests or that might influence how they do their job. Some financial interests may be so indirect or so minimal that they do not create conflicts of interest, such as ownership of a minimal amount of stock in a company or an investment in a publicly traded mutual fund in which the employee does not exercise discretion regarding the investment of the assets of the fund. If uncertain as to whether a

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particular investment creates a conflict of interest, university employees should ask their supervisor or consult with the UTHSC-H Office of Institutional Compliance.

If employees have an interest in a business that they think might constitute a conflict of interest, they should disclose that interest to their supervisor. In some cases, the conflict may be cured by that employee not participating in any decision concerning that business. However, if the conflict is significant, the employee may be required to divest of the interest that causes the conflict.

## Q&A

You have been buying stock in a company that does business with the UTHSC-H, after your next purchase you will own 10% of the company. Is this a conflict of your interest?

*Potentially. If you have the authority to award contracts, select vendors, or influence the purchases of goods and services then you must report your ownership to your supervisor.*

## **Self-Dealing/Transactions with Employees**

University employees may not transact any business in an official capacity with any business entity of which they are an officer, agent, or member, or in which they own a substantial interest.

Additionally, before UTHSC-H may purchase any supplies, materials, services, equipment, or property from a university employee, the President must approve the purchase, and the purchase may be made only if the cost is less than from any other known source. For additional information, refer to [HOOP 13.22](#), Purchases from Employees.

## **Research Integrity**

The University of Texas Health Science Center at Houston strives to create a research climate that promotes faithful adherence to high ethical standards in the conduct of research without inhibiting the productivity and creativity of all persons involved in research. These standards require the protection of scientific integrity, human subjects, and research animals. These standards also require responsible data management and authorship. Faculty, trainees, and staff must keep a permanent record of all experimental protocols, data, and findings in accordance with the university's Records Retention Schedule. Co-authors on research reports of any type must have a bona fide role in the research and must accept responsibility for the quality of the work reported. For more information, consult HOOP 23.01, Conduct of Research and HOOP 17.06 Records Management Program.

## Q&A

What behavior is considered scientific misconduct?

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*Fabrication, falsification, plagiarism, or other practices that deviate from those that are commonly accepted within the academic community for proposing, conducting, or reporting research. Honest errors or honest differences in interpretations or judgments of data do not violate the university's Honesty in Research policy.*

**How do I report scientific misconduct?**

*You should report any allegations of dishonesty, misconduct, or fraud in research to the appropriate department chair or dean. If the allegations involve a department chair or dean, they should be reported to the Executive Vice President for Research. For more information, consult [HOOP 23.04, Honesty in Research](#).*

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# PRIVACY

## Patient Privacy

The University of Texas Health Science Center at Houston respects the privacy of every patient. Patients expect that the information that they give to their health care providers will remain confidential and protected. If patients do not feel that the information they give to their health care providers is respected and protected, patients may not be forthcoming with information. Withholding information could have a drastic and adverse effect on the treatment that the patient receives and the outcome of research based on patient data.

The Privacy Office has developed Policies and Procedures regarding the Use and Disclosure of Protected Health Information and Patients' Rights. Further information can be found at <http://www.uth.tmc.edu/hipaa>. Contact the Privacy Office at (713) 500-3391 for specific questions.

Faculty or staff members who have patient questions related to research can also consult the [CPHS Researchers Guide to HIPAA](#).

## Sensitive Information

Sensitive information about health science center students, employees, strategies, and operations must be protected. Employees who handle sensitive information shall follow all administrative, technical, and physical safeguards implemented by the health science center for the protection of sensitive information.

An employee may use or request sensitive information to perform their job. However, that information must not be shared with others, inside or outside of the health science center, unless the individuals have a legitimate business need to know and the information is shared in compliance with the applicable laws, regulations, policies, and procedures.

Sensitive information includes:

- personnel data,
  - social security numbers,
  - student information,
  - patient information,
  - research data,
  - financial data,
-

- strategic plans,
- marketing strategies,
- employee lists and data,
- supplier and subcontractor information,
- and proprietary computer software.

### **Email Transmission of Sensitive Information**

UTHSC-H faculty, student, staff or contractors are required to obtain a digital ID if they transmit or receive confidential information across the internal UTHSC-H network or public network, must digitally sign electronic documents, and/or require access to restricted resources requiring strong authentication. For more information, consult [HOOP 17.04 Responsibilities for the Use of Digital IDs](#).

### **Confidential Nature of Social Security Numbers.**

All employees must comply with the provisions of [UTS 165 Information Resources Use and Security Policy](#) which includes the following provisions:

- Employees may not request disclosure of a social security number if it is not necessary and relevant to the purposes of the health science center and the particular function for which the employee is responsible.
- Employees may not disclose social security numbers to unauthorized persons or entities;
- Employees may not seek out or use social security numbers relating to others for their own interest or advantage; and
- Employees responsible for the maintenance of records containing social security numbers shall observe all institutionally-established administrative, technical, and physical safeguards in order to protect the confidentiality of such records.

For more information, consult [UTS 165, Information Resources Use and Security Policies](#) and [HOOP 17.01](#), Responsibility for the use of Information Resources.

### **Q&A**

While typing some employment records, I noticed that a new employee is married to my ex-husband. Can I go talk to her about it?

*No. You may not disclose that you saw this information on her employment application. The employment application contains sensitive personnel information. If you speak with the new employee about the information in her employment application, you are not fulfilling your responsibility to maintain the confidentiality of this information.*

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My students just finished taking their mid-term exams. I would like to post their grades on my office door with their social security numbers instead of their names to protect the students' identity. Is this okay?

*No. Grades may not be publicly posted or displayed using the students' social security numbers. A better practice would be to post the students' grades with their student identification numbers, as long as the student identification number cannot be identified with the student associated with that number.*



## WORKPLACE CONDUCT & PRACTICES

The University of Texas Health Science Center at Houston is committed to providing a safe and healthy workplace environment. Health science center staff are encouraged to treat each other in a fair and respectful manner. The University of Texas Health Science Center at Houston, in accordance with applicable federal and state laws and regulations, prohibits discrimination on the basis of race, color, national origin, sex, sexual orientation, age, religion, disability or veteran status in any of its policies, practices and procedures. All employment-related decisions will reflect this commitment.

### Equal Employment Opportunities

In all matters related to employee hiring or status, it is the policy of The University of Texas Health Science Center at Houston to provide equal employment opportunity without regard to race, color, religion, age, national origin, sex, sexual orientation, disability, or veteran status. Further, it is the policy of The University of Texas Health Science Center at Houston to provide a work environment free from verbal, physical, and/or visual forms of discrimination or harassment. For further information, consult [HOOP 2.18, Equal Employment Opportunity](#).

### Q&A

I feel that I was passed up for a promotion because of my age. Who do I call if I feel I have been discriminated against?

*The Office of Equal Opportunity & Diversity manages all allegations of discrimination. If you feel you have been discriminated against, contact the Office of Equal Opportunity & Diversity at (713) 500-3079.*

### Sexual Harassment & Sexual Misconduct

The University of Texas Health Science Center at Houston is committed to providing a working environment free from inappropriate conduct of a sexual nature. Faculty or staff members who engage in such conduct will be subject to disciplinary action, up to and including termination. Should a situation of sexual harassment or misconduct arise, immediately contact the Office of Equal Opportunity at (713) 500-3079. Resources are available to conduct a thorough investigation that protects the rights of all involved parties. For more information, faculty and staff members should consult [HOOP 2.04, Discrimination and Harassment](#).

### Q&A

What are examples of behavior that could be considered sexual misconduct or harassment?

*Examples of behavior that could be considered sexual misconduct or harassment include but are not limited to: physical contact of a sexual nature including touching, patting,*

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*hugging, or brushing against a person's body; explicit or implicit propositions or offers to engage in sexual activity; comments of a sexual nature including sexually explicit statements, questions, jokes or anecdotes, remarks of a sexual nature about a person's clothing or body, remarks about sexual activity, or speculation about sexual experience; and, exposure to sexually oriented graffiti, pictures, posters, or materials.*

## **Overtime Compensation**

The University of Texas Health Science Center at Houston strives to comply with all provisions of the Fair Labor Standards Act (FLSA). The FLSA is a federal law which requires payment to covered employees of overtime pay or compensatory time off for all hours worked in excess of 40 in a work week. In general, employees who are covered by the FLSA at the health science center are classified employees. Employees must specifically obtain prior approval for overtime and compensatory time before it is worked. For more specific information, refer to [HOOP 5.05, Overtime Pay](#).

## **Q&A**

I worked sixty hours last week due to a project that had to be completed by the end of the week. Am I eligible for overtime pay or compensatory time off?

*You may be eligible for overtime pay or compensatory time off if you are classified as an employee who is covered by the FLSA and the overtime was approved by your supervisor in advance. For more information, contact the Compensation Manager in the Office of Human Resources at (713) 500-3130.*

## **Time & Leave Records**

The University of Texas Health Science Center at Houston requires that all faculty and staff members submit a record reflecting their hours worked and hours absent from work. The health science center maintains an electronic Time Management System which records the hours worked and hours absent of all faculty and staff members. Faculty and staff members should submit their time records in the Time Management System in accordance with the schedule outlined in [HOOP 2.27, Time and Attendance Reporting](#). For specific questions regarding the Time Management System, consult the designated Timekeeper in your department or contact Payroll.

## **Family or Personal Medical Needs**

The University of Texas Health Science Center at Houston acknowledges that faculty and staff members may need time to attend to personal or family medical needs for serious health conditions or the birth, adoption, or placement of a baby. [HOOP 2.40C, Family and Medical Leave](#), details how a faculty or staff member may obtain leave in these circumstances. Faculty and staff members should also consult with an Employee Relations Advisor in the Office of Human Resources. The Employee Relations Advisors can be reached at (713) 500-3130.

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## **Q&A**

When am I eligible to apply for Family and Medical Leave?

*You are eligible to apply for Family and Medical Leave after you have been employed by a state of Texas agency for the past 12 months and have worked at least 1,250 hours at the University of Texas Health Science Center at Houston.*

How much time is available under the Family and Medical Leave policy?

*A maximum of 12 work weeks during a 12-month period is available under the Family and Medical Leave Policy.*



## USE OF THE UTHSC-H AND STATE OF TEXAS RESOURCES

Each faculty and staff member is responsible for protecting and preserving The University of Texas Health Science Center at Houston property, equipment, and supplies. The conservation of state resources is a responsibility that university faculty and staff members, as state employees, hold as trustees for the citizens of the State of Texas. Public resources may not be used for personal benefit or gain.

**Limited use of university resources for personal purposes, such as telephone calls and e-mail, is permitted under the following circumstances:**

- The use does not result in a cost to The University of Texas Health Science Center at Houston.
- The use does not interfere with job duties and responsibilities.
- The use is brief in duration.
- The use does not disrupt or distract from the conduct of official business.
- The use does not compromise the security or integrity of private confidential information.

**University resources may never be used:**

- To conduct an outside business.
- To campaign for or support a campaign for political purposes.
- For illegal activities.
- To support, promote, or solicit from an outside organization or group unless approved in advance.

### Q&A

My child calls me at work when he gets home from school to let me know he is okay. *Is this a permissible use of a university resource?*

*Yes. As a general rule, the personal use of any university property or asset is prohibited. Incidental personal use of email, the telephone, or the internet that complies with applicable university policies, and does not result in additional cost to the university is okay. For example, using your long distance access code to utilize the university's long distance service to make a personal long distance call is prohibited because this would result in additional cost to the university. For more information, consult [HOOP 17.02, Telecommunications Usage](#).*

I have a personal email account that is available via the internet that I would like to check at work. Is this permitted?

*The internet should only be used for legitimate state business. However, brief and occasional internet browsing of a personal nature is okay so long as the use conforms to the permissible use and prohibited use sections of [HOOP 17.05, Email and Internet Usage](#). Only incidental amounts of employee time – time periods comparable to reasonable coffee breaks during the day – should be*

*used to attend to personal matters. All internet access is logged and could be subject to further review.*

I tried to access an internet site for work purposes and a block screen with a display informing me that I was attempting to visit a potentially inappropriate site popped up. What should I do?

*The block screen is triggered when sites which potentially contain material deemed inappropriate by executive management are accessed. If you have a legitimate mission-related reason to access the site, you may do so by certifying the need. The certification process requires users to enter their health science center username and password at the time of access. If you do not know your health science center username and password, you should contact the Information Services Helpdesk at (713) 500-4848.*

## **Political Activities and Political Contributions**

Faculty and staff members may participate in political activities if:

- the political activity is not during work hours;
- the political activity does not interfere with job duties and responsibilities;
- the faculty or staff member does not force other university community members to participate in the political activity;
- the faculty or staff member does not use the equipment, supplies, or services of the health science center,
- the political activity does not involve the university in partisan politics; and,
- the political activity is not illegal.

For more information, consult [HOOP 2.57, Political Activity](#).

## **Q&A**

My friend is running for office. Is it okay to email some of my co-workers and friends to let them know about a campaign event?

*No, a state employee cannot use state time or property, such as computers and the email system, for political purposes.*

Is it okay to bring my friend to our next mandatory staff meeting so she can meet my co-workers and tell them about her campaign?

*No. It is not appropriate to force other university community members to participate in any political activities. Bringing your friend to the mandatory staff meeting would be considered forcing other university community members to participate in a political activity.*

## **Political Contributions**

Political contributions from any source of The University of Texas Health Science Center at Houston funds are prohibited.

## **Contracts and Agreements**

Only individuals expressly authorized in writing by The University of Texas Health Science Center at Houston President may enter into contracts or agreements, either oral or written, on behalf of the health science center. No faculty or staff member may sign a contract on behalf of the health science center unless expressly authorized to do so in writing by the health science center President. For more information, consult The University of Texas Board of Regents [Rules and Regulations for Procurement of Certain Goods and Services](#), [HOOP 1.04, Authority to Obligate](#), and [HOOP 13.03, The Procurement Process](#).

### **Q&A**

A sales representative has asked me to immediately sign a “purchase agreement” because the product price will increase tomorrow. Can I do so?

*No, not unless you have official authority to do so. The Office of Legal Affairs maintains a list of those persons authorized to bind the university through a contract or agreement. You may contact them with questions at (713) 500-3268. Furthermore, this is a contract for purchasing goods and services and must be approved by Procurement Services prior to it being signed.*

## **Purchases of Items, Goods, or Services**

Faculty and staff members may not *use* health science center funds for any purchase unless the person is authorized to make the purchase in accordance with the Regents’ Rules and Regulations, Part Two, Chapter IV, and the purchase is made in accordance with all institutional purchasing procedures. The Regents’ Rules and Regulations may be accessed through the internet at <http://www.utsystem.edu/bor/rules.htm>. For more information, consult [HOOP 1.04, Authority to Obligate](#) and [HOOP 13.03, The Procurement Process](#).

### **Q&A**

Our department wants to purchase new furniture. Can we go to any store and purchase the furniture and seek reimbursement?

*No. The University of Texas Health Science Center at Houston has strict guidelines for purchasing. Purchases over a certain amount must be placed for bid and should include Historically Underutilized vendors. For more information, contact Procurement Services at (713) 500-4700.*

## **Computer Software**

The software installed on university owned computers is licensed to the university for specific uses and purposes. No software licensed to the university may be copied unless authorized by the software licensor. Copying software that is licensed to the UTHSC-H to do UTHSC-H work on a personal home computer is not permitted, unless expressly authorized in the license agreement. If you have questions, you can speak with your supervisor, the Local Area Network Manager, or the

Office of Information Services at (713) 500-2221. You may also consult [HOOP 17.03, Software Copyright Compliance](#).

## **Q&A**

I have a program installed on my computer which my co-worker does not have installed on her computer. We are working on a project together and she needs this software program in order to help me finish the project. Can we copy the software off of my computer and install it on her computer?

*No, before you copy the software, you must make sure that the use of the software in this manner is permitted by the license. Talk to your supervisor, your Local Area Network Manager, or the Office of Information Services before you copy the software to make sure that it is okay.*

## **Computer Information Security**

Computer passwords should be considered highly confidential. You should never disclose your computer passwords to anyone. Furthermore, you should not write or otherwise document passwords in a place that is accessible by others. It is a violation of the Texas Penal Code to disclose computer passwords. Penalties range from a Class B misdemeanor to a felony depending on the related monetary damage. For more information contact [Information Technology](#).

## **Q&A**

When I was out of the office yesterday with a cold, I called the office and asked another employee to check my email and calendar. To do this, I had to reveal my password. Was this wrong?

*Yes, it is a violation of university policy to disclose your computer password. Computer passwords should be considered highly confidential and should not be disclosed to anyone. When passwords are revealed, data that is protected by passwords becomes vulnerable to damage, theft, or unauthorized disclosure. If you need to check your e-mail or calendar from home, you should make use of webmail. You can access webmail through the internet at <http://webmail.uth.tmc.edu>. If you do not have access to a computer at home to access webmail, you can configure your calendar to allow others to view it. Talk to your supervisor, your Local Area Network Manager, or the Office of Information Services if you need further information or assistance.*

## INTELLECTUAL PROPERTY & COPYRIGHT

### Intellectual Property

Intellectual property is any invention, discovery, trade secret, technology, scientific or technological development, computer software, or other form of expression that is in a tangible form. Intellectual property can be protected by patent, trademark or copyright laws, or it can be protected by not disclosing the “know how” to others.

The University of Texas Health Science Center at Houston’s Office of Technology Management provides a resource to health science center faculty, staff, and student inventors to explore the possibilities of their creations, and facilitate technology transfer activities that bring new discoveries to the people of Texas and generate financial benefits for the health science center and its family of creators.

Intellectual property that is related to an individual’s employment responsibility, or has resulted either from activities performed by an individual while employed by The University of Texas, or supported by state funds, or while using The University of Texas facilities, belongs to The University of Texas. The University of Texas System Intellectual Property Policy applies to all health science center employees, including candidates for masters and doctoral degrees, as well as pre-doctoral and postdoctoral fellows.

Intellectual property resulting from research supported by a grant to The University of Texas Health Science Center at Houston or The University of Texas System belongs to The University of Texas Health Science Center at Houston or The University of Texas System.

Whenever intellectual property is created by a health science center faculty or staff member, the faculty or staff member must disclose the intellectual property to the health science center’s Intellectual Property Committee. Disclosure of an invention or discovery by publication or presentation to the public or industry before disclosure to the health science center’s Intellectual Property Committee is a violation of The University of Texas System Intellectual Property Policy.

For more information on how to disclose an invention or discovery to the health science center’s Intellectual Property Committee, please contact the Office of Technology management at (713) 500-3369 or visit their web page at <http://www.uth.tmc.edu/otm/>. The Office of Technology Management can also provide you with information on patent protection for an invention or discovery and the health science center’s royalty distribution policy.

For more information consult, The University of Texas System [Board of Regents Rules and Regulations Rules for Intellectual Property: Purpose, Scope, Authority](#) or [HOOP 23.03, Intellectual Property](#).

### Q&A

I submitted a manuscript for publication in a scientific journal on a development that may be patentable. What is the next step?

*An Invention Disclosure Form should be submitted to the health science center's Intellectual Property Committee through the Office of Technology Management prior to submission of a manuscript or abstract for publication or presentation. Public disclosure prior to protecting the invention may result in loss of certain patent protection. For more information, contact the Office of Technology Management at (713) 500-3369 or visit their web page at <http://www.uth.tmc.edu/otm/>.*

## **Photocopying of Copyrighted Material**

Copyrighted material is material produced by someone who has restricted its use. To reproduce the material, you must have the permission of the owner or copyright holder. In general, it is best to assume that most books, magazines, and other materials are copyrighted and are prohibited from being photocopied. For more information consult [HOOP 4.15 Classroom and Research Use of Copyrighted Material](#). For specific guidance, consult the [Copyright Guidelines - Appendix C, 4.15](#) of the HOOP.

## **Q&A**

I want to copy an article out of a scientific journal I subscribe to, to distribute to my students for discussion in our next class. Is that okay?

*Multiple copies may be made for classroom use or discussion provided that each copy includes a notice of copyright, the copying meets the tests of brevity and spontaneity defined in the Copyright Guidelines, and the copying meets the cumulative effects test defined in the Copyright Guidelines. The Copyright Guidelines may be found in Appendix C, 4.15 of the HOOP. Faculty members are encouraged to review the Copyright Guidelines and become familiar with them. Should you require further assistance, contact the Office of Technology Management at (713) 500-3369.*

## RECORDS AND INFORMATION

### Accuracy of Records

Faculty and staff members of the university are responsible for maintaining the integrity and accuracy of health science center business documents and records for which they are responsible. Faculty and staff members may not alter or falsify information on any university record or document. For more information, consult see the Texas Penal Code § 37.10

### Q&A

I noticed that some numbers were wrong on a document I sent out. Can I go back and change the numbers so that my file copy is correct?

*No. Changing the numbers may be considered altering or falsifying the document. If possible, reissue the document and indicate what was changed.*

### Retention & Disposal of Records

The university is required by state law to maintain an active and continuing records management program that identifies vital and confidential records and ensures the appropriate retention and disposition of records. No faculty or staff member should tamper with records, or remove or destroy them, except in accordance with the approved retention and disposition policy. Questions about specific record retention requirements should be directed to the university's Records Management Department at (713) 500-3100. For further information, consult [HOOP 17.06, Records Management Program](#).

### Q&A

My department is very low on file space, and I need to throw away old files to make room for some new ones. Can I throw away everything that is greater than three years old?

*No. The university has a formal records retention schedule that should be followed by everyone. The [Records Retention Schedule](#) details what records must be kept and for how long. If you have any questions, you should contact the university's Records Manager at (713) 500-3100.*

I have over 1000 messages in my inbox. I would like to clean out my inbox and delete some of these messages. Is this okay? Is email subject to the Records Retention Schedule?

*Email may be subject to the Records Retention Schedule. The retention of a document (or message) depends on the content of the document – not whether it is in paper or electronic form. Unless you are receiving business related email from outside the university, you can most likely delete the vast majority of the messages you receive. Internal memos, announcements, and informational items that you receive can be deleted as soon as they have served their information purpose to you. If you author documents or receive business email from outside customers or business partners, you may have an obligation to retain certain messages. If you have questions, you can access the [Guidelines](#)*

for [Electronic Records Management](#). If you have additional questions, contact the university's Records Manager at (713) 500-3100.

## **Information or Records Requests**

The disclosure and nondisclosure of all documents, records, data, and other information in the possession or control of the university is dictated by the requirements of the Texas Public Information Act. The university is required by law to release certain information. Additionally, the university is also required by law to maintain the confidentiality of some information. If you receive a request for information or records from an external (non-university) person or entity, and the request is not authorized by an existing procedure or practice, you should immediately forward the request to the Office of Legal Affairs. For more information, consult [HOOP 17.07, Handling Records Requests](#) or call the Office of Legal Affairs at (713) 500-3268.

## **Q&A**

I received a phone call from a woman asking if I would send her copies of all email and other correspondence our office had sent to State leaders regarding tuition and fees. Should I make the copies and send them to her?

*No. This is considered a public information request. Individuals verbally contacting you should be advised to submit their request in writing to the Chief Operating & Financial Officer. If you have any questions or concerns, contact the Office of Legal Affairs at (713) 500-3268 or consult [HOOP 17.07, Handling Records Requests](#).*

## HEALTH & SAFETY

### Workplace Health & Safety and Protection of the Environment

Some of the mission activities of The University of Texas Health Science Center at Houston may involve the use of potentially hazardous agents. It is the intent of the university to both create and maintain a safe and secure work environment and to be prepared to handle emergency and disaster conditions. It is the responsibility of each faculty and staff member to ensure that *their* work environment is safe, healthy, and that proper procedures are followed for the handling and disposal of potentially hazardous materials.

Each faculty and staff member should immediately alert their supervisor and Environmental Health & Safety of:

- any workplace injury or
- any situation presenting a danger of injury so that timely corrective action may be taken.

Environmental Health & Safety may be reached at (713) 500-8100.

For more specific information on Workplace Health & Safety and Protection of the Environment, consult [HOOP Chapter 18](#).

### Q&A

I am not sure how to dispose of the chemicals in my lab. Whom should I contact?

*You should contact Environmental Health & Safety at (713) 500-8100.*

I was accidentally stuck by a needle at work. Whom should I contact?

*For student/employee injuries contact [UT Medical Health Services](#) at (713) 500-5171 or for student needlesticks that occur after hours contact the 24 Hour Pager (713) 951-8013. For employee injuries contact UT Health Services at (713)500-3267 or for employee needlesticks that occur after hours contact the 24 hour pager at (713) 500-3267 or 1-800- 770-9206.*

### Drug and Violence Free Workplace

It is the policy of The University of Texas Health Science Center at Houston to prohibit the unlawful purchase, manufacture, distribution, possession, selling, storing, or use of a controlled substance, in or on premises or property owned or controlled by the university. A controlled substance is a chemical agent that can be misused or abused. A faculty or staff member who violates this policy is subject to disciplinary action, up to and including termination. At the discretion of the university, the faculty or staff member may be referred to an Employee Assistance Program and/or may be required to participate in and satisfactorily complete an approved rehabilitation program. For more information, consult [HOOP 18.05, Substance Abuse in the Workplace](#).

Any faculty or staff member who is convicted of a drug-related offense occurring in the workplace is required to notify his or her immediate supervisor within five days of the conviction. Supervisors who receive such notice must immediately inform the Office of Human Resources. For more information, consult [HOOP 18.05, Substance Abuse in the Workplace](#).

Possession of weapons on health science center property is strictly prohibited and is considered a violation of the Violence Free Workplace Policy. For more information, consult [HOOP 2.61, Violence Free Workplace](#).

## **Q&A**

I believe that I saw one of my coworkers using illegal drugs at the workplace. What should I do?

*You should report the suspected incident to your supervisor immediately and inform the UT Police by calling 911.*

One of my coworkers threatened to harm me physically. What should I do?

*If you feel that the threat is one of imminent bodily harm, you should seek protective cover and call 911 immediately. Once the situation is safe, you must report the incident to your supervisor. If your supervisor is unavailable, you should report the incident to the STOP Line at (713) 792-7867. For more information, consult [HOOP 2.61, Violence Free Workplace](#).*

## **Alcohol**

The use or possession of alcohol while at work or while in vehicles used for university business is prohibited. Use of alcohol while not at work which adversely affects job performance or that may adversely affect the safety of other university community members is prohibited. Any member of the university community who violates this prohibition may be subject to disciplinary action. For more information, consult [HOOP 18.05, Substance Abuse in the Workplace](#).

While the university discourages serving alcoholic beverages at most university events, alcoholic beverages may be served at selected events sponsored by the health science center or The University of Texas System. The arrangements to serve alcohol must be requested and approved in advance of the event. For more information, consult [HOOP 2.02, Alcoholic Beverages](#).

## **Smoke-Free Environment**

The University of Texas Health Science Center at Houston is committed to a completely smoke-free environment for all members of the university community and for all other individuals who enter its leased or owned property. Smoking is not permitted on the premises or grounds of the university. Failure to comply with this policy may result in disciplinary action, up to and including expulsion or termination. For more information, consult [HOOP 2.03, Smoking](#).

## CONTACTS WITH EXTERNAL ENTITIES

### Contacts with the Media

The Office of Public Affairs acts as the official spokesperson for the university. If a member of the media contacts you regarding university business, direct them to the Office of Public Affairs at (713) 500–3030.

If a faculty member is contacted by the media regarding his or her research, publications, teaching, or clinical work, he or she is encouraged to promote their work and the university. However, faculty members are encouraged to direct the media to the Office of Public Affairs so that Public Affairs can discourage nuisance calls and inform the media about other university activities.

For more information, consult [HOOP 1.13, Handling Communications with the Media](#).

### Q&A

A reporter stopped me on campus to ask me what I think about the cost of some of the construction projects on campus. Is it okay to answer the reporter's questions?

*You should ask the reporter to contact the Office of Public Affairs at (713) 500-3030. Public Affairs can schedule interviews for the reporter and has the authority to speak on behalf of the university.*

### Government Agency or Other Investigations

The health science center is committed to cooperating with government or other investigations of the university and its faculty or staff members. However, it is essential that the legal rights of the health science center and its faculty and staff members are protected. If you are contacted by a governmental agency or if you receive a subpoena, inquiry, or other legal document from any governmental agency regarding university business, you should immediately contact the Office of Legal Affairs at (713) 500-3268. If you are contacted at your home, you may politely ask the agent or the investigator to contact you at your office as you are not required to speak to the agent at your home. You should also immediately contact the Office of Legal Affairs to notify them of the contact. For more information, consult [HOOP 1.03, Handling Legal Processes](#).

### Q&A

Two agents from the Department of Health & Human Services Office of Inspector General are in my office and are asking me to pull some files from our department for them, so that they can examine them. What should I do?

*You should politely direct the agents to the Office of Legal Affairs at (713) 500-3268. Legal Affairs can ensure that the appropriate information is given to the agents and that the legal rights of the university and its faculty and staff members are protected.*

# UTHSC-H Institutional Compliance Plan

## I. The University of Texas Health Science Center at Houston Mission and Vision

### *Mission*

As a comprehensive health science university, the mission of The University of Texas Health Science Center at Houston is to educate health science professionals, discover and translate advances in the biomedical and social sciences, and model the best practices in clinical care and public health.

We pursue this mission in order to advance the quality of human life by enhancing the diagnosis, treatment, and prevention of disease and injury, as well as promoting individual health and community well-being.

### *Vision*

***Excellence above all*** in the quest to be an acknowledged leader in the collaboration to treat, cure and prevent the most common diseases of our time through education, research and clinical practice.

## II. Preamble

The University of Texas Health Science Center at Houston (UTHSC-H) is committed to ensuring that its affairs are conducted in accordance with applicable laws and regulations. As part of this commitment, UTHSC-H has developed this Institutional Compliance Plan (Plan), which refers to the formal, ongoing methodology by which UTHSC-H seeks to ensure that appropriate individuals within the organization understand and follow all applicable legal requirements. This Plan has been reviewed and approved by the Executive Compliance Committee on **February 9, 2009** and supersedes any previously drafted or published UTHSC-H Institutional Compliance Plans.

## III. Institutional Compliance Program Goals

The UTHSC-H Institutional Compliance Program endeavors to create and maintain a culture within the UTHSC-H community that promotes the prevention, detection, and resolution of instances of conduct that do not conform to applicable laws, regulations, policies or procedures.

The goals of the UTHSC-H Institutional Compliance Program include the:

- Establishment and dissemination of formal compliance standards, policies, and procedures to all members of the UTHSC-H community;

- Implementation of specific policies and procedures to ensure that the University exercises due care not to hire, continue to employ, or contract with individuals who have a demonstrated propensity to engage in unlawful and/or unethical activity;
- Promotion of compliance awareness throughout the University through education and training;
- Prevention and/or detection of non-compliance through (i) ongoing identification of high risk activities through compliance risk assessments and the implementation of appropriate monitoring processes for high risk areas, and (ii) the maintenance of a well-publicized reporting mechanism by which compliance concerns or questions may be reported by UTHSC-H employees and others without intimidation or fear of retribution or retaliation;
- Identification and resolution of instances of non-compliance through timely investigation of reports of possible non-compliance, including implementation of appropriate corrective action to prevent recurrence of such non-compliance in the future; and,
- Assurance of consistent enforcement of compliance standards, including the fair, equitable, and consistent disciplinary action of individuals responsible for non-compliance.

The policies and procedures contained in this plan are intended to establish a framework to help ensure compliance but are not to be considered all-inclusive.

#### **IV. General Policy**

The General Standards of Conduct policy for the UTHSC-H are contained in UTHSC-H Handbook of Operating Procedures (HOOP) [2.01](#) and are incorporated in this Plan as if fully stated herein. The UTHSC-H expects that all its faculty, staff, and students will follow the highest standards of personal conduct as established by federal, state and local laws. As a condition of employment with the university, all faculty and staff are required to acknowledge receipt of a copy of the General Standards of Conduct policy, a list of contacts/responsible areas for various compliance issues, and the web site references for the [Standards of Conduct Guide](#). In addition, UTHSC-H employees acknowledge their responsibilities to review the policy and to perform their work in an ethical and legal manner as described.

The UTHSC-H Standards of Conduct Guide is an outline of the various laws, policies, rules and regulations that govern the conduct of employees of the UTHSC-H. Although the Standards of Conduct Guide addresses a number of specific laws, policies, rules and regulations, it is not intended to be a comprehensive list of legal and ethical standards. Instead, it provides employees of the UTHSC-H with information and source references regarding the laws, policies, rules, and regulations that apply to their conduct. The Standards of Conduct Guide should be regarded as a set of guiding principles that apply to every UTHSC-H employee. The UTHSC-H Standards of Conduct Guide applies to all UTHSC-H employees,

including administration, faculty, fellows, residents, and students. Moreover, the Standards of Conduct Guide is applicable to any and all agents of the UTHSC-H.

## V. Institutional Compliance Organizational Structure

To evidence the UTHSC-H's commitment to compliance, the President has established the UTHSC-H's Institutional Compliance Program that is based upon an infrastructure composed of the following core elements:

- The Executive Compliance Committee
- The Chief Compliance Officer
- The Office of Institutional Compliance

**The Executive Compliance Committee** is responsible for providing advice and guidance to the President and the Chief Compliance Officer on the design and operation of the Institutional Compliance Program. The Executive Compliance Committee is convened by the President and is composed of the following executive leadership positions:

- The President as Chair
- Executive Vice President for Academic Affairs
- Executive Vice President for Research
- Executive Vice Dean for Clinical Affairs
- Executive Vice President, Chief Operating and Financial Officer
- Assistant Vice President and Chief Compliance Officer, *ex officio*
- Vice President and Chief Legal Officer, *ex officio*
- Assistant Vice President, Internal Audit, *ex officio*

The Executive Compliance Committee is responsible for the following:

- Reviewing and approving policies and procedures that govern the Institutional Compliance Program, including plans for communicating the policies and procedures to the UTHSC-H community;
- Ensuring that appropriate compliance education and training (both general and specific) is provided to all members of the University community on a regular basis;
- Ensuring that the Institutional Compliance Program is designed to prevent and/or detect non-compliance with applicable laws, regulations, and policies, including regular review of the confidential reporting function;
- Ensuring that an annual compliance risk assessment is conducted, compliance risks are prioritized, and the highest risks to the University are identified and designated as Institutional High Risks;
- Ensuring that appropriate processes are in place to control or manage the Institutional High Risks;

- Reviewing and approving the UTHSC-H Institutional Compliance Plan and revisions to the Plan;
- Reviewing reports from the Chief Compliance Officer, regarding the investigation and resolution of confidential reports of material/significant non-compliance and providing guidance to the Chief Compliance Officer on such investigations, unless such review and guidance would compromise the investigation and/or its findings;
- Ensuring that all findings of non-compliance are appropriately resolved through corrective action and/or disciplinary action to prevent recurrence of similar non-compliance in the future;
- Ensuring the consistent enforcement of compliance standards, including the fair, equitable, and consistent disciplinary action of individuals responsible for non-compliance;
- Evaluating the Institutional Compliance Program infrastructure on a periodic basis; and,
- Support of the Institutional Compliance Program in ways the President deems appropriate.

**The Chief Compliance Officer** is a senior administrator reporting to the Office of the President. The Chief Compliance Officer is responsible for developing a risk based process that builds compliance consciousness into daily business processes, monitors the effectiveness of those processes, and communicates instances of non-compliance to the appropriate administrative officers for corrective, restorative, and/or disciplinary action. The responsibilities of the Chief Compliance Officer include the following:

- Facilitate the establishment of policies and procedures to help ensure the UTHSC-H's compliance with all federal and state laws and regulations as necessary;
- Develop an institutional compliance training program that includes general compliance training for all employees and providing oversight of the development of specialized compliance training for specific employees;
- Develop guidelines and procedures for compliance monitoring in accordance with state and federal requirements;
- Receive and process all confidential reports of compliance concerns or issues that involve the activities or operations of the UTHSC-H;
- Provide advice and direction to executive and senior management, staff, and employees to facilitate compliance with statutory, regulatory, and case law requirements;
- Maintain current knowledge of laws and regulations, keeping abreast of recent changes that may affect the institution's policies, procedures and processes, through research, seminars, peer contact, and bench-marking compliance monitoring practices and implementation strategies with other institutions;
- Provide the System-wide Compliance Officer with monthly and quarterly reports on the activities of the Institutional Compliance Program; and
- Provides other such support to the Institutional Compliance Program as the President may deem appropriate.

**The Office of Institutional Compliance** provides administrative and operational support for the Institutional Compliance Program, the Executive Compliance Committee, and the Chief Compliance Officer. Institutional Compliance is responsible for:

- Developing and ensuring the delivery of general compliance training to all members of the UTHSC-H community;
- Monitoring the delivery of specialized training for Institutional High Risk Areas;
- Maintaining the Compliance Hotline, including the appropriate processing, records maintenance, direct investigation, or coordination of investigations of reports of compliance concerns;
- Providing oversight assurance activities for Institutional High Risk areas on a regular basis, as determined by the Executive Compliance Committee;
- Assessing the effectiveness of the Institutional Compliance Program, including trend analysis and employee surveys; and,
- Overseeing other activities in support of the Institutional Compliance Program as determined by the President, the Executive Compliance Committee, or the Chief Compliance Officer.

The Chief Compliance Officer is responsible for the operation of the Office of Institutional Compliance and directs all of its activities.

## **VI. Compliance Awareness**

Occasional letters, articles, university publications, surveys, and other information regarding the Institutional Compliance Program will be sent to UTHSC-H community members to raise awareness regarding general and specific compliance issues. The content of these publications may be related to specific or general compliance issues and other elements of the Institutional Compliance Program.

Every new employee is provided information as to how to electronically access the UTHSC-H Standards of Conduct Guide on-line. As a condition of employment with UTHSC-H, all faculty and staff are required to acknowledge receipt of a copy of the General Standards of Conduct policy and the web site references for the [\*Standards of Conduct Guide\*](#). Employees will be notified of revisions to the Standards of Conduct Guide and must acknowledge, either by signature or electronically, their receipt of notification of such revisions.

## **VII. Education and Training**

The UTHSC-H is committed to communicating the University's standards for ethical conduct and the applicable policies to all employees. The Institutional Compliance Program provides education and training to develop an awareness of and a commitment to compliance. All administration, faculty, and staff must complete general compliance training. The education and training program includes annual general compliance training for all employees. Employees are required to complete required training assigned for their specific position in accordance with appropriate timeframes and frequency. The content of the training includes laws and regulations applicable to specific job duties and responsibilities. As new developments or concerns arise, the UTHSC-H Institutional Compliance Program may require additional training for some or all UTHSC-H employees. A variety of teaching methods, materials, tools, and languages will be utilized to communicate the appropriate knowledge and awareness to each employee.

Compliance training is required of all employees. Failure to meet education and training requirements will result in disciplinary action up to and including termination. All persons in supervisory positions are responsible for ensuring that each UTHSC-H employee reporting to them has completed the compliance training applicable to that person. Completion of required compliance training will be monitored and documented. The Institutional Compliance Program maintains general compliance training records for employees. Summary reports of adherence to education and training requirements will be provided to the Executive Compliance Committee by the Chief Compliance Officer.

## **VIII. Adherence to the Compliance Program as an Element of Evaluation for all Employees**

### **A. Faculty**

Adherence to the UTHSC-H Institutional Compliance Program is a part of each faculty member's annual evaluation and is also used as a criterion for promotion in academic rank. It is understood that the Appointment, Promotion, and Tenure Committee of each UTHSC-H school will consider participation in compliance training and any involvement in compliance infractions as a part of the promotion and evaluation process. Faculty members who hold administrative positions have additional responsibility for ensuring that their direct reports adhere to the Institutional Compliance Program and attend required general and specific compliance training. Additionally, faculty members who hold administrative positions are responsible for informing direct reports of compliance policies and procedures specifically related to their job function and actively addressing potential or actual compliance concerns in their department of accountability.

### **B. Administrative & Professional Employees**

The promotion of and adherence to the Institutional Compliance Program by all Administrative & Professional (A&P) employees is considered an integral part of their job

performance. Knowledge of and compliance with applicable laws, regulations, policies, and procedures is a part of each A&P employee's annual evaluation and is also a criterion for promotion. A&P employees are responsible for actively addressing potential or actual compliance concerns in their department of accountability. Additionally, A&P Employees must ensure that their direct reports complete general and specific compliance training as required. A&P employees are responsible for informing their direct reports of compliance policies and procedures specifically related to their job function and appropriately monitoring to ensure these policies and procedures are followed.

### **C. Classified Employees**

Each employee at the UTHSC-H is responsible for awareness of and compliance with the laws, rules, policies, and procedures which apply to their job function. Each employee is responsible for completing annual compliance training. Classified Employees who hold managerial or supervisory positions are responsible for ensuring that their direct reports complete general and specific compliance training as required. These classified employees are also responsible for informing their direct reports of compliance policies and procedures specifically related to their job function and appropriately monitoring their direct reports to ensure these policies and procedures are followed.

## **IX. Compliance Risk Assessment**

The UTHSC-H Institutional Compliance Program identifies the institution's highest risks through an annual compliance risk assessment of high risk areas each fiscal year. The purpose of the compliance risk assessment is to:

- Identify high-risk compliance issues;
- Establish a priority for these issues;
- Assign a responsible party to manage the issues; and,
- Establish monitoring activities that ensure compliance.

For the highest risks identified, the responsible party must ensure that monitoring activities are developed and implemented as appropriate and that training is developed and implemented as appropriate.

## **X. Compliance Monitoring**

Based on the annual compliance risk assessment, the Chief Compliance Officer directs periodic reviews of identified high-risk compliance areas by the Office of & Institutional Compliance. The purpose of these reviews is to ensure adherence to general compliance policies and applicable federal and state laws and regulations. Reviews may include on-site visits, interviews with personnel involved in administration, operations, billing, reporting, and other related activities; review of documentation and other written materials; and trend analysis studies.

Additionally, the Institutional Compliance Program will be reviewed periodically. A peer review group, UTHSC-H Audit & Advisory Services, or an external review agency may conduct the evaluation.

## **XI. Lines of Communication**

Every employee is responsible for raising any compliance issues, concerns, or questions they may have. Additionally, if an employee suspects a possible violation of applicable laws and regulations, the employee is responsible for reporting this information. Individual employees are encouraged to raise their compliance concerns or questions with their supervisor. If this is not appropriate, the employee is encouraged to speak directly with the Chief Compliance Officer. The Chief Compliance Officer is designated as the UTHSC-H official responsible for receiving and processing all reports of questionable conduct or suspected non-compliance that involve the activities or operations of the UTHSC-H.

All employees who raise compliance concerns or questions or who report suspected compliance violations, must have a good faith basis for doing so. “Good faith” means that the disclosure is made with a belief in the truth of the disclosure which a reasonable person in the reporting individual’s position could hold based upon the facts. A disclosure is not in good faith if made with reckless disregard for or willful ignorance of facts that would disprove the disclosure. Employees who intentionally make false accusations will be subject to disciplinary action, up to and including termination.

Thus, the UTHSC-H has established the following mechanisms for employees to raise compliance questions or concerns:

- a. A person may make a report through the normal administrative channels (*i.e.*, reporting to the appropriate supervisor).
- b. A person may make a report through the Compliance Hotline (1-888-472-9868).
- c. A person may make a report to the Chief Compliance Officer, or other staff member of the Office of Institutional Compliance, either by letter, by telephone, by e-mail, or by meeting.
- d. A person may make a report by the designated UTHSC-H Compliance E-mail address: [compliance@uth.tmc.edu](mailto:compliance@uth.tmc.edu).
- e. A person may make a report by the designated “Web Reporting” website: [www.tnwinc.com/webreport](http://www.tnwinc.com/webreport) .
- f. A person may make a report in an exit interview statement given upon the conclusion of their employment at UTHSC-H.

Employees are encouraged to freely discuss and raise questions to managers or other appropriate personnel about activities they feel are in violation of applicable laws, regulations, rules, policies, and procedures. The UTHSC-H shall not intimidate, threaten, coerce, discriminate against, or take any retaliatory action against any individuals who in good faith report suspected wrongdoing to their supervisor, through the Compliance Hotline, Compliance Email, or directly to the Chief Compliance Officer.

Texas public employees who, in good faith, raise concerns about compliance issues or report official wrongdoing are protected from retaliation by their employing agencies by a Texas law known as the “Whistleblower Act.” Additionally, federal law protects employees who raise concerns about compliance issues or who report official wrongdoing.

## **XII. Investigating Compliance Issues**

The UTHSC-H Chief Compliance Officer is the UTHSC-H official responsible for receiving and processing all confidential reports of suspected non-compliance that involve the activities or operations of the UTHSC-H. Other UTHSC-H officials who receive reports of suspected non-compliance are responsible for notifying the Chief Compliance Officer of the report at the earliest possible time and transferring all information regarding the report to the Chief Compliance Officer immediately.

The Chief Compliance Officer, in coordination with the Triage Team designated in the Compliance Hotline and Compliance Reports Policy and Procedure, will investigate or coordinate the investigation of all reports of suspected non-compliance. A summary report of all investigations will be provided to the Executive Compliance Committee at their regular meetings. The Executive Compliance Committee shall provide guidance regarding investigations and corrective actions as appropriate.

Reports or allegations that may constitute intentional violation or reckless disregard of criminal, civil, or administrative law shall be turned over to the UTHSC-H legal authorities or the University of Texas Police Department for investigation and disposition. If the investigation of a compliance concern produces credible evidence that provides a reasonable basis to conclude that a violation of law may have occurred, the UTHSC-H shall promptly provide all information to the appropriate legal authorities.

Reports or allegations which involve alleged fraud, as defined in the UT System UTS 119, will be transferred immediately to the Office of Audit & Advisory Services for investigation and resolution.

Reports involving significant allegations regarding accounting, internal accounting controls, or auditing matters, may be reported to the Audit, Compliance, and Management Review Committee of the University of Texas System Board of Regents through the UT System Audit Office as appropriate.

Reports or allegations involving alleged privacy violations will be transferred immediately to the UTHSC-H Privacy Officer for investigation and resolution.

### **XIII. Corrective Action**

When an instance of non-compliance has been determined and confirmed through an investigation, the Chief Compliance Officer and the Triage Team will facilitate the implementation of a corrective action plan with the affected departments, faculty, or staff. The corrective action plan may include one or all of the following elements: specific areas requiring compliance attention, requirements for additional training, change in policies and procedures, further investigation, or disciplinary action. Disciplinary action may be imposed as part of a corrective action plan for all UTHSC-H administration, faculty, and employees.

The UTHSC-H will refund overpayments to payers identified through compliance monitoring activities, through investigations, or other reviews.

For more information on the procedures followed to address allegations of questionable conduct or non-compliant activity, please reference the Institutional Compliance Program Policy entitled “Compliance Hotline and Reporting Policy and Procedure”.

### **XIII. Disciplinary Guidelines**

The UTHSC-H will impose disciplinary action on employees who fail to comply with applicable laws, regulations, and policies. The seriousness of the violation will determine the level of the disciplinary action.

#### **A. Faculty**

Disciplinary action administered to faculty will be in accordance with the UTHSC-H policies regarding discipline of faculty (HOOP Policy 4.08). The UTHSC-H Executive Compliance Committee may make recommendations related to disciplinary action of faculty regarding compliance violations up to and including termination. The Executive Compliance Committee will communicate these recommendations to the dean of the affected faculty member.

Reports or allegations that may constitute an intentional violation or reckless disregard of criminal, civil, or administrative law shall be given to the UTHSC-H legal authorities for investigation and disposition. Following the determination that reckless disregard or intentional violation of law has occurred, the Dean of the appropriate school of the faculty member may recommend disciplinary action up to and including termination, depending upon the nature of the conduct. Procedures for termination shall be according to HOOP Policy 4.08.

Faculty members may appeal disciplinary action taken as outlined in HOOP Policy 4.08.

#### **B. Administrative & Professional Employees**

Administrative & Professional employees serve at the discretion and pleasure of the President. The Executive Compliance Committee may make recommendations related to disciplinary action of Administrative & Professional employees regarding compliance violations up to and including termination. Disciplinary action, as appropriate, will be administered by the President or the administrative superior of the affected employee.

Reports or allegations that may constitute an intentional violation or reckless disregard of criminal, civil, or administrative law shall be given to the UTHSC-H legal authorities for investigation and disposition. Following the determination that reckless disregard or intentional violation of law has occurred, the administrative superior of the affected staff member may recommend disciplinary action up to and including termination, depending upon the nature of the conduct. Procedures for termination shall be according to HOOP Policy 3.06.

### C. Classified Employees

The Executive Compliance Committee may make recommendations related to the disciplinary action of classified employees regarding compliance violations up to and including termination to the supervisor of the affected employee. Disciplinary action administered to classified employees will be in accordance with HOOP 5.13.

Reports or allegations that may constitute an intentional violation or reckless disregard of criminal, civil, or administrative law shall be given to UTHSC-H legal authorities for investigation and disposition. Following the determination that reckless disregard or intentional violation of law has occurred, the administrative superior of the affected staff member may recommend disciplinary action up to and including termination. The procedures for termination shall be according to HOOP 5.13.

Classified staff members may appeal the disciplinary action taken according to HOOP 5.13.

## **XIV. Excluded and/or Debarred Employees, Residents Independent Contractors, Vendors, and Contractors**

The UTHSC-H is committed to exercising due diligence to prevent and detect unethical behavior and/or violations of applicable laws, regulations, and policies by its employees, residents, independent contractors, contractors, and vendors. The UTHSC-H is further committed to exercising due care to ensure that no delegation of substantial discretionary authority is made by or on behalf of the UTHSC-H to an individual or other entity known to have a propensity to engage in unlawful or unethical activities.

Federal and state agencies have the authority to exclude individuals or entities who have engaged in fraud or abuse from participation in programs they sponsor. Entities who employ or contract with excluded individuals or entities may incur civil monetary penalties or be excluded from future participation in federal and state programs.

The UTHSC-H makes a reasonable inquiry into the status of post-offer applicants for employment, applicants for UTHSC-H residency programs, employees, residents currently enrolled in UTHSC-H residency programs, independent contractors, contractors, and vendors of the UTHSC-H as described in the Exclusion Check Guidelines to ensure that the UTHSC-H does not knowingly employ or contract with an individual or entity that is excluded, suspended, or otherwise ineligible for participation in federal or state programs. The Exclusion Check Guidelines are discussed in HOOP Policy 2.13A. These checks will be conducted prior to the start of employment for post-offer applicants, prior to the acceptance of applicants for residency programs, prior to the issuance of a vendor code for an independent contractor, within seven days prior to the execution of a contract with a contractor or vendor, prior to the set-up of a new vendor, prior to the approval of any purchase order of \$25,000 or above, and on a quarterly basis for employees, residents, independent contractors, contractors and vendors by the responsible parties. The responsible parties include Human Resources, Procurement Services, the Dental Branch's Office of Student Affairs, the Office of Graduate Medical Education, and the Financial Administration Support Team. The Office of Institutional Compliance will have responsibility for confirming any potential matches and coordinating with the affected departments to ensure adherence to the guidelines.

More information can be found in the Exclusion Check Policy, HOOP 2.13A.

## **XV. Records Creation & Retention**

Records created by the Institutional Compliance Program will be retained in accordance with the UTHSC-H Records Retention Schedule.

## **XVI. Revisions to the Institutional Compliance Plan**

This compliance plan is intended to be flexible and readily adaptable to changes in regulatory requirements. The Executive Compliance Committee shall review the plan at least annually to assure that it remains current and effective. Changes to the plan may be proposed by members of the Executive Compliance Committee, departments, or individual employees. Any recommendations for changes to the plan must be approved by the Executive Compliance Committee. All changes to the Institutional Compliance Plan must be consistent with the UTHSC-H Handbook of Operating Procedures and the Rules and Regulations of the Board of Regents of the University of Texas System.

Revised as approved by the Institutional Compliance Committee on March 28, 2005.

Revised as approved by the Executive Compliance Committee on October 10, 2006.

Revised as approved by the Executive Compliance Committee on December 10, 2007.

Revised as approved by the Executive Compliance Committee on February 9, 2009.

## UTHSC-H Executive Compliance Committee Bylaws

# Bylaws Of The University of Texas Health Science Center at Houston Executive Compliance Committee

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ARTICLE 1: Purpose, Functions, and Responsibilities

ARTICLE 2: Membership

ARTICLE 3: Officers

ARTICLE 4: Meetings

ARTICLE 5: Voting

ARTICLE 6: Standing Subcommittees

ARTICLE 7: General Provisions

ARTICLE 8: Amendments and Adoptions

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### **PREAMBLE**

These bylaws define the policies and procedures that govern the Executive Compliance Committee (ECC), and are established pursuant to the guidelines set forth by The University of Texas System Board of Regents and **The University of Texas Health Science Center at Houston (University)**.

### **ARTICLE 1**

#### **Purpose, Functions, and Responsibilities**

- A. The purpose of the ECC is to provide advice and guidance to the President and the **Chief Compliance Officer** on the design and operation of the Institutional Compliance Program (Program).
- B. The ECC functions as the principal policy-making and disciplinary action body for the Program.
- C. The ECC is specifically responsible for the following:
  - Reviewing and approving policies and procedures that govern the Institutional Compliance Program, including plans for communicating the policies and procedures to the University community;
  - Ensuring that appropriate compliance education and training (both general and specific) is provided to all members of the University community on a regular basis;

- Ensuring that the Institutional Compliance Program is designed to prevent and/or detect non-compliance with applicable laws, regulations, and policies, including regular review of the confidential reporting functions;
- Ensuring that an annual compliance risk assessment is conducted, compliance risks are prioritized, and the highest risks to the University are identified and designated as Institutional High Risks;
- Ensuring that appropriate processes are in place to control or manage (at an acceptable level) the Institutional High Risks;
- Reviewing reports from the **Chief Compliance Officer** regarding the investigation and resolution of confidential reports of material/significant non-compliance made to the **Chief Compliance Officer/Office of Institutional Compliance** on such investigations, unless such review and guidance would compromise the investigation and/or its findings;
- Ensuring that all findings of non-compliance are appropriately resolved through corrective action and/or disciplinary action to prevent recurrence of similar non-compliance in the future;
- Ensuring the consistent enforcement of compliance standards, including the fair, equitable, and consistent disciplinary action of individuals responsible for non-compliance; and
- All other activities in support of the Institutional Compliance Program as the President deems appropriate from time to time.

## **ARTICLE 2**

### **Membership**

The ECC shall be composed of the individuals holding the following executive leadership positions:

- **President**
- **Executive Vice President for Academic Affairs**
- **Executive Vice President for Research**
- **Executive Vice Dean for Clinical Affairs**
- **Executive Vice President, Chief Operating and Financial Officer**

The **Assistant Vice President and Chief Compliance Officer, the Vice President and Chief Legal Officer and the Assistant Vice President, Internal Audit** shall serve as ex officio members and shall have privileges of the floor, but shall not have the right to vote.

In those instances when ECC members are unable to attend an ECC meeting, ECC members are expressly prohibited from sending a representative on their behalf to the ECC meeting. Additional invited guests may attend at the request of the Vice President and Chief Compliance Officer.

The President may appoint additional members to the ECC at any time at his discretion. Additionally, ECC members may submit candidates for membership to the ECC for the Committee's consideration and approval by vote.

## **ARTICLE 3**

### **Officers and Executive Support**

#### **A. Chair**

- The President shall serve as the Chair of the ECC.
  - The Chair shall call and chair the meetings of the ECC.
  - The Chair may designate the **Chief Compliance Officer** to conduct the ECC meeting after the ECC is called to order.
- B. Vice-Chair
- The Vice-Chair shall be a member of the ECC designated by the President.
  - The position of Vice-Chair shall rotate on a quarterly basis and all ECC members shall serve as Vice-Chair at least once before any ECC member serves a second time as Vice-Chair.
  - The Vice-Chair shall chair the ECC meetings in the absence of the President/Chair.
- C. Committee Executive Support
- The **Vice President and Chief Compliance Officer** is responsible for implementing or communicating the decisions of the ECC with regard to the operation of the Institutional Compliance Program.
  - Staff members of the **Office of Institutional Compliance**, under the direction of the **Chief Compliance Officer**, shall provide administrative support to the ECC as needed and appropriate.

## ARTICLE 4

### Meetings

- A. Regular meetings of the ECC shall be held once every month and shall be scheduled by the Chair.
- B. Special meetings may be called by the Chair or on written request to the Chair of one-third or more of ECC members for the specific purpose defined in the written request.
- C. The agenda for regular meetings shall include a call to order, determination of the presence of a quorum, approval of minutes of previous meetings, reports on Program activities, reports from Standing Sub-committees, if any, and adjournment.
- D. A regular meeting may be conducted in the absence of quorum, as defined in Article 5 (A), at the discretion of the Chair, although no matters may be voted on by the Committee at a regular meeting conducted pursuant to this section.
- E. The minutes of each meeting shall be recorded by designated staff of the **Office of Institutional Compliance**. The **Chief Compliance Officer** shall be responsible for distributing a draft of the minutes to all ECC members for their review prior to the next meeting.

## ARTICLE 5

### Voting

- A. A quorum must be established and recorded for a vote of the ECC to be binding. Two-thirds of the voting members shall constitute a quorum for voting purposes.
- B. Except where otherwise specified in these Bylaws, a simple majority of the quorum present shall constitute a prevailing vote.

## **ARTICLE 6**

### **Standing Committees**

#### **A. Institutional Compliance Committee**

The ECC shall establish an Institutional Compliance Committee (ICC). The ICC shall meet quarterly in a joint meeting with the ECC. The ICC shall be composed of:

- Dean of the Medical School
- Dean of the Dental Branch
- Dean of the School of Nursing
- Dean of the School of Public Health
- Dean of the Graduate School of Biomedical Sciences
- Dean of the School of Health Information Sciences
- The University of Texas Harris County Psychiatric Center Administrator
- Any Risk Area Designated Responsible Party (DRP) not already listed

The ICC shall review quarterly summaries of all ECC activities and communicate institutional compliance information to each member's respective area.

The **Chief Compliance Officer** shall be responsible for facilitating and monitoring the activities of the ICC.

## **ARTICLE 7**

### **General Provisions**

- A. To the extent provided by applicable law, all activities and communications of the ECC shall be confidential. It is the responsibility of each ECC member to ensure that any information obtained as a result of ECC membership is kept confidential and secure. ECC members will be held individually accountable for maintaining the confidentiality of ECC-related information in their position (including knowledge of ECC activities).
- B. The ECC acknowledges that it shall be guided in its activities by:
- The requirements of an effective compliance program set forth in §8A1.2 of the Federal Sentencing Guidelines for the Sentencing of Organizations;
  - Applicable provisions of the various Compliance Program Guidances of the Office of Inspector General, U.S. Department of Health and Human Services;
  - The University of Texas System Action Plan to Ensure Institutional Compliance (1998, revised 2001);
  - The University of Texas System Action Plan to Enhance Institutional Compliance (2003); and,
  - The University of Texas System policy UTS 119, Institutional Compliance Program.

## **ARTICLE 8**

### **Amendment of Bylaws**

- A. These bylaws may be amended at any regular ECC meeting provided that the complete text of the proposed amendment(s) has/have been submitted in writing to the voting members at least two weeks prior to consideration.
- B. A two-thirds vote of the ECC membership shall be required for approval of proposed amendment(s).
- C. Amendments shall take effect immediately upon adoption by the ECC.

Considered and approved by The University of Texas Health Science Center at Houston Institutional Compliance Committee on November 25, 2002.

Revised and approved by The University of Texas Health Science Center at Houston Institutional Compliance Committee on March 28, 2005.

Revised and approved by The University of Texas Health Science Center at Houston Institutional Compliance Committee on August 28, 2006.

Revised and approved by The University of Texas Health Science Center at Houston Executive Compliance Committee on December 10, 2007.

Revised and approved by The University of Texas Health Science Center at Houston Executive Compliance Committee on February 9, 2009.

# UTHSC-H Exclusion Check Policy

## 2.13A

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### Exclusion Check

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#### ***POLICY OVERVIEW***

The University of Texas Health Science Center at Houston (“university”) is committed to exercising due diligence to prevent and detect unethical behavior and/or violations of applicable laws, regulations and policies by its employees, residents, independent contractors, contractors and vendors which would require exclusion from participation in federal and state health care programs. The university is further committed to exercising due care to avoid delegating substantial discretionary authority to an individual or other entity known to have a propensity to engage in unlawful or unethical activities.

Federal and state agencies have the authority to exclude individuals or entities who have engaged in fraud or abuse from participation in programs they sponsor. Entities who employ or contract with excluded individuals or entities may incur civil monetary penalties or be excluded from participation in federal and state programs.

The university makes a reasonable inquiry into the status of post-offer applicants for employment, applicants for university residency programs\*, employees, residents\*\* currently enrolled in university residency programs, independent contractors, and vendors and contractors as described in the [Exclusion Check Guidelines](#). These checks will be conducted prior to the start of employment for post-offer applicants, prior to acceptance of applicants for residency programs, prior to the issuance of a vendor code for an independent contractor, prior to the set-up of a vendor or contractor in the university’s financial system, within seven days before the execution of a contract with a vendor or contractor; on a quarterly basis for all employees and residents; on a quarterly basis for a random sample of independent contractors; on a monthly basis for vendors and contractors; and prior to the issuance of a purchase order of \$20,000 or above by the responsible parties. The responsible parties include Human Resources (“HR”), the Dental Branch's Office of Student Affairs (“DBOSA”), the Office of Graduate Medical Education (“OGME”), the Financial Administrative Support Team (“FAST”), and Procurement Services. The Office of Institutional Compliance (“OIC”) will have responsibility for confirming any potential matches and coordinating with the affected departments to ensure adherence to the guidelines.

Failure to adhere to this policy by university personnel could result in disciplinary action, up to and including termination or dismissal.

#### ***POLICY CONTACT***

For questions regarding this policy, contact the [Office of Institutional Compliance](#).

## ***POLICY SCOPE***

This policy applies to post-offer applicants for employment, applicants for university residency programs\*, employees, residents\*\* currently enrolled in university residency programs, independent contractors, and vendors and contractors of the university.

## ***PROCEDURE***

### **I. Exclusion and Debarment Lists**

The responsible parties shall check for:

A. debarment, exclusion, or other ineligibility for participation in federally funded health care programs or receipt of federal funds by querying the List of Excluded Individuals/Entities maintained by the Department of Health and Human Services, Office of the Inspector General;

B. debarment, exclusion, or other ineligibility for participation in state and federally funded health care programs or receipt of state or federal funds by querying the Medicaid and Title XX Provider Exclusion List maintained by the Texas Health and Human Services Commission;

C. debarment and/or exclusion from federal procurement programs by querying the Excluded Parties Listing System (the electronic version of the Lists of Parties Excluded from Federal Procurement and Non-Procurement Programs) maintained by the General Services Administration;

D. designation as a Specially Designated National by querying the Specially Designated Nationals List maintained by the United States Department of the Treasury, Office of Foreign Assets Control;

E. good standing with the Texas Comptroller of Public Accounts by querying the Certification of Account status database maintained by the Texas Comptroller of Public Accounts; and,

F. debarment from Texas state procurement programs by querying the Texas Procurement and Support Service's Suspended and Debarred Vendor List.

Post-offer applicants, applicants for residency programs, employees, independent contractors, and residents will be subject to checks of all the above noted exclusion and debarment lists with the exception of those lists named in sections E and F. Independent contractors, vendors, and contractors will be subject to checks of all the above noted exclusion and debarment lists.

### **II. Confirmation of Exclusion, Debarment or Designation**

The Exclusion Check Guidelines detail the consequences and procedures if an individual or entity is confirmed as being excluded, debarred, or designated.

### **III. Eligibility for Employment, Placement or Business**

Upon being removed from an exclusion list, an independent contractor shall be eligible to do business with the university. The independent contractor's eligibility to do business with the

university is subject to verification of the independent contractor's status by the appropriate responsible party.

Upon being removed from an exclusion list, an individual whose offer of employment or offer of placement in a residency program was rescinded or an employee terminated as a result of being excluded is considered eligible to apply for employment or enrollment in a residency program with the university.

#### **IV. Reporting of Exclusion or Debarment**

Any employee or any resident enrolled in a university residency program who receives notification that he/she has been placed on an exclusion or debarment list as indicated above must inform his/her supervisor and the [Chief Compliance Officer](#) immediately.

#### **V. Administrative Error**

If an employee, resident or independent contractor can provide sufficient documentation to OIC to demonstrate administrative error and to demonstrate the individual has taken prompt action to correct the administrative error, the university will take appropriate corrective action immediately. Employees and residents will be immediately returned to their regular status and pay will be reinstated to them for the period they were placed on leave without pay. Independent contractors will be returned to regular status within the university's financial system and will immediately be eligible to do business with the university.

\* Please note that for purposes of this policy and the accompanying guidelines, the term "residency program" also includes clinical fellowships and research fellowships.

\*\* Please note that for purposes of this policy and the accompanying guidelines, the term "resident" includes clinical fellows and research fellows.

# UTHSC-H Compliance Hotline and Reporting Policy and Procedure

## The University of Texas Health Science Center at Houston

### Compliance Hotline and Reporting Policy and Procedure

#### Response to Allegations of Questionable Conduct or Non-Compliant Activity

The University of Texas Health Science Center at Houston (UTSHC-H or the University) is committed to implementing appropriate corrective action to all allegations of questionable conduct or activity that are not compliant with applicable laws, regulations, and policies by its employees or other agents in a timely and appropriate manner. Additionally, the UTHSC-H is committed to providing appropriate guidance to its employees and agents regarding potential violations of law. To ensure that the UTHSC-H exercises due diligence in responding to any and all reports of potential violations of laws, regulations, policies or questionable conduct, from any source, the UTHSC-H Executive Compliance Committee (ECC), on behalf of the UTHSC-H, adopts this procedure.

The Chief Compliance Officer is designated as the UTHSC-H official responsible for receiving and processing all reports of questionable conduct or suspected non-compliance that involve the activities or operations of the UTHSC-H. Any other UTHSC-H official who receives a report of suspected non-compliance is responsible for notifying the Chief Compliance Officer of the report at the earliest possible time and transferring all information regarding the report to the Chief Compliance Officer immediately.

It is the individual responsibility of all individuals who are employed by, affiliated with, under a contract or agreement, or otherwise under the control of the University, including but not limited to faculty, students, and staff (individually referred to herein as a “University Member”), to report any activity that appears to be in violation of any state or federal law or regulation, UT System regulation or policy, UTHSC-H regulation or policy, the UTHSC-H Standards of Conduct (found at HOOP 2.01), and/or any applicable accreditation or other regulatory requirements through the normal administrative channels (*i.e.*, reporting to the appropriate supervisor). If the circumstances are such that a University Member does not feel comfortable reporting these issues through the normal administrative process, they must report the suspected non-compliant activity or misconduct directly to the Chief Compliance Officer or through the University’s confidential reporting mechanisms, described below.

The UTHSC-H has established several mechanisms for employees to report instances of suspected non-compliance, described below. Employees may make reports outside the normal chain of command in a manner that preserves confidentiality to the extent allowed by law and which assures non-retaliation.

Employees or agents of the UTHSC-H may also seek guidance regarding potential violations of law, policies, or procedures from the Chief Compliance Officer or staff members of the Office of Institutional Compliance.

## A. Responsible Parties

1. **The Chief Compliance Officer** is responsible for: maintaining all necessary and appropriate documentation of reports of suspected non-compliance involving the UTHSC-H; reporting all hotline calls or compliance reports to the Triage Team; investigating or coordinating the investigation of all reports of suspected non-compliance made through the external confidential reporting mechanism (*i.e.*, the toll free “hotline” number) or otherwise made to or received by the Chief Compliance Officer or staff of Office of Institutional Compliance; reporting all hotline calls or compliance reports, the actions of the Triage Team, the investigation of the calls or reports, and the resolutions of these matters to the Executive Compliance Committee; and reporting significant hotline calls or compliance concerns to the UT System-wide Compliance Officer. Additionally, the Chief Compliance Officer is responsible for the day-to-day operation of the confidential reporting program. Day-to-day operations include, but are not limited to: initial receipt and review of report, logging report into system (assigning log number, creating file, creating intake form), maintaining the UTHSC-H Compliance Hotline and Reporting Log, and the creation and maintenance of necessary forms used in process. Additionally, the Director of Institutional Compliance is responsible for facilitating the weekly meetings of the Triage Team.
2. **The Triage Team** is composed of the Chief Legal Officer, Chief Human Resources Officer, the Chief of Police for The University of Texas at Houston Police Department, the Chief Audit Officer, and the Chief Compliance Officer. The Triage Team is responsible for reviewing new hotline calls and compliance reports, recommending appropriate action, reviewing the results of all investigations, recommending further action as necessary, and reviewing the reconciliation of the hotline log and the management reports. The Triage Team will have weekly standing meetings. It is the responsibility of each Triage Team member to attend these meetings or to designate an appropriate person from their department to attend these meetings.

## B. Reports of Suspected Misconduct or Non-Compliance Activities

1. The University maintains several reporting paths for a person to report suspected misconduct or non-compliance activities.
  - a. **A person may make a report through the normal administrative channels (*i.e.*, reporting to the appropriate supervisor).**
  - b. **A person may make a report through the Compliance Hotline (1-888-472-9868).**
  - c. **A person may make a report to the Chief Compliance Officer, or other staff member of the Office of Institutional Compliance, either by letter, by telephone, by e-mail, or by meeting.**
  - d. **A person may make a report by the designated UTHSC-H Compliance E-mail address: [compliance@uth.tmc.edu](mailto:compliance@uth.tmc.edu).**
  - e. **A person may make a report by the designated “Web Reporting” website: [www.tnwinc.com/webreport](http://www.tnwinc.com/webreport) .**

- f. **A person may make a report in an exit interview statement given upon the conclusion of their employment at UTHSC-H.**
2. Reports can be made anonymously. If anonymity is requested, no attempt shall be made to identify the individual. Information provided by the individual, or obtained in the course of investigation, shall be treated as confidential to the extent permitted by law. The UTHSC-H will ensure the anonymity, to the extent allowed by law, of all persons who choose to report questionable conduct or suspected non-compliant activity. Litigation demands or statutory requirements may compel the University to disclose the information reported and the identity of the reporting individual.
  3. If the report is a suggestion or general inquiry (*e.g.*, the reporter would like to suggest that the University issue each employee a bumper sticker), the information will be referred to the appropriate department.
  4. If a report or allegation involves a student as defined in HOOP Policy 6.03, the dean of the appropriate school will immediately be notified. If the student is also an employee of the UTHSC-H or the UT System Medical Foundation, the dean of the appropriate school and the Triage Team will jointly coordinate the investigation and any actions taken as a result of the investigation. If the student is not an employee of the UTHSC-H or the UT System Medical Foundation, the matter will be transferred immediately to the dean of the appropriate school. The dean of the appropriate school will have primary responsibility for the matter transferred.
  5. The investigation of reports or allegations that may constitute intentional violations or reckless disregard of criminal law will be transferred immediately to the University of Texas Police Department. The University of Texas Police Department will have primary responsibility for the matters transferred.
  6. The investigation of reports or allegations that may constitute intentional violations or reckless disregard of civil law will be transferred immediately to the Office of Legal Affairs. Legal Affairs will have primary responsibility for the matters transferred.
  7. If a report or allegation involves an alleged fraud, as defined in the UT System UTS 118, the matter will be transferred immediately to the Office of Audit & Advisory Services. The Office of Audit & Advisory Services will have primary responsibility for the matters transferred. As indicated in UTS 118, the Office of Audit & Advisory Services will notify the University of Texas at Houston Police Department immediately when an audit reveals suspected criminal activity.
  8. If a report involves significant allegations regarding accounting, internal accounting controls, or auditing matters, the matter may be reported to the Audit, Compliance, and Management Review Committee of the University of Texas System Board of Regents through the UT System Audit Office as appropriate. The Triage Team is responsible for determining the matters to be reported in accordance with state and university policy. The Chief Audit Officer is responsible for transmitting the information to the UT System Audit Office.

- 9 If a report or allegation involves a privacy violation, the matter will be transferred immediately to the UTHSC-H Privacy Officer. The UTHSC-H Privacy Officer will have primary responsibility for the matters transferred.

### C. Investigations

1. Upon the receipt of a report which does not involve alleged fraud, the intentional violation of or reckless disregard of criminal or civil law, a privacy violation, or a student, the Chief Compliance Officer is responsible for determining if the report is significant and for documenting the rationale of this determination.

- a. **Compliance reports:** If the Chief Compliance Officer determines that the report involves the potential violation of a policy or procedure, the steps outlined below will be followed.

Examples of compliance reports are reports of fraudulent billing or conflicts of interest.

- b. **Other reports:** If the Chief Compliance Officer determines that the report is not a report of a potential violation of a policy or procedure, the Chief Compliance Officer will immediately assign the report to the appropriate department for investigation. The department is responsible for documenting their investigation and findings in a written report to the Chief Compliance Officer. The Chief Compliance Officer will report the allegations contained in the report, the assignment of the report, and the results of the investigation of the report to the Triage Team.

An example of this type of report is a report regarding employee dissatisfaction.

2. The Triage Team will review all compliance reports. The Triage Team will agree on a documented investigative action plan and will assign the report to the appropriate party for investigation. As necessary, the Triage Team shall involve other individuals or committees to assist in an investigation or in formulating the appropriate response to a report. The Triage Team may also assign investigational responsibility of a report to other departments, individuals, or committees. If investigational responsibility is assigned to another individual, department, or committee, the Chief Compliance Officer will transmit the report in writing with investigation and reporting instructions.
3. If a report involves allegations regarding a member of the Triage Team or a member of a Triage Team member's staff, that Triage Team member will not participate in the review and resolution of that report. If a report involves the Office of Institutional Compliance or a staff member of the Office of Institutional Compliance, the matter will be immediately transferred to the Chief Audit Officer who will assume responsibility for the investigation and resolution of the matter. The Chief Audit Officer will follow the procedures contained in this policy for the investigation and resolution of the matter.
4. The Triage Team may consult with external counsel who may conduct the investigation for and on behalf of the University.

5. The Triage Team will determine the appropriate amount of time for the investigation of a report. The investigational time period will not ordinarily exceed thirty days.
6. All allegations or concerns received through reports will be investigated confidentially. The report and the ongoing investigation will only be revealed to those necessary to conduct a thorough investigation. All witnesses interviewed or contacted will be informed that the matter is confidential.
7. A reporter may contact the Office of Institutional Compliance for status reports on a matter. Additionally, a written response to a reporter may be provided at the conclusion of an investigation. However, because the investigation and resolution of compliance issues often involve legally confidential information, the reporter may not be given complete, detailed information on the nature of the investigation or the resolution of the issue.
8. At the close of the investigation, the investigator will inform the Chief Compliance Officer in writing of the interviews conducted during the investigation, the documents reviewed, and any findings made by the investigator. The Chief Compliance Officer will transmit this report to the Triage Team. The Triage Team will determine if the investigation is sufficiently documented and has answered all of the relevant questions.
9. If the case is sufficiently documented and has answered all of the relevant questions, the Triage Team will determine if the report is substantiated or unsubstantiated.

#### **D. Recommendations**

1. If a report is substantiated, appropriate corrective or disciplinary action must be taken before the report can be considered closed.
2. The Triage Team will inform the department chair, manager, or head of the work unit that a report has been substantiated and will make recommendations for a corrective action plan. The corrective action plan will focus on implementing changes in internal processes to improve, prevent, or detect compliance inadequacies. The corrective action plan may include one or all of the following elements: specific areas requiring compliance attention, requirement of additional training, change in policies and procedures, further audit and/or investigation, and/or disciplinary action.
3. Disciplinary action may be imposed as part of a corrective action plan for all UTHSC-H administration, faculty, and employees. All disciplinary action will be administered in accordance with UTHSC-H policies and procedures for administration, faculty, and employees.
4. A summary report of all investigations will be provided to the UTHSC-H Executive Compliance Committee periodically. The Executive Compliance Committee will be informed of the allegations, the investigation, and any corrective or disciplinary action taken. The Executive Compliance Committee may direct further action if necessary. Additionally, the Executive Compliance Committee may direct reviews of the affected departments or work areas to ensure that all corrective action has been fully implemented to prevent recurrence of similar non-compliance in the future.

## **E. Trend Reporting**

1. The Chief Compliance Officer is responsible for preparing and submitting a trend report of all allegations to the Executive Compliance Committee at the end of the fiscal year. This report will summarize all reports and highlight major trends. Additionally, the Chief Compliance Officer is responsible for preparing and submitting trend reports to the UT System-wide Compliance Officer as requested.
2. Based on identified trends, the Chief Compliance Officer may recommend to the Executive Compliance Committee the development of training, policies and procedures, or other corrective action to address the identified trends.

## **F. Retaliation**

1. All University Members shall be allowed to discuss freely and to raise questions and/or concerns to managers or to other appropriate personnel about activities they feel may be in violation of any applicable state or federal law or regulation, UT System regulation or policy, UTHSC-H regulation or policy, the UTHSC-H Standards of Conduct, or any other applicable accreditation or regulatory requirements, without fear of retaliation or other reprisal.
2. No employee, contractor, or agent of the UTHSC-H shall intimidate, coerce, discharge, demote, suspend, threaten, harass, or in any other manner discriminate in the terms and conditions of employment in retaliation against any individual who in good faith:
  - a. exercises any right under, or participates in any process established by federal, state, or local law, regulation, UTHSC-H policy, UT System regulation or policy, the UTHSC-H Standards of Conduct, or any other applicable accreditation or regulatory requirements;
  - b. files a report or complaint regarding a violation of federal, state, or local law, regulation, UTHSC-H policy, UT System regulation or policy, the UTHSC-H Standards of Conduct, or any other applicable accreditation or regulatory requirements;
  - c. discloses or threatens to disclose information about a situation they feel is inappropriate, or potentially illegal;
  - d. testifies, assists, or participates in an investigation, compliance review, peer review, proceeding, or hearing;
  - e. opposes any act or practice made unlawful by federal, state, or local law, regulation, UT System regulation or policy, UTHSC-H policy, the UTHSC-H Standards of Conduct, or any other applicable accreditation or regulatory requirements, provided that the manner of the opposition is reasonable and does not itself violate law.

Any University community member who believes they have been retaliated against for raising a compliance question or concern should immediately contact the Chief Compliance Officer. For more information, refer to HOOP 2.17.1, Protection from Retaliation.

## **G. Records Retention**

1. The Chief Compliance Officer is responsible for maintaining all necessary and appropriate documentation of reports of suspected non-compliance involving the UTHSC-H in compliance with the UTHSC-H Records Retention Schedule. All files and records will be kept in a locked

file cabinet. Departments, individuals, or committees who are assigned the investigation of reports by the Chief Compliance Officer or the Triage Team shall maintain all records of their investigation or actions in a locked file cabinet or office.

## H. Definitions

1. “Fraud” refers to embezzlement, misappropriation and other fiscal irregularities. The term fraud includes but is not limited to any dishonest, illegal or fraudulent act involving UTHSC-H property; forgery or alteration of checks, drafts, promissory notes, and securities; forgery or alteration of employee benefit or salary related items such as time cards, billings, claims, surrenders, assignments, changes in beneficiary, etc.; forgery or alteration of medical related items such as reports, charts, prescriptions, x-rays, billings, claims, etc.; forgery or alteration by employees of student related items such as grades, transcripts, loans, fee or tuition documents, etc.; misappropriation of funds, securities, supplies or any other asset; illegal or fraudulent handling or reporting of money transactions; acceptance or solicitation of any gift, favor, or service that might reasonably tend to influence the employee in the discharge of his or her official duties; and the destruction or disappearance of records, furniture, fixtures, or equipment where theft is suspected.
2. “Good faith” refers to the disclosure of violations or possible violations of any state or federal law or regulation, UT System regulation or policy, UTHSC-H regulation or policy, the UTHSC-H Standards of Conduct, or any other applicable accreditation or regulatory requirements made with a belief in the truth of the disclosure which a reasonable person in the reporting individual’s position could hold based on the facts. A disclosure is not made in good faith if made with reckless disregard for or willful ignorance of facts that would disprove the disclosure.
3. “Compliance Report” refers to a report involving financial misstatements, accounting or audit irregularities, imminent risk to life or health, violation of state or federal laws carrying severe criminal or civil penalties, or other risks of substantial negative impact on the safety, integrity, reputation, or financial viability of the UTHSC-H.