

# San Francisco Department of Public Health

## Code of Conduct

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Office of Compliance and Privacy Affairs  
San Francisco Department of Public Health

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**San Francisco Department of Public Health (DPH) Code of Conduct  
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## 1. Introduction

The Code of Conduct and the Public Health Code of Ethics are a vital part of how we achieve our mission and values.

## 2. DPH Mission, Code of Ethics, and Leadership Commitment

### 2.1. Mission and Vision

**DPH Mission:** To protect and promote the health and well-being for all in San Francisco.

**DPH Vision:** Making San Francisco the healthiest place on earth.

### 2.2. Public Health Code of Ethics

The Public Health Code of Ethics is a vital part of what we do, as a society, to protect and promote the health and well-being of all San Franciscans.

1. Public health should address principally the fundamental causes of disease and requirements for health, aiming to prevent adverse health outcomes.
2. Public health should achieve community health in a way that respects the rights of individuals in the community.
3. Public health policies, programs, and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members.
4. Public health should advocate and work for the empowerment of disenfranchised community members, aiming to ensure that the basic resources and conditions necessary for health are accessible to all.
5. Public health should seek the information needed to implement effective policies and programs that protect and promote health.
6. Public health institutions should provide communities with the information they have that is needed for decisions on policies or programs and should obtain the community's consent for their implementation.
7. Public health institutions should act in a timely manner on the information they have within the resources and the mandate given to them by the public.
8. Public health programs and policies should incorporate a variety of approaches that anticipate and respect diverse values, beliefs, and cultures in the community.
9. Public health programs and policies should be implemented in a manner that most enhances the physical and social environment.
10. Public health institutions should protect the confidentiality of information that can bring harm to an individual or community if made public. Exceptions must be justified on the basis of the high likelihood of significant harm to the individual or others.
11. Public health institutions should ensure the professional competence of their employees.
12. Public health institutions and their employees should engage in collaborations and affiliations in ways that build the public's trust and the institution's effectiveness.

### 2.3. DPH Leadership Commitment

DPH promotes a culture of openness and accountability in order to sustain an ethical and compliant work environment and to enhance business performance by:

- a. Committing to ethical decision-making in all aspects of business;
- b. Ensure managers and employees have the tools to address ethics-related matters, and
- c. Encourage employees to speak up without fear of reprisal.

DPH leadership affirms its commitment to its clients, members, providers, business partners and employees.

- d. **To our clients/patients:** DPH is committed to providing quality health care services in a compassionate, honest, timely, respectful and professional manner, regardless of insurance or immigration status.
- e. **To our employees:** DPH is committed to fully performing its responsibilities to manage its business in a manner that reflects the standards expressed in this Code of Conduct, and which treats employees with fairness, dignity and respect, in an environment that fosters professional growth.
- f. **To our affiliated providers (consultants, contractors and vendors):** DPH is committed to working with its valued affiliated providers in a way that demonstrates our commitment to contractual obligation and reflects our shared concern for quality and efficient health care. DPH treats its affiliated providers fairly and in accordance with appropriate business standards.

## 3. DPH Commitment to Those We Serve

### 3.1. Quality Healthcare

DPH is committed to providing and delivering the highest quality health care in a manner that is safe, medically necessary, patient-centered, and equitable. We treat all patients with compassion, respect, and dignity. DPH is committed to patient safety and avoiding injury to patients from the care that is intended to help them.

We make no distinction based on age, gender, disability, race, color, religion, national origin, marital status, gender identity, or sexual orientation in the availability of services. We recognize and respect the diverse backgrounds and cultures of our patients and ensure our care respects each patient's cultural needs.

### 3.2. Respecting Patient Privacy and Confidentiality

DPH collects and maintains patient medical, financial/billing, social, and family information to provide the best possible quality health care. We recognize the sensitive nature of this information and do not access patient information, internally use patient information, or disclose patient information outside the organization except as necessary to perform our jobs and as allowed by law. We comply with state and federal privacy laws, and assist patients to exercise their privacy rights.

Keeping data confidential, private, and secure is essential to:

- a. Preserving the trust of our members and patients;
- b. Providing quality health care;
- c. Complying with federal and state regulations and DPH policies;
- d. Protecting our reputation.

## 4. DPH Commitment to Employees

### 4.1. Workplace Conduct

Our employees are the key to our long-term success. DPH promotes a work environment that fosters transparency, communication, creativity, teamwork, productivity, and employee engagement. We understand that we thrive when we respect one another.

- a. We are proud of our collegial environment that honors diversity and dignity for all. We listen to and respect the opinions of others, even when our views differ.
- b. When caring for our patients and serving our members and clients, we strive to act with courtesy, in a careful and considerate manner, and with a high degree of professionalism – never forgetting our responsibility for our patients’ and each other’s well-being.

### 4.2. Non-Discrimination

DPH has a diverse workforce, possessing a wide complement of talents and traits, which greatly contributes to our success. DPH complies with all laws, regulations, and policies related to non-discrimination in all personnel actions, including recruitment, hiring, compensation, reductions, reassignments, layoffs, corrective action, discipline, recalls and promotions.

DPH does not discriminate against any individual with a disability with respect to any offer, term or condition of employment, and makes reasonable accommodations to the known physical and mental limitations of qualified individuals with disabilities.

### 4.3. Non-Harassment

Harassment undermines our ability to work together and is contrary to our beliefs in personal dignity and respect for each other. DPH is committed to maintaining an environment that is free of unlawful harassment and intimidation. We do not tolerate harassment of any kind by anyone working in our facilities.

Harassment includes any behavior or conduct that unreasonably interferes with an individual’s work performance or creates an intimidating, hostile or offensive work environment. A few examples of harassment are:

- a. Jokes, insults, threats, and inappropriate comments concerning a person’s race, color, gender, gender identity, age, religions, national origin, ancestry, citizenship, physical or mental disability, veteran status, or sexual orientation.
- b. Unwelcome or inappropriate sexual advances, sexual remarks, display of offensive material, requests for sexual favors, and other unwelcome verbal or physical conduct of a sexual nature.

- c. Verbal or physical conduct that disrupts another's work performance or creates an intimidating or hostile work environment.
- d. Communicating or displaying of offensive material in the workplace

#### **4.4. Bullying in the Workplace**

DPH is committed to maintaining an environment that is free of unlawful intimidation or bullying in the workplace. Bullying involves repeated incidents or a pattern of behavior that is intended to intimidate, offend, degrade or humiliate a particular person or group of people. It can also be described as the assertion of power through aggression. Bullies often use tactics such as blaming for errors, unreasonable work demands, sabotaging someone's work, insults, putdowns, stealing credit, threatening job loss, and discounting accomplishments.

#### **4.5. Workforce Development**

DPH encourages its employees to continue their education and training while they work with us. DPH places a priority on promoting employees internally and supports educational opportunities, including internal training, scholarships, and tuition reimbursements that can advance employees' careers.

The DPH Workforce Development Division in the DPH Human Resources Office of Experience and Culture is engaged in a variety of employee development and training initiatives such as, racial humility and trauma-informed systems, staff mentoring, training and coaching for supervisors and managers, interdepartmental training programs, strategic planning for the future workforce (Lean A3, succession planning). DPH collaborates with learning institutions to offer classes through the City University program; facilitates organizational development projects (e.g., team building, retreats); and develops staff as leaders. These internal programs and events are designed to work together to support diversity and inclusion throughout DPH.

## **5. Records Integrity**

### **5.1. Complete and Accurate Records**

It is DPH's duty to create and maintain records that are accurate, complete, and in compliance with all applicable laws and regulations. DPH prepares and maintains business records and communications that are used to make critical decisions within the department. DPH business records may also be reported outside DPH to regulators, the Health Commission, accrediting bodies, and the public.

DPH staff must never create or change a document for the purposes of misleading anyone, and no relevant information should ever intentionally be left out, hidden, falsified, or covered up.

### **5.2. Record Retention and Destruction**

No DPH employee may destroy organizational records (business, financial, and medical), except as allowed by federal, state, and local laws, and the [DPH Records Management Policy](#). Records include information in any format, including but not limited to paper, electronic, audio, or video.

Documents requested for any government investigation or legal proceeding or documents relevant to any expected government audits, investigation or legal proceeding must not be altered or destroyed in any manner.

### 5.3. Financial Reports and Records

DPH maintains a high standard of accuracy and completeness of all financial records. DPH financial information represents actual business transactions and conforms to generally accepted accounting principles or other applicable rules and regulations.

State and federal laws requires DPH to submit reports of its operating costs and statistics, known as cost reports that define what costs are allowable and outline the appropriate methodologies to claim reimbursement for the cost of services provided to government program beneficiaries. DPH is committed to preparing accurate and timely cost reports.

## 6. Scientific and Clinical Research Conduct and Ethics

### 6.1. Integrity in Research

All members of the DPH community engaged in research are expected to conduct their research with integrity and intellectual honesty at all times and with appropriate regard for human subjects. Responsible research conduct includes maintaining high quality standards, while acknowledging mistakes.

### 6.2. Research Misconduct

DPH is dedicated to the safe conduct of research involving human subjects and to the humane treatment of animals involved in research. We follow the highest ethical standards and comply with all federal and state laws and regulations – and our own policies – governing research, investigations and clinical trials involving human subjects or animals. DPH expects all research at DPH facilities, with DPH patients or clients, or by DPH employees, vendors, associates, or affiliates to be conducted free of any misconduct.

Research misconduct is defined as “fabrication, falsification, or plagiarism, in proposing, performing, or reviewing research, or in reporting research results.”

- a. *Fabrication* is making up data or results and recording or reporting them.
- b. *Falsification* is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.
- c. *Plagiarism* is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit.

Research misconduct does not include honest human error or differences of opinion.

### 6.3. Research Grants/Funds

DPH complies with contractual, grant, and research funding obligations and ensures that research monies are handled responsibly and used appropriately, in strict compliance with all applicable laws and regulations, and DPH policies.

#### 6.4. Research and Intellectual Property

Ideas and intellectual property are assets of DPH and are important to our organizational success. Staff shall exercise reasonable care to ensure these intellectual property rights are carefully maintained and managed to protect their value. Staff shall only share proprietary or confidential information with those who need to know the information to perform the responsibilities of their job. Examples of confidential information include personnel data, financial data, clinical research information, strategic plans, marketing strategies, process, techniques, and any information with a copyright.

Copyrights, Patents and Trademarks: Staff will not copy or otherwise infringe on copyrights, patents and/or trademarks owned by other individuals or organizations. This prohibition includes copying computer software or downloading software onto a computer that is not licensed for the software.

#### 6.5. Use of DPH Name, Logo, and Prestige in Research Publication

The following activities are expressly prohibited by this section:

- a. *Use of City Work Product*: No DPH employee may sell, publish, or otherwise use any non-public materials that were prepared on City time or while using City facilities, property (including without limitation, intellectual property), equipment and/or materials in exchange for anything of value and without appropriate authorization.
- b. *Use of Prestige of the Office*: No DPH employee may use his or her City title or designation in any communication for private gain or advantage.
- c. *Use of City Letterhead, City Title, or E-Mail*: No DPH employee may use City or DPH letterhead, any City or DPH logo, the City title or DPH title, City email or DPH email, or other City or DPH resources, for any communication that may lead the recipient of the communication to believe that the employee is acting in an official capacity when employee is not.

Whether for research or operations, if and when references to DPH participation, data, or subjects are made in publications or presentations to the public, the following disclaimer must be included: "*The views expressed herein do not necessarily reflect the official policies of the City and County of San Francisco; nor does mention of the San Francisco Department of Public Health imply its endorsement.*"

## 7. Environmental and Safety Considerations

### 7.1. Environmental Compliance

DPH implements programs to provide a safe and healthful environment for staff. We make sure that medical waste and hazardous materials are properly handled, transported, and disposed. We follow practices that reduce the spread of infection, including appropriate hand washing, isolation procedures, and personal protective equipment. We minimize the environmental impact by reducing waste, participating in recycling programs, conserving energy and water, and using renewable resources whenever possible.

## 7.2. Workplace Health and Safety

The safety and well-being of our employees is very important. DPH strives to identify and eliminate employee exposures to avoidable hazards and conditions that can lead to injury, illness or accidents. In our continuing commitment to an environment of healing and good health, DPH facilities are smoke-free.

DPH maintains a safe and healthful work environment and to comply with State regulations. Safety is every employee's responsibility. All employees are encouraged to remain alert and to report hazardous conditions and unsafe acts to their supervisor. Supervisors are responsible for providing a safe and healthful work environment and ensuring that employees work safely.

## 7.3. Reporting Hazards and Other Safety Concerns

DPH has established policies to protect its employees, patients, and facility visitors from potential workplace hazards. DPH facilities comply with all government rules and regulations and DPH policies and practices that promote a healthy and safe workplace. Managers and supervisors are responsible for ensuring that all workforce members receive proper training in healthy and safe work practices.

DPH employees must notify their immediate supervisor or safety manager as soon as possible if they know or suspect that an environmental hazard has occurred. Improper disposal of hazardous materials can have negative effects on people and the environment, and could result in DPH facing regulatory and criminal charges and penalties.

# 8. DPH Business Ethics

## 8.1. Business Ethics

DPH is committed to conducting business with the highest standards of business ethics and integrity. All DPH employees, contractors, and consultants must demonstrate integrity in their business practices in order to instill and preserve trust on the part of our patients and business partners. Practices to be followed include:

- a. Honesty in communication with others;
- b. Confidentiality of all patient-related information; and
- c. Compliance with the provisions of the City's Administrative Code with regard to contracting, purchasing, or payment transactions.

## 8.2. Marketing and Advertising

DPH engages in marketing and advertising to educate and provide information to the public, to increase awareness of our services, and to recruit employees. DPH strives to present truthful, fully informative, and non-deceptive information in these materials and announcements. This includes communications in any printed, spoken, or electronic form, for example: interviews, social media, advertisements, or other digital media.

### **8.3. Conflict of Interest**

Our patients and community expect DPH employees to make decisions that are not influenced by personal interests.

A “*conflict of interest*” involves any circumstance where an employee has a personal or financial interest that may improperly influence their performance of DPH duties. All employees are expected to comply with federal, state, and local prohibitions on conflicts of interest, including, but not limited to, contracting, purchasing, and DPH’s relationship with its vendors. Employees must consider and avoid conflicts, as well as the appearance of conflicts of interest. Employees must avoid any activities that are incompatible with their duties, as outlined by the City’s Conflict of Interest Code.

Actual or perceived conflicts of interest arise from many different kinds of relationships. DPH employees must not make any decision when they have a financial or personal interest in the outcome of the decision.

DPH employees must conduct all business with patients, payers, vendors, contractors, customers, and other business associates without accepting offers, gifts, favors, or other improper invitations in exchange for their influence or assistance.

In addition, DPH employees must avoid any external relationships or activities that have the possibility (either in actuality or in appearance) of interfering or competing with the DPH missions of education, research, and clinical care, or the employee’s ability or willingness to perform the full range of responsibilities associated with his or her position.

### **8.4. Consulting or Other Outside Employment**

Consulting arrangements (with or without pay) or other outside employment of any kind requires the written approval of the Human Resources Director or designee. Requests for approval for outside or additional employment beyond the initial approved time period must be resubmitted to the Human Resources Director or designee. Any such outside employment must not interfere with an employee’s City job and must adhere to the requirements specified in the Civil Service Rules.

### **8.5. Nepotism and Favoritism**

Nepotism and cronyism in the workplace are equally harmful. Favoritism in the workplace can breed resentment and destroy employee morale, which can lead to lost productivity. DPH is committed to making employment decisions based on merit, qualifications, and competence.

To avoid a conflict of interest or an appearance of conflict of interest, no DPH employee may initiate or participate in, directly or indirectly, decisions involving a direct benefit, e.g., initial employment or rehire, promotion, salary, performance appraisals, work assignments or other working conditions to those related by blood or marriage, membership in the same household, including domestic partners, or persons with whom employees have an intimate relationship. The potential for conflict of interest may also exist in close personal relationships which involve other than family relationships. DPH views such conflicts of interest as seriously as it does those involving family members or blood relatives.

### 8.6. Gifts, Gratuities, and Honoraria

Both City and County of San Francisco and DPH policies strictly prohibit offering or accepting any gift or gratuity that could be misinterpreted as an attempt to gain an improper business advantage. DPH employees must follow strict guidelines when determining if an offered gift or gratuity may be accepted, and are prohibited from soliciting gifts or gratuities from any individual. DPH employees are encouraged to contact the DPH Office of Compliance and Privacy Affairs (OCPA) or the San Francisco Ethics Commission ([www.sfethics.org](http://www.sfethics.org)) for information on the City's gift rules and prohibitions.

An "honorarium" is any payment made in consideration for any speech given, article published, or attendance at any public or private conference, convention, meeting, social event, meal, or like gathering. DPH employees are generally prohibited from accepting honoraria. DPH employees should consult with the OCPA or the San Francisco Ethics Commission ([www.sfethics.org](http://www.sfethics.org)) before accepting honoraria for presentations about your work at DPH.

### 8.7. Use of Department Resources and Protecting Our Assets

DPH resources and assets include equipment, furniture, supplies, organization funds (including purchasing cards), electronic devices, voicemail and instant messages, email, knowledge, information, buildings, identification cards, time, and social media sites (including DPH Facebook pages and YouTube channels). DPH resources and assets are to be used for DPH business purposes only. They must be handled with care and protected against all forms of misuse, waste, damage, and loss. DPH employees may not use, or allow other persons to use, City or DPH resources or assets for any non-City business purpose.

*Computers and Data Information Systems:* DPH employees with access to computer files and records may not release or disseminate information without authorization. The release or dissemination of such material may be grounds for disciplinary action and termination. Passwords exist for the protection of DPH documents and information. You may not share your password with any unauthorized persons.

DPH employees must not store private, non-work related information on any DPH-issued computer or electronic device. The use of unauthorized programs and copies of commercial software packages is prohibited. Computer programs utilized by the City or DPH may not be duplicated or altered for personal use. DPH employees must not use computers, electronic devices, printers, or information systems for personal business or entertainment.

Computer documents and emails may be automatically saved in the City's archives in order to ensure compliance with applicable state and local laws regarding records retention and public disclosure. DPH employees should not transmit or store any private, non-work related email or documents on City computers. This applies to any and all personal use of City computers and email accounts, even incidental or minimal usage.

### 8.8. Contact with the Media

DPH employees must be authorized to speak with any media outlet or person, including writers, reporters, and photographers about any matter involving or affecting DPH so that we can make certain

that we comply fully with all laws and regulations governing the release of information and to protect our brand image and reputation.

If contacted by media, DPH employees must refer the individual to the Public Information Officer (PIO) assigned to the appropriate program or facility regardless of the situation. The PIO is the first point of contact before arranging any media contact related to DPH or an individual's work at DPH regardless of where the employee is or what is happening. This is true regardless of how insistent the reporter appears or if their deadline is quickly approaching. There is no exception to this policy during an emergency. In fact, it is even more important during an emergency to involve the PIO. Employees are encouraged to refer to the DPH Media Policy for detailed information.

### **8.9. Political Contributions and Activities**

DPH encourages all employees to exercise their civic duty and take part in the political process. However, DPH or City resources cannot be used under any circumstances to contribute to political campaigns or for gifts or payments to any politician or any of their affiliated organizations.

It is unlawful for City employees to use public resources or personnel to engage in political activity relating to elective offices and ballot measures. City employees may not engage in political activities while on duty or in the workplace. Employees may not use City resources, such as photocopier or fax machines, telephones, postage, or email, for political activities. The ban on engaging in political activity while on duty prohibits such activities as circulating petitions, addressing campaign mailers or engaging in any other political activities that use City resources or divert employees from their assigned duties.

For more information, DPH employees should contact the San Francisco Ethics Commission ([www.sfethics.org](http://www.sfethics.org)) or review the City Attorney's opinion ([www.sfcityattorney.org](http://www.sfcityattorney.org)) regarding political activities.

## **9. Workplace Conduct**

### **9.1. Alcoholic Beverages & Drugs in the Workplace**

Alcoholic beverages are not to be consumed at any time in the workplace or while on duty. Employees who are intoxicated while on the job will be immediately removed from the workplace. On occasion, there may be evidence of drinking without intoxication where issues of safety or job performance are involved; in these cases, supervisors may need to temporarily reassign an employee.

The use of illicit drugs or substances and abuse of controlled substances in the workplace is prohibited.

The unlawful or unauthorized manufacture, dispensation, possession, use, sale, or distribution of a controlled substance or alcoholic beverage of any kind in any amount on DPH property, or while in the conduct of DPH business away from any DPH facility or campus is prohibited at all times. Violations of this policy may be grounds for serious disciplinary action up to and including termination of employment and possible criminal charges.

## **9.2. Gambling**

DPH employees are prohibited from engaging in professional or organized gambling activities while on duty or in DPH facilities. Exceptions to the prohibition include office or department sanctioned "pools," raffles, the friendly wager, or a DPH-sponsored event which supports a cause. When in doubt, a supervisor or employee should discuss the particular situation with the DPH Human Resources. Failure to comply with this policy may result in serious discipline.

## **9.3 Respectful Behavior**

Respect is an essential part of DPH culture. When respect is not demonstrated between employees, workplace conflict is created which decreases the ability of staff to deliver high quality service. When disrespect is shown to community members, it undermines the ability for the public to access DPH services. DPH employees engaging in disrespectful behavior may be subject to disciplinary action.

Employees are required to treat co-workers, patients, and members of the public with courtesy and respect, and to maintain collaborative relationships. Employees are prohibited from displaying disrespectful behaviors, such as behaviors that a reasonable person would find offensive, embarrassing, alienating, or humiliating in the workplace, whether deliberately or unintentionally.

Examples of disrespectful behaviors include, but are not limited to:

- a. Derogatory communication, malicious gossip or any language that a reasonable person would find to be degrading, intimidating, coercive or bullying to another individual or group of individuals
- b. Insults, slurs, jokes or any language that implies a negative characteristic
- c. Profanity
- d. Blocking normal movement, offensive gestures, unwelcome touching or shoving
- e. Threats or assault
- f. Slamming or throwing objects
- g. Yelling

Managers are responsible for their own conduct, and for keeping the workplace free of inappropriate conduct by their direct reports. Disrespectful manager conduct would also include unwarranted or malicious employment actions such as denial of training opportunities, employee leaves, removing job functions as a retaliatory measure, or creating a sense of alienation or isolation are unacceptable.

Expressing contrary opinions is not disruptive conduct, nor is expressing concern or constructive criticism of existing policies or procedures, or questioning potentially unacceptable performance or conditions, if it is done in good faith, in an appropriate time, place and manner and with the aim of improving the work environment. It is the responsibility of all employees to demonstrate respect for their colleagues and the community we serve. Failure to do so undermines the mission of the Department of Public Health and will be taken seriously.

## 10. Compliance and Privacy Program

### 10.1. DPH Compliance and Privacy Programs

DPH is dedicated to providing high-quality and affordable health care services in an ethical manner and in compliance with all applicable laws, rules and regulations. This commitment applies at all levels of the organization.

DPH expects that all employees will conduct themselves according to generally accepted standards of conduct and performance. Each individual is responsible for his or her conduct.

The DPH Compliance and Privacy Program was created to ensure that DPH employees conduct business with integrity and in accordance with applicable laws and policies, as well as to provide a safe environment for raising compliance and privacy concerns and questions. The Office of Compliance and Privacy Affairs (OCPA) oversees the program and ensures compliance with the DPH Code of Conduct.

DPH is committed to the privacy and security of health information and other restricted information entrusted to it by our patients, clients, and research participants. Patients rely on us to safeguard their information so they will feel confident sharing the detailed and sensitive information we need to provide the best possible care. Information regarding patients, clients, and research participants is confidential and we only share this information with those who have a legitimate need to know and who are authorized to receive this information. Protecting the privacy of health information is required by law.

#### 10.1.a. Program Structure

DPH has identified the following organizational structure to help achieve the goals of the Compliance and Privacy Program:

- a. A Chief Integrity Officer and Director to oversee the program and develop program policy.
- b. A Deputy Director to manage day-to-day operations and oversee the compliance and privacy activities performed throughout DPH.
- c. Designated Compliance and Privacy Officers to manage the compliance/privacy activities at a facility level.
- d. An Investigations Unit to manage the Hotline, investigate matters brought to its attention, and recommend corrective actions, as needed.

#### 10.1.b. Setting Standards

DPH's Mission, Code of Conduct, and policies and procedures set the tone and requirements for staff and associates. OCPA is responsible for the Code of Conduct contents and enforcing its standards. Acting responsibly and consistent with these requirements is a component of accountability for every DPH staff member and associate. Staff and associates are personally responsible for knowing and following these guidance documents as well as policy and procedure.

### **10.1.c. Training and Communication for Compliance and Privacy Program**

*Training and Education:* DPH requires annual compliance and privacy training for all employees. OCPA reviews the training materials annually and updates them when necessary to reflect changes in regulations and to address specific areas of risk. In addition to changes in regulations and risk, the annual training covers the DPH Code of Conduct and conflicts of interest.

*DPH Training and Education Tools:* DPH incorporates various training methods to assist employees in meeting the annual compliance training requirement. These methods include computer-based training modules and live trainings.

*Lines of Communication:* DPH provides various methods for employees to communicate compliance concerns or to report fraud, with the option of remaining anonymous. The methods are briefly described below.

*Hotline:* OCPA maintains a Hotline so that employees may report concerns regarding non-compliance with federal, state or local laws in a confidential manner. These calls may also be made anonymously. DPH policy and City policy and regulations protects employees who report compliance or privacy concerns from any form of discrimination, harassment, or retaliation within DPH. Posters advertising the Hotline number are displayed throughout DPH. Additionally, OCPA coordinates with the Office of the Controller, Whistleblower Program when complaints are submitted through the Citywide Whistleblower reporting system.

*Formal Communication:* Every year OCPA prepares a calendar to ensure that face-to-face communication occurs with each of the DPH Divisions that bill Medicare, Medi-Cal and other third-party payers. This is generally done through regular meetings with the Executive Staff at the Hospitals, Community Primary Care, and other DPH Divisions. At these meetings, OCPA may review specific investigations or areas of concern, recent developments or new regulations, status of each facility's compliance work plan, and answer questions. Important compliance and privacy related topics are also communicated to all staff through various methods.

*Website:* OCPA also maintains a website which can be accessed at [sf.gov/ocpa](http://sf.gov/ocpa). The website includes the DPH Code of Conduct, and DPH Compliance and Privacy Policies and Procedures.

### **10.1.d. Internal Controls, Audits and Monitoring**

OCPA is responsible for conducting routine monitoring of health care claims practices throughout the DPH and the San Francisco Health Network. The assigned Compliance Officers will determine the specific methodology for pursuing routine monitoring. When routine monitoring demonstrates that an overpayment has occurred, a refund shall be made to the appropriate payer/contractor with reasonable promptness, except in cases where self-disclosure to the Health and Human Services Office of Inspector General (OIG) is warranted. When the magnitude of any overpayment (actual or potential) is significant, or where the facts suggest that the

noncompliance may be widespread, the assigned Compliance Officer shall initiate an expanded review. An expanded review is required when the results of routine monitoring identify high-risk billing errors.

#### **10.1.e. Reporting Potential Errors or Suspected Violations**

Our reputation is everything! DPH is fully committed to ethical and legal conduct that is compliant with all relevant laws and regulations and to correcting wrongdoing wherever it may occur in the organization. Each employee is responsible and expected to report all known or suspected improper activities to their supervisor, onsite Compliance Officer or Privacy Officer, or to OCPA Compliance and Privacy Hotline.

#### **10.1.f. Remedial Actions**

Remedial actions are not disciplinary but are done to correct mistakes, and enhance compliance with the state and federal regulations, and are designed to improve the performance of DPH personnel. The exact nature of and need for remedial action will be identified by supervisors within departments in collaboration with the Compliance Officer and may involve Human Resources and the Chief Integrity Officer. If remedial action is deemed necessary, an affected individual will be notified, informed of the concerns regarding their performance, and made aware, if applicable, of the right to grieve.

Examples of behaviors that could require remedial actions might include the following:

- a. Failure of an individual to understand and carry out required procedures and policies
- b. Inappropriate or improper coding, billing and documentation of services
- c. Malicious or negligent conduct

In accordance with the provisions of applicable personnel policies and collective bargaining agreements, remedial actions may include, among others, the following:

- d. The individual(s) will be required to take part in an education program focused on the problem area.
- e. Future billings may be handled in a designated manner, including a thirty-party review of all bills and the temporary suspension or delay of some or all billing to allow for quality review prior to the distribution of bills to third parties.
- f. The individual may be reassigned or there may be a change of duty until remediation has successfully corrected the errors.
- g. In the case of an over-payment to a provider, there may be an adjustment from the appropriate source in order to refund the pay or pay any fines and penalties.

#### **10.1.g. Corrective and Disciplinary Actions**

*Corrective Action:* When an internal investigation substantiates a reported violation, it is the policy of DPH to initiate a corrective action, including, as appropriate, making prompt restitution of any overpayment amounts, notifying the appropriate governmental agency, instituting whatever disciplinary action is necessary, and implementing systemic changes to prevent a similar violation from recurring in the future.

*Disciplinary Actions:* The precise discipline utilized will depend on the nature, severity, and frequency of the violation and may result in any or all of the following disciplinary actions: oral warning; written warning; written reprimand; suspension; termination; and/or restitution.

#### **10.1.h. Measuring Program Effectiveness**

DPH uses various mechanisms to assess compliance initiatives and effectiveness. These include monitoring external audit findings and citations, complaints and citations for privacy or security concerns, number of Hotline calls made and resolved, frequency and outcome of enforcement activity, and ongoing evaluation of billing and coding issues as well as rejections. DPH also measures effectiveness by review of external audit findings and management's timely corrective response by specific area. Organizational compliance effectiveness is everyone's responsibility and is rooted in the Code of Conduct.

## **11. Healthcare Fraud, Waste, and Abuse**

### **11.1. Healthcare Fraud, Waste and Abuse**

The State and Federal False Claims Acts and the Federal Deficit Reduction Act protect government programs such as Medicare, Medicaid, and other publicly-funded programs from fraud, waste and abuse. Healthcare fraud, waste, and abuse are defined as following:

- a. *Healthcare Fraud:* Knowingly and willfully executing, or attempting to execute a scheme or artifice to defraud any health care benefit program or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program. Fraud may include, but is not limited to, inappropriate personal use of DPH resources, theft of DPH equipment or goods, or the falsification of records.
- b. *Healthcare Waste:* Overutilization of services, careless, or needless expenditure of DPH or state/federal funds or other practices that, directly or indirectly, result in unnecessary costs to the health care system. It is not generally considered to be caused by criminally negligent actions, but by the misuse of resources, poor decisions, and practices.
- c. *Healthcare Abuse:* Actions that may, directly or indirectly, result in unnecessary costs to the Medicare or Medicaid program or the improper payment for services that fail to meet professionally recognized standards of care or that are medically unnecessary.

DPH views any act of healthcare fraud, waste, or abuse to be extremely serious and will take disciplinary action against those who knowingly and willfully engage in fraudulent activities. Any questions regarding what constitutes as fraud, waste, abuse, or the possibility of fraud, waste, or abuse should be directed immediately to the OCPA.

### **11.2. Anti-Kickback Law**

The Medicare and Medicaid Anti-Kickback Statute prohibits individuals and organizations from knowingly or willfully offering or paying, directly or indirectly, any form of compensation in return for, or to induce, the referral of any patient or business that is covered by Medicare, Medi-Cal or any other state or federal health care financing program. The law also prohibits purchasing, leasing, or ordering,

or arranging for or recommending purchasing, leasing, or ordering any good, facility, service, or items for which remuneration is received. Such an act constitutes a felony and may result in fines of not more than \$25,000 or imprisonment for not more than five years, or both (42 U.S.C. 1320a-7(b)).

#### **11.2.a. Physician Self-Referral or Stark Law**

All of our business practices with physicians and other providers are conducted in conformity with the Federal Stark Law. The “Stark” law, also known as the “self-referral law,” prohibits a physician from referring Medicare or Medi-Cal patients for certain “designated health services,” or ordering these services for Medicare/Medi-Cal patients, from a provider where the physician has a compensation or ownership arrangement with that provider.

## **12. Duties of Staff**

### **12.1. Government Requests and Investigations**

Federal and state agencies may make unannounced visits to our facilities to conduct inspections. DPH employees shall not make false or misleading statements to any government investigator.

Employees shall promptly contact a supervisor, manager, or the OCPA for assistance on how to properly respond to any inquiry, phone call, visit, subpoena, or other legal document from any governmental agency regarding DPH business.

### **12.2. Professional License and Certification Requirements**

DPH staff, contract employees, individuals retained as independent contractors, and privileged practitioners in positions which require professional licenses, certifications, or other credentials are responsible for maintaining the current status of their credentials and shall comply at all times with federal and state requirements applicable to their respective disciplines. To assure compliance, DPH may require evidence of a current license or credential status. Each program or facility must have appropriate processes and procedures to assure documentation of compliance with each position description requirement.

### **12.3. Excluded or Debarred Individuals and Entities**

The U.S. Department of Health and Human Services, Office of Inspector General (OIG) maintains lists of individuals and organizations that have been excluded from participating in government health care programs. An excluded person can be an individual, contractor, or entity who has been identified by the Federal or State government as committing an act that excludes the individual/entity from participating in Federal or State health care programs. The exclusion applies regardless of who submits the claims and applies to all administrative and management services furnished by the excluded person.

DPH will not knowingly employ, contract with, or purchase goods from individuals or entities that are excluded or suspended from participation in State or Federal health care programs by the State Medi-Cal Program or the Office of Inspector General or that appear on the United States General Services Administration exclusion list. DPH screens these lists prior to a job candidate becoming an employee of DPH and monthly thereafter.

If you become aware by any means that you have been included on any of these government exclusion lists, you must provide written disclosure to OCPA as soon as you become aware. Any existing or proposed employment, contract, or other association with any individual or entity on these lists will be handled on a case-by-case basis in accordance with the law and DPH policies.

#### **12.4. Standards of Personal and Professional Conduct**

All DPH employees, whether regular full-time or part-time or casual (hourly) employees are expected to meet a standard of conduct which is appropriate to the brand and reputation of DPH. Employees while on DPH premises, or representing DPH elsewhere as part of their work, are expected to demonstrate respect for the law and for the rights of others.

DPH expects all employees to treat co-workers and members of the public with courtesy and respect. DPH employees and managers are responsible for maintaining a safe and productive workplace which is free from inappropriate workplace behavior.

#### **12.5. Trauma Informed Systems & Cultural Humility**

DPH has implemented Trauma Informed Systems to combat the effects of systemic trauma and promote an organizational change towards a more open and adaptive environment. Cultural Humility is a process of self-reflection and discovery in order to build honest and trustworthy relationships with our patients and colleagues. We come from diverse social and cultural groups that may experience and react to trauma differently. When we are open to understanding these differences and responding to them sensitively, we make each other feel understood and enhance wellness (Tervalon & Murray-Garcia, 1998). DPH expects all employees to commit to integrating trauma informed principles into their work life.

#### **12.6. Compliance with DPH Policies and Procedures and Applicable Laws**

The Code of Conduct does not address every situation or issue that could arise in your work. This Code of Conduct provides general direction on a broad range of issues; however, laws and regulations may exist that have specific requirements for your particular job. Additionally, DPH has adopted policies and procedures that apply to your job and how you conduct yourself at work. In addition, DPH facilities may have their own policies that need to be followed. It is your responsibility for knowing which DPH and facility-specific policies and apply to you and your job. Violation of this Code of Conduct could result in disciplinary action, up to and including termination of employment and possible civil or criminal charges.

#### **12.7. Duty to Report**

To maintain the highest standards of business integrity, each DPH employees has a duty to report potential or perceived conflicts of interest involving suspected violations of applicable laws, regulations, government contracts and grant requirements covered under the DPH Code of Conduct. Anyone may report violations directly or anonymously to the OCPA at 1-855-729-6040 (toll-free) or by emailing [compliance.privacy@sfdph.org](mailto:compliance.privacy@sfdph.org). It is against DPH policy, and in many cases illegal, to retaliate against a person who reports any wrongdoing.

## 12.8. DPH-OCPA Hotline

DPH respects and protects our patients' privacy and is fully committed to complying with local, state and federal compliance laws and regulations. DPH not only expects, but depends on you to share in this responsibility through the reporting of concerns which involve possible noncompliance with policy or unethical behavior. The goal of the Hotline is to provide a confidential means for reporting all instances of suspected or observed potentially illegal activity or the following compliance and privacy violations:

- Privacy breaches
- Non-compliance with billing, coding, and documentation regulations
- Issues regarding Code of Conduct or Compliance with DPH Policies
- Possible Fraud, Abuse and Waste
- Conflicts of Interest and Misuse of DPH and/or City resources
- Research Misconduct
- Workplace Misconduct
- Retaliation

## 12.9. Non-Retaliation

DPH employees are expected to report all known or suspected improper activities, perceived misconduct, including actual or potential violations of laws, regulations, policies, procedures, or this organization's Code of Conduct.

DPH has a strict non-retaliation policy. No adverse actions will be taken against someone for making a report in good faith or for cooperating with an OCPA investigation in good faith. The non-retaliation policy ensures that no one is penalized for reporting what is honestly believed to be a compliance problem.

If a DPH employee purposely falsifies or misrepresents a report or makes false statements during an investigation, that person will not be protected under the non-retaliation policy. False accusations or statements made in a report or during an investigation, including those made with the intent of harming or retaliating against another person, may result in disciplinary action, up to and including termination.

Although we have a policy that does not permit retaliation for reporting or cooperating in good faith, it is important to understand that no policy can protect you from applicable consequences if you have broken the law or violated our policies. Breaking the law or violating our policies may result in disciplinary action, up to and including termination, as well as possible state and federal actions and penalties.

Revised as of March 19, 2025

**13. Acknowledgement of the Code of Conduct**

My electronic signature and/or my hand-written signature on this Code acknowledges that I have read and understand the standards that are included in this Code. I agree to comply fully with these standards. I understand that violations of the principles embodied in this Code may result in disciplinary action, up to and including discharge.

Name: \_\_\_\_\_

Class # & Job Title: \_\_\_\_\_

Division: \_\_\_\_\_

Signature & Date: \_\_\_\_\_