



In accordance with Tampa General Hospital policy (HR-38), and current Joint Commission guidelines, individuals requesting authorization to perform any functions related to patient care at TGH are required to complete an authorization application with the following supporting documentation, and must comply with the Tampa General Hospital Code of Conduct. This authorization gives Tampa General Hospital the authority to obtain certain information about you and/or release certain information to your employer upon its/their request.

Documentation that must be submitted with this packet includes:

- Completed application and acknowledgement forms
- Confidentiality and Security Agreement
- Resume/CV
- Copy of valid Driver's License
- Copy of valid license and/or certification (if applicable)
- Proof of health/drug screen (set up upon receiving application)
- Proof of Human Subjects Education (for research)
- Proof of TGH online hospital orientation (set up upon receiving application)
- Proof of Liability Insurance (Licensed personnel only)
- Reference letters (3 of them)
- Supervising Physician/TGH Supervisor Statement
- Background Release completed through Accurate (email invitation will be sent to the email address on application)
- Please turn in completed application as it will not start being processed until all forms are included. Email application to [nonemployeeaccess@tgh.org](mailto:nonemployeeaccess@tgh.org).

Please note that completed forms must be emailed to [nonemployeeaccess@tgh.org](mailto:nonemployeeaccess@tgh.org). The authorization process includes a review of these forms, a background check and drug screening.

Final authorization approval will be granted by the People and Talent Authorization Committee (HRAC) for non-nursing personnel, and by the Professional Nursing Credentialing and Authorizing Committee (PNCAC) for nursing personnel. Approval is conditional upon satisfactory completion of the authorization process. A TGH badge will be issued upon receipt and approval of all documentation. Badges must be worn at all times while on hospital premises.



## APPLICATION FOR NON-EMPLOYEE AUTHORIZATION

To assure compliance with current Joint Commission guidelines, please complete all of the information below, and return this application to Human Resources for processing and approval.

### **PERSONAL INFORMATION**

Prefix (Mr./Mrs./Dr.): \_\_\_\_\_

Name: \_\_\_\_\_  
(First) (MI) (Last)

Suffix (Jr./Sr./IV): \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

City of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Primary E-Mail Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_



**PROFESSIONAL INFORMATION**

Affiliation: \_\_\_\_\_

(Name of employer or group. Include department name, if applicable.)

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work phone: \_\_\_\_\_

Current Title: \_\_\_\_\_

Length of time in current position: \_\_\_\_\_

Please indicate your credentials:

☐ RN ☐ AS/AA

☐ BSN ☐ CCRC

☐ other (please specify): \_\_\_\_\_

Please list the Supervising Licensed Independent Practitioner (LIP)/TGH

Department Director that you intend to work under:

\_\_\_\_\_

Please indicate the types of duties that you expect to be involved in:

☐ Chart Review ☐ Clinical Research

☐ Observational ☐ Rounding

☐ Other (please specify):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



I understand that my involvement with patient care at TGH is a privilege that is to be conducted under the ethical principles of respect for all persons, beneficence, and justice. I am committed to protecting the privacy of patient health information and abiding by the TGH Code of Conduct during any patient care duties that I am responsible for, and I am committed to minimizing risk for any patients that I care for. I am also authorizing TGH to conduct a background screening which includes a criminal background check and drug screening.

Furthermore, I understand, agree and consent that the results of such criminal background check, and/or positive drug screen may be released to my Supervising Licensed Independent Practitioner (i.e., my employer), and/or TGH Department Director and TGH's Human Resources personnel who need to know with or without my knowledge at the time and/or separate prior consent. This signed consent is sufficient and constitutes my full consent and authority allowing Tampa General Hospital the right to provide the results of any background screening and/or drug test to the individuals identified herein including my direct employer if a request by that employer is made. In accordance with the Tampa General Hospital Drug Free Workplace Policy (#HR-80), I further understand that all prospective employees, travel nurses, employees and other designated persons will be required to submit to a urine drug screen prior to starting work. Persons with a positive pre-placement drug screen, as determined by the Medical Review Officer, will be ineligible to reapply for one year from the date of the positive drug screen.

I also understand that as a Research Associate or Research RN, I will be required to provide proof of four (4) research education courses annually to the TGH Office of Clinical Research.

I have read and understand all of the statements outlined above.

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Name (please print)

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Applicant Signature

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Date

# A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the [complete text of the FCRA](#), 15 U.S.C. §§1681-1681u. The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

**FOR QUESTIONS OR CONCERNS REGARDING PLEASE CONTACT**

CRAAs, creditors and others not listed below

National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)

Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)

Federal credit unions (words "Federal Credit Union" appear in institution's name)

State-chartered banks that are not members of the Federal Reserve System

Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission

Activities subject to the Packers and Stockyards Act, 1921

Federal Trade Commission

Consumer Response Center- FCRA

Washington, DC 20580 \* 202-326-3761

Office of the Comptroller of the Currency

Compliance Management, Mail Stop 6-6

Washington, DC 20219 \* 800-613-6743

Federal Reserve Board

Division of Consumer & Community Affairs

Washington, DC 20551 \* 202-452-3693

Office of Thrift Supervision

Consumer Programs

Washington D.C. 20552\* 800- 842-6929

National Credit Union Administration

1775 Duke Street

Alexandria, VA 22314 \* 703-518-6360

Federal Deposit Insurance Corporation

Division of Compliance & Consumer Affairs

Washington, DC 20429 \* 800-934-FDIC

Department of Transportation

Office of Financial Management

Washington, DC 20590 \* 202-366-1306

Department of Agriculture

Office of Deputy Administrator-GIPSA

Washington, DC 20250 \* 202-720-7051



## HIPAA Acknowledgement

To assure compliance with HIPAA Federal regulations regarding patient privacy, in addition to the HIPAA educational booklet provided to staff upon hire, TGH has in place several policies to hold our healthcare providers accountable for maintaining respect for patient privacy. As a reminder to you, these policies include:

- Policy RI-46 Photography/ Videography/Audio Recordings: “Under no circumstances are other patients or staff to be photographed without (*written*) consent.” Pictures may only be taken **FOR EDUCATIONAL** purposes by those who are approved to utilize for case reviews, and again with written consent. This includes the taking of any picture or x-ray, even if it has no patient identifier and/or face included.
- TGH Code of Conduct Standard 3.1 - Patient Relationship/Protection: “Protection of the well-being and privacy of patients is expected at all times. Neglect and/or mistreatment of patients, patients’ reputations, or unauthorized removal or disclosure of patient records, whether verbal, written or electronically transmitted, are prohibited.” Any posting on a social networking site (i.e. *Facebook* or *MySpace*, etc.) regarding patient encounters are prohibited. Additionally, you are prohibited from accessing any patient chart (either electronic or physical chart or components of the medical record) unless you are specifically involved with that patient’s care, required audit, or have management responsibility for that patient.

It is the expectation that all staff will monitor compliance with these policies, and intervene when someone is not in compliance. Maintaining patient privacy is everyone’s responsibility. Violation of patient privacy will result in disciplinary action, up to and including termination.

I have read and understand my responsibilities regarding the Health Insurance Portability and Accountability Act (HIPAA), and also acknowledge that I have received training in HIPAA provisions related to my position at Tampa General Hospital during my orientation process.

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Print Name

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Signature

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Date

# Drug-Free Workplace Statement

## 1. Drug-Free Workplace Policy

All employees, contract/agency staff, prospective job applicants and other healthcare workers are responsible for reading and understanding the organization's "Drug-Free Workplace Policy". The Drug-Free Workplace policy is available for all employees on the Employee Portal. A copy of the policy may be requested from Employee Health Services at no charge.

The policy states, in part: The organization is committed to an environment free from the effects of alcohol and/or the uses of drugs. We have a zero tolerance philosophy regarding the unlawful manufacture, distribution, dispensation, possession, or use of illegal drugs and alcohol in the workplace. A healthcare worker who abuses drugs/alcohol creates a grave risk of serious danger to the safety, security, and health of not only himself, but innocent coworkers, patients, and members of the public. The organization will take all reasonable steps to ensure that drug or alcohol abuse does not occur in the workplace or while performing work for the hospital.

Drug-Free Workplace policy prohibits:

1. Manufacturing, distributing, dispensing, selling, possessing, or using alcohol or illegal drugs while at work on the organization's property, in designated parking areas, in hospital vehicles, or while off the premises performing work for the hospital.
2. Reporting for work or performing work under the influence of alcohol or illegal drugs.
3. Reporting for work under the influence of prescription or over-the-counter drugs that impair the employee's ability to satisfactorily perform his/her job duties.
4. Diversion of controlled and/or other drugs for personal use or illegal purposes to include, illegal removal of drugs for personal use via means such as medication dispensing systems; taking controlled drug waste; writing illegal prescriptions/orders; taking drugs from inventory or removing drugs from disposal containers.
5. Non-compliance with company/departmental policies and procedures on administration, documentation, waste, storage or handling of controlled and/or other drugs.

## 2. Drug and Alcohol Testing

- **Preplacement Testing:** All prospective employees and designated contract/agency healthcare workers will be required to submit to a urine drug screen prior to starting work as a condition of employment. Persons with a positive preplacement drug screen, as determined by the Medical Review Officer, will be ineligible for hire and cannot reapply for one year from the date of the positive drug screen.
- **Reasonable Suspicion Testing:** The organization will require drug and/or alcohol testing based on "reasonable suspicion" which is a belief based on objective facts, observations or reliable information that an employee/healthcare worker is using, diverting, in possession of, or impaired by illegal drugs, controlled drugs and/or alcohol while at work.
- **Follow-up Testing:** Employees/healthcare workers in recovery and/or under contractual agreement with the organization will be periodically tested for drugs and/or alcohol as a condition of employment as specified in the organization's Work Agreement.

## 3. Drug and Alcohol Testing Methods

All required drug and alcohol testing will conform to federal and state guidelines. All positive drug and alcohol test results will be reviewed and interpreted by a certified Medical Review Officer (licensed physician) who will make the final determination for positive or negative results. Employees and applicants will be given 72 hours from the time of the Medical Review Officer notification to request a retest of the original positive specimen. Requests must be directed to the Medical Review Officer and will be at the employee/healthcare worker's expense.

## 4. Conviction under Criminal Drug Statute



- Any employee who is arrested for a drug or alcohol offense, including DUI, while employed in the organization must notify his/her manager or Human Resources within 48 hours of the arrest. Failure to do so is considered falsification and may result in disciplinary action up to and including discharge.
- Licensed employees are required to report all drug and alcohol related convictions, including DUI, to the Florida Department of Health. The Florida Board of Nursing requires notification within 30 days of a drug or alcohol related conviction, including a DUI.
- Failure to notify the hospital of a criminal drug statute arrest or conviction, including a DUI, may be grounds for disciplinary action, up to and including discharge.
- Employees convicted of a criminal drug statute violation, including a DUI, regardless of a violation of this policy, will have his/her case reviewed by the organization to determine if the employee will be permitted to return to work. The employee may be required to have a substance abuse assessment completed through an approved treatment provider and, if recommended, participate in a rehabilitation program and or IPN/PRN as a condition of continued employment.

## 5. Refusal to Submit to Drug and/or Alcohol Testing

An employee, applicant or healthcare worker who refuses to submit to a drug and/or alcohol test as required, or does not complete the drug/alcohol testing in the required time frame, or attempts to adulterate or tamper with the specimen sample, will be immediately discharged from employment or denied eligibility for employment.

## 6. Disciplinary Action

Any employee, applicant or healthcare worker who violates any aspect of the organization's Drug-Free Workplace policy will be subject to disciplinary action, up to and including discharge from employment. Violation of this policy may also result in notification to law enforcement agencies, the Florida Department of Health, the Intervention Project for Nurses, Professionals Resource Network, and any other agency required to be notified under state and federal laws. Criminal prosecution may be pursued at the discretion of the organization.

## 7. Confidentiality

Results of the drug/alcohol tests will be released to Employee Health Services and Human Resources and will be kept confidential except on a need to know basis by administrative staff, or as required to be reported by law.

*I have carefully read the above information on the organization's Drug-Free Workplace program and drug testing policy. I have also been given the opportunity to read the organization's Drug-Free Workplace policy in its entirety. I understand that compliance with this policy is a condition of my employment and continued employment.*

*I hereby certify that I am not a current user of illegal drugs. I also understand that I am prohibited from being under the influence of a prescribed drug (i.e. narcotic/controlled substance) that may impair my ability to perform my job.*

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Employee/Healthcare Worker Signature

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Last four of social security number

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Print Name

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Date

## Core Values Acknowledgment Form

### We Put Our Patients First in All We Do.

#### INTEGRITY

Doing the Right Thing Because It's the Right Thing to Do

We build trust and reduce fear through ethical, honest and transparent interactions.

- I protect the privacy of patients and all other confidential information.
- I report concerns and errors in a timely manner.
- I listen first so that I can provide timely, open, and honest communication.
- I apologize when things go wrong without making excuses or blaming others.
- I do what I say I will do.

#### COMPASSION

Treating All with Dignity and Respect

We show genuine kindness to those we serve and to each other.

- I provide a warm, culturally appropriate welcome to everyone.
- I explain all aspects of an encounter, including length of time, delays, and timely updates.
- I anticipate the needs of others and meet those needs.
- I show empathy for other by recognizing their current situation, identifying needs, and responding with care and compassion.
- I recognize suffering and actively take steps to provide comfort.

#### ACCOUNTABILITY

Taking Responsibility for the People and Resources Entrusted to our Care

We serve the community by providing exceptional care in a responsible manner.

- I contribute to a welcoming environment by refraining from the use or display of personal property in public locations.
- I value diversity and treat all with dignity, courtesy, and respect.
- I take ownership for the outcomes resulting from my choices, behaviors, and actions.
- I take pride in our facilities by keeping them neat and clean.
- I use all supplies, equipment, and facilities in a safe and efficient manner.

#### EXCELLENCE

Striving to Produce the Best Outcomes

We strive to produce high quality results in a professional manner using evidence-based practices.

- I keep patients safe through proper hand hygiene and adherence to all patient safety practices.
- I maintain a safe, quiet, and clean environment.
- I represent the organization, coworkers, and patients in a positive way.
- I complete my work in an accurate, timely manner.
- I follow all dress code and appearance policies.

I have been presented with, reviewed and understand Tampa General Hospital's values, standards and the service behaviors I am expected to have and to demonstrate.

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Employee signature

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Printed name

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Date



## CODE OF CONDUCT

### ACKNOWLEDGEMENT FORM

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As an employee of the organization, I understand that the organization is committed to providing a compassionate and caring environment to those who come to us for health care. I agree to this commitment without reservation. All information regarding patients that I learn from working in the organization will be kept in strict confidence by me and shared with only those who need to know. I further understand that due to the nature of services provided, an exceptional record of attendance, promptness, and dependability is required of all healthcare partners.

I agree to comply to and be bound by all policies and procedures of the organization I understand that I have been hired at the will of the employer and that my employment/partnership may be terminated at will, at any time, with or without cause, except if specifically prohibited by law. I may terminate my employment/partnership at any time by providing sufficient notice.

I, the undersigned, have received the **Code of Conduct Policy**. I agree to read, review, and comply with the **Organization's Code of Conduct**. I have been notified that any questions that I may have will be answered by my manager.

I understand that if I have questions regarding my status as a healthcare partner, I may speak to my immediate supervisor, my supervisor's supervisor, or my employee relations' specialist in People and Talent.

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Signature

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Date

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Print Name

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Last Four of Social Security Number

## Security and Confidentiality Agreement

TGH\* has a legal responsibility to safeguard the confidentiality and security of our patients' protected health information (PHI) as well as operational, proprietary, and employee information. This information may include, but is not limited to, patient health records, human resources, payroll, fiscal, research, and strategic planning and may exist in any form, including electronic, video, spoken, or written. This agreement applies to all members of the workforce, including but not limited to employees, volunteers, students, physicians, and third parties, whether temporary or permanent, paid or not paid, visiting, or designated as associates, who are employed by, contracted to, or under the direct control of TGH. This agreement also applies to users of TGH information systems, and the information contained therein, whether the user is affiliated with TGH or not, and whether access to or use of information systems occurs locally or from remote locations. I hereby agree as follows:

- I acknowledge that TGH has formally stated in policy its commitment to preserving the confidentiality and security of health information in any format. I understand that I am required, if I have access to such health information, to maintain its confidentiality and security.
- I understand that access to health information created, received, or maintained by TGH or its affiliates is limited to those who have a valid business, medical, or professional need to know the information. I understand that TGH has implemented administrative, technical, and physical safeguards to protect the confidentiality and security of PHI, and I agree not to bypass or disable these safeguards.
- I understand that I will be given a unique User ID and password to access electronic health, operational, proprietary, employee or other confidential information. I understand that my User ID and password are confidential, that I am responsible for safekeeping my password, that I am also responsible for any activity initiated by my User ID and password, and that in certain circumstances my User ID and password may be equivalent to my legal signature. If I suspect that my User ID or password has been compromised, I should immediately contact TGH Information Technology (IT).
- I have no expectation of privacy when using TGH's information systems. TGH shall have the right to record, audit, log, and/or monitor access to or use of its information systems that is attributed to my User ID. I agree to practice good workstation security measures on any computing device that uses or accesses a TGH information system. Good security measures include, but are not limited to, maintaining physical security of electronic devices, never leaving a device unattended while in use, and adequately shielding the screen from unauthorized viewing by others.
- I understand that only encrypted and password protected devices may be used to transport PH I or other Restricted Data.
- I understand that smartphones and other mobile devices used to access TGH information systems must be configured to encrypt any Restricted or Sensitive Data, including photographs and videos, in persistent storage. I understand that I may access and/or use TGH confidential or Restricted Data only as necessary to perform my job-related duties and that I may disclose (i.e., share) confidential or Restricted Data only to authorized individuals with a need to know that information in connection with the performance of their job functions or professional duties.
  1. **Restricted Data:** Data in any format collected, developed, maintained, or managed by or on behalf of TGH, or within the scope of TGH's activities, that are subject to specific protections under federal or state law or regulations or under applicable contracts (e.g., medical records, Social Security numbers, credit card numbers, Florida driver licenses, and export controlled data).
  2. **Sensitive Data:** Data whose loss or unauthorized disclosure would impair the functions of TGH, cause significant financial or reputational loss, or lead to likely legal liability (e.g., financial information, salary information, hospital policies, research work in progress, and copyrighted or trademarked material).

- I understand that upon termination of my employment / affiliation / association with TGH, I will immediately return or destroy, as appropriate, any confidential or Restricted Data in my possession. I understand that my confidentiality obligations under this Agreement will continue after the termination of this Agreement and after termination of my employment or affiliation with TGH.
- I agree to immediately report any known or suspected violation of the confidentiality or security of PHI of patients of TGH to either TGH IT or to the TGH Privacy Office.
- I understand that violations of this Agreement may result in revocation of my user privileges and/or disciplinary action, up to and including termination, and that TGH may seek any civil or criminal recourse and/or equitable relief.

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\_\_\_\_\_ By signing or by entering my name and other identifying information on this Agreement, I acknowledge that I have read this Agreement and agree to comply with all the terms and conditions stated above.

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Print Name	Entity or Department	
Signature	Date	Badge# or ID#
Email		

\*For purposes of this agreement, TGH includes the Florida Health Sciences Center, Inc.'s Board of Directors, Florida Health Sciences Center, Inc., Iminary Healthcare Staffing and The Surgery Center at TGH Brandon HealthPlex



**Supervising Licensed Independent Practitioner (LIP)/  
TGH Supervisor Non-Employee Authorization Statement**

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

Applicant Credentials (if any): \_\_\_\_\_

Name of Supervising (LIP) or TGH Supervisor: \_\_\_\_\_

Credentials of (LIP) or TGH Supervisor: \_\_\_\_\_

Directions: Please provide a statement detailing the duties that the above listed applicant will be performing under your direction at TGH:

\_\_\_ Chart Review                      \_\_\_ Clinical Research

\_\_\_ Observational                      \_\_\_ other (specify below)

\_\_\_ Rounding

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For RESEARCH ONLY, please check all that apply:

- \_\_\_ Screening for potential research subjects.
- \_\_\_ Obtaining informed consent/HIP AA authorization from subjects or their families.
- \_\_\_ Obtaining data from subjects' medical records (access to Epic).
- \_\_\_ Monitoring study subjects throughout study duration (including during TGH hospitalization).
- \_\_\_ Scheduling tests and/or procedures per the approved protocol.
- \_\_\_ Ordering labs and/or procedures per the approved protocol.
- \_\_\_ Obtaining labs and performing other necessary tests/procedures per the approved protocol.
- \_\_\_ Define tests/procedures: \_\_\_\_\_
- \_\_\_ Liaison for residents/physicians regarding research process and required patient care specific to research study.
- \_\_\_ Providing inservices to TOH staff on study material.
- \_\_\_ Preparing, maintaining, and submitting regulatory paperwork for TOH and IRB review.
- \_\_\_ Preparing, maintaining, and submitting TOH enrollment and billing forms to ensure proper notification and billing of tests/procedures related to the research study.

- ☐ Monitoring of study subjects for adverse events.
- ☐ Transportation of study drug or device from pharmacy or office to subject.
- ☐ Administration of study medications per the approved protocol, and within the scope of their License and competency/training.
- ☐ Assist the PI with placement of a device such as an HUD/HDE, IDE, etc. (licensed personnel only).
- ☐ Other: \_\_\_\_\_

Approval:

☐ Recommended      ☐ Not Recommended

☐ Recommended with the following stipulations:

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Reviewed by (please print): \_\_\_\_\_  
Supervising Physician/TOH Supervisor name

Signature: \_\_\_\_\_  
Supervising Physician/TOH Supervisor (Required)

Date: \_\_\_\_\_

Contact Number of Supervising Physician/TGH Supervisor Providing Statement: (Required)

\_\_\_\_\_ Email address (Required): \_\_\_\_\_



**ALLIED HEALTH PROFESSIONAL (AHP)  
Confidential Professional Reference**

Name of Applicant: \_\_\_\_\_ *When complete, please seal in provided envelope and return to the requesting AHP.*

The professional identified above has applied for permission to provide patient care services, as an Allied Health Professional at Tampa General Hospital, as a non-employee.

The professional identified above has applied for permission to provide patient care services, as an Allied Health Professional at Tampa General Hospital, as a non-employee.

How long have you known the applicant? \_\_\_\_\_

My knowledge of the applicant's professional competence is based on:

- \_\_\_\_\_ Personal knowledge from close working relationship
- \_\_\_\_\_ As a teacher
- \_\_\_\_\_ Long-time observation
- \_\_\_\_\_ Short-time observation
- \_\_\_\_\_ Other (describe) \_\_\_\_\_

Please describe your knowledge of the applicant's professional competence. This should be based on demonstrated competence compared to that reasonably expected a peer professional with similar level of training, experiences and background.

Understanding his/her field	Favorable	Unfavorable	Unknown
Common sense in his/her field			
Dedication			
Humaneness and compassion to patients			
Availability to patients			
Professional judgment			
Technical skills			
Citizenship			
Relationship to others			
Current clinical competence			
Sense of responsibility			



Please check one of the below:

\_\_\_\_\_ Recommend without reservations

\_\_\_\_\_ Recommend with the following exceptions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Do not recommend

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of person completing this form \*

\_\_\_\_\_  
Print name and title/ credentials

\_\_\_\_\_  
Telephone

\*Please return this form to Applicant directly.



## Tampa General Hospital POLICY & PROCEDURE

☒ Organizational ☐ Hospital ☐ Ambulatory Services ☐ Departmental

**Title:** Code of Conduct

**Original Issue Date:** 8/1998

**Number:** HR-070

**Page:** 1 of 10

**Review Date:**

**Revision Date:** 6/2021

**Originating Department:** Human Resources

**Approved by:** Qualenta Kivett

### HR Code of Conduct

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### PURPOSE/POLICY

This Code of Conduct, which reflects our tradition of caring, provides guidance to ensure our work is done in an ethical and legal manner. It emphasizes the shared common values and culture that guide our actions. It also contains resources to help resolve any questions about appropriate conduct in the workplace. Your adherence to its spirit, as well as its specific provisions, is critical to our future.

TGH has a rich heritage of values and traditions, which are reflected in our Vision and Mission Statements and in this Code of Conduct. We are equally committed to ensuring that our actions consistently reflect our words. In this spirit, we expect all of our healthcare partners' actions to reflect the high standards set forth in this Code of Conduct.

Definitions:

TGH healthcare partner: For the purpose of this policy, a healthcare partner is defined as a team member, volunteer, or member of the medical staff who holds a medical staff office, or who serves on any medical staff or TGH committee, or who is compensated for services by TGH.

Key leaders: For the purpose of this policy, a key leader includes senior management, department directors, and other managers who are identified as members of the Leadership Group.

This Code of Conduct contains principles articulating the policy of TGH and standards, which are intended to provide additional guidance to our healthcare partners. These standards are neither exclusive nor complete. All healthcare partners are responsible for ensuring their behavior and activity is consistent with this Code of Conduct while on hospital premises or conducting TGH business off site.

Additionally, residents, students, contractors, vendors, and other individuals or entities, who may have a business relationship with TGH, are expected to adhere to the principals espoused in this policy.

Violations of any of the following minimum expectations of behavior by TGH partners may lead to disciplinary actions, up to and including termination of employment or relationship with TGH. In the case of residents, students, contractors, vendors, and other non-team members, the affiliation or relationship with TGH may be terminated.

### TGH MISSION

We heal. We teach. We innovate. Care for everyone. Every day.

### TGH VISION

TGH will be the safest and most innovative academic health system in America.

### PRINCIPLES AND STANDARDS

#### Principle 1 – Leadership Responsibilities

While TGH healthcare partners are obligated to follow the TGH Code of Conduct, we expect our leaders to set the example and to be a model in every respect.

TGH leaders must ensure that those on their team have sufficient information to comply with law, regulation, and policy, as well as the resources to resolve ethical dilemmas. They must help to create a culture within TGH that promotes the highest standards of ethics and compliance. This culture must encourage everyone in the organization to raise concerns when ethical issues arise. We must never sacrifice ethical and compliant behavior in the pursuit of business objectives.

#### Guidelines

The conduct of any healthcare partner that interferes with the effective operation of TGH's business is prohibited. The behavior standards listed below and others, which may be established from time-to-time, are not all-inclusive. Rather, they are published to provide a general understanding of what TGH considers to be the minimum acceptable levels of behavior or

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conduct. The behavior standards are merely examples of the types of conduct to which a healthcare partner is expected to adhere.

TGH may impose disciplinary action in those instances involving team members where management decides it is appropriate. Disciplinary actions include, but are not limited to, verbal warnings, written warnings, suspensions without pay, and discharge. TGH retains the right to determine what discipline will be imposed in each individual situation. See [“Compensation-Salary Administration Program”](#) (regarding demotions) and [“Progressive Discipline Policy”](#) policies for further details.

## Principle 2 - Workplace Conduct and Employment Practices

TGH is dedicated to high standards of business conduct and will not engage in any activity that unfairly or illegally impacts our patients, healthcare partners, suppliers, or competitors. We encourage a teamwork approach, sound business fundamentals, innovation, and hard work to establish and maintain our leadership position in the markets we serve.

If you learn about a violation of this Code of Conduct or a violation of law taking place at TGH, you must inform your Manager, Director, the Human Resources Director, or the Chief Compliance Officer (CCO) as soon as possible. You may also call the Compliance Hotline 1-833-TELL-TGH (1-833-835-5844). Calls to the Compliance Hotline will be treated confidentially and may, at the caller’s request, be anonymous. We assure you that anyone who, in good faith, reports a suspected violation will be protected from retaliation or punishment, even if it turns out that there was no actual violation. We want to know about possible concerns so that we can address them.

### Standard 2.1 - Availability for Work

Acceptable attendance by performing your job duties, in appropriate dress or uniform, each scheduled workday, is expected. Sleeping or being under the influence of alcohol or other drugs, except by prescription, during work time, is prohibited. Refer to Standards 2.7 and 2.8 below for additional requirements.

Patterns of unacceptable attendance will be taken into consideration for disciplinary purposes. One shift no-call/no-show will result in immediate suspension without pay. Consecutive shifts no-call/no-show is considered job abandonment and will result in immediate discharge. Refer to policy [“Attendance & Tardiness”](#) for additional requirements.

### Standard 2.2 – Adherence to Work Schedules and Clocking In /Out

All team members are expected to adhere to their assigned work schedule. Hourly (non-exempt) team members are expected to punch-in, and punch-out, at their assigned time clocks in accordance with their approved schedule unless they have been assigned a Kronos Timestamp license and the ability to remotely access and record their time by computer (ie. those working remotely). Deviations from a team member’s approved schedule, as well as missed punches, require authorization and documented approval from management. Patterns of missed punches and /or deviations from the approved schedule which require manual input time-keeping transactions, may delay the timely payment of relevant wages and/or be subject to disciplinary action if repetitive, give the appearance of avoiding tardiness monitoring, or are not a true representation of the time the work was performed.

Non-exempt team members are not permitted to do any work without being clocked in. Each team member is responsible for clocking in and out with his/her own badge. Clocking in or out for another team member is grounds for termination. Each team member is required to be at his/her workstation at their schedule work time.

### Standard 2.3 - Team member Etiquette/Behavior that Undermines a Culture of Safety

TGH has created a culture of safety by setting expectations, and subsequent consequences, for actions that could potentially compromise the well-being of our patients. Interaction with patients, visitors, physicians, and team members, in a respectful manner, is expected. Profanity, vulgar gestures, loud/disruptive talking, being discourteous, fighting, or other inappropriate behavior is prohibited. Any assigned duties not completed must be reported to your supervisor within an appropriate time frame. Refusal to comply with requests from management or showing disrespect to any member of management or designee is prohibited. The Medical Staff Professionalism Committee shall address any providers activities, statements, demeanor or professional conduct either within or outside the Hospital that create a reasonable concern for patient safety, for quality of patient care, for clinical competence of any Practitioner, or that such behavior creates a risk of injury or damage to any patient, team member or person present in the Hospital or to the Hospital.

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Each TGH healthcare partner is also expected to make every effort to maintain the appearance of TGH and its grounds. This means that every TGH healthcare partner is responsible for picking up trash (as an example). It is also an expectation that TGH healthcare partners will always assist anyone who appears lost or confused by giving directions or taking the person to their destination.

All TGH healthcare partners' actions that should not be viewed or overheard, such as personal conversations, cell phone calls, etc., should be kept within the "Off Stage" areas.

Personal cell phones are not to be used in designated work areas unless the healthcare partner is on an approved break; and are to be set on "silent alert or vibrate" at all times, so that patient care is not disrupted.

Healthcare partners posting information on personal internet blogs and social networking websites, such as, but not limited to, *Facebook, Instagram, SnapChat, Twitter*, etc. may not have a reasonable expectation of privacy in what they do, say, or post. In certain instances, Tampa General Hospital (TGH) may have legitimate business concerns resulting from healthcare partners' outside/off-duty activities that can be considered disruptive to TGH business operations.

Information that may be considered disruptive to TGH's health care mission, when posted on internet sites, includes, but is not limited to: threats of violence or harassment; references to ongoing, illegal drug use or other illegal activity; references to a non-disclosed conflict of interest; sexually explicit material; racist or other discriminatory remarks; disclosure of confidential or proprietary information belonging to TGH; disclosure of confidential patient information, including any digital images with or without patient identifiers; use of TGH's name or logo without permission; representing personal opinions as those of TGH; and anything else that violates TGH policies.

#### Standard 2.4 - Property of Others/Personal Use of TGH Property

Treating the property of others and TGH with respect is expected. Unauthorized possession, conversion, destruction, removal or defacing of the property of others or TGH is prohibited. It is the responsibility of all TGH healthcare partners to preserve the organizational assets, including time, material, supplies, equipment, and information.

As a general rule, the personal use of any TGH asset without the prior approval of your supervisor is prohibited.

#### Standard 2.5 - Signing of Personnel Documents

Signing TGH documents, such as performance appraisals and disciplinary forms, is expected. Signing these documents does not necessarily mean you agree with its contents. However, refusal to sign may void any ability to grieve. See the Conflict Resolution and Grievance policy (HR-71). Signing time and attendance records, such as payroll adjustment forms, is considered verification that they are true and correct.

#### Standard 2.6 – Falsification

Documenting true and accurate entries on TGH records, patient medical records, forms, or other documents, is expected. Falsification of employment applications, employment records, time sheets (including clocking in or out for another team member), hospital records, forms, or other documents, are prohibited. Supplying false information verbally is also prohibited. Falsification may result in discharge for the first offense.

#### Standard 2.7 – Safety

Compliance with all safety and security rules, such as parking away from fire lanes, is expected. Possession and/or control of weapons, such as guns, knives, or sticks, not authorized for work purposes, as well as possession and/or control of illegal drugs and substances, is prohibited. Healthcare partners with firearms on TGH property (including TGH parking lots), not required for work purposes, is prohibited. This includes healthcare partners who have a Florida Concealed Weapons License. In addition, all healthcare partners are required to submit to inspection of personal items, such as bundles, packages, briefcases, and handbags, by security personnel or management. TGH property, such as lockers and desks, are also subject to inspection by TGH at any time. Healthcare partners have no reasonable expectation of privacy for any item brought on to TGH premises, stored in a TGH locker or desk, or placed on a computer or other electronic device.

To further enhance the security of TGH Healthcare partners, a complete background check is conducted on all new team members prior to being hired. In order to maintain that level of security, any team member who is arrested while employed at Tampa General Hospital must notify their manager within 48 hours of the arrest. Failure to do so is considered falsification and may result in disciplinary action up to and including discharge.

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Standard 2.8 – Controlled Substances

Some healthcare partners routinely have access to prescription drugs, controlled substances, and other medical supplies. Many of these substances are governed and monitored by specific regulatory organizations and must be administered by licensed professionals or authorized professionals per physician order only. It is extremely important that these items be handled properly and only by authorized individuals to minimize risks to us and to patients. If it is discovered that the diversion of drugs from the organization has occurred, a report of the incident should be made immediately. See **“Drug Free Workplace”** policy for further details.

Standard 2.9 – Substance Abuse and Mental Acuity

To protect the interests of our healthcare partners and patients, TGH is committed to an alcohol- and drug-free work environment. All TGH healthcare partners must report for work free of the influence of alcohol and illegal drugs. Reporting to work under the influence of any illegal drug or alcohol, having an illegal drug in your system; or using, possessing, or selling illegal drugs while on TGH work time or property, may result in immediate termination. Drug testing may be used as a means of enforcing this policy.

It is also recognized that individuals may be taking prescription drugs, which could impair judgment or other skills required in job performance. If questions arise about the effect of such medication on performance, consult with a TMHS. See **“Drug Free Workplace”** policy for further details.

Standard 2.10 – Solicitation

Solicitation and distribution or circulation of non-work-related printed material on TGH property is prohibited when the persons soliciting, or the person being solicited is on working time. Working time means the time team members are expected to be working and does not include rest, meal, or other authorized breaks. Distribution of literature by healthcare partners on TGH’s property in non-working areas during working time is prohibited. Distribution of literature by healthcare partners on TGH’s property in working areas is also prohibited. See **“Solicitation, Distribution, and Loitering”** policy for further details.

Standard 2.11 – Smoking

TGH is a smoke-free environment. Smoking is prohibited in any building on the TGH campus or in TGH vehicles. Smoking is only permitted in designated off-site smoking areas. Additionally, smoking is only permitted during non-paid break times. See **“Tobacco Free Campus”** policy for further details.

Standard 2.12 – Inside Information

From time to time, TGH healthcare partners may be exposed to non-public, material information, which may include plans for mergers, marketing strategy, financial results, or other business dealings. Discussion of this type of information with anyone outside of the organization is prohibited. Within the organization, discussion of this information should be on a strictly “need-to-know” basis only with other healthcare partners who require this information to perform their jobs.

Standard 2.13 - Discrimination

TGH believes that the fair and equitable treatment of TGH healthcare partners, patients, and other persons is critical to fulfilling its mission and goals.

It is the policy of TGH to enroll subscribers and treat patients without regard to any classification protected by law. Discrimination on the basis of race, color, religion, national origin, gender, age, disability, veteran status, sexual orientation, marital status, gender identity or membership in any other protected classification defined under applicable federal, state, or local law is strictly prohibited.

It is the policy of TGH to recruit, hire, train, promote, assign, transfer, layoff, recall, and terminate team members, based on their own ability, achievement, experience, conduct, and business needs; without regard to any classification protected by law. Refer to TGH’s employment policies for related information.

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## Standard 2.14 – Harassment and Workplace Violence

Each TGH healthcare partner has the right to work in an environment free of harassment. TGH will not tolerate harassment by anyone based on the diverse characteristics or cultural backgrounds of those who work with us. Degrading or humiliating jokes, slurs, intimidation, or other harassing conduct is not acceptable in the workplace.

Any form of sexual harassment is strictly prohibited. This prohibition includes unwelcome sexual advances or requests for sexual favors in conjunction with employment decisions. Moreover, verbal or physical conduct of a sexual nature that interferes with an individual's work performance or creates an intimidating, hostile, or offensive work environment, is strictly prohibited.

Workplace violence is also prohibited. Workplace violence includes robbery and other crimes, stalking cases, violence directed at the employer, terrorism, and hate crimes committed by current or former healthcare partners. Healthcare partners who observe or experience any form of harassment or violence, should report the incident to their supervisor, the Human Resources Department, the Safety Director, a member of management, the CCO or the Compliance Line, 1-800-352-6875. See **“Non-Harassment” policy** for further details.

## Principle 3 - Business Ethics

In furtherance of TGH's commitment to the highest standards of business ethics and integrity, all TGH healthcare partners will accurately and honestly represent TGH and will not engage in any unethical activity or scheme.

### Honest Communication

TGH requires candor and honesty from individuals in the performance of their responsibilities and in communication with individuals and/or entities conducting business and other activities with the organization, such as attorneys and auditors. Legal or Media inquiries should be directed to the appropriate department. No TGH healthcare partner shall make false or misleading statements to any patient, person, or entity doing business with TGH, about other patients, persons, or entities doing business or competing with TGH, or about the products or services of TGH or its competitors.

## Principle 4 - Confidentiality

All TGH healthcare partners shall strive to maintain the confidentiality of patient and other confidential information in accordance with applicable legal and ethical standards.

TGH healthcare partners are in possession of and have access to a broad variety of confidential, sensitive, and proprietary information. Inappropriate release of this information could be injurious to individuals, the TGH business partners, and TGH itself. Every TGH healthcare partner has an obligation to protect and safeguard confidential, sensitive, and proprietary information in a manner designed to prevent the unauthorized disclosure of information. Refer to the TGH Corporate Compliance and Privacy policies for related information.

## Personnel Actions/Decisions

Compensation, benefits, and other personal information relating to TGH healthcare partners shall be treated as confidential. HR files, credential files, compensation information, disciplinary matters, and similar information about other team members that was learned as a result of a team member's job duties shall be maintained in a manner designed to ensure confidentiality in accordance with applicable laws. TGH healthcare partners must exercise due care to prevent the release or sharing of information beyond those persons who need to know such information to fulfill their job responsibilities.

## Principle 5- Business Relationship

### License and Certification Renewals

TGH healthcare partners and individuals retained as independent contractors 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 ensure compliance, TGH may require evidence of the individual having a current license or credential status.



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TGH will not allow any healthcare partner or independent contractor to work without valid, current licenses or credentials. See the Verification of License, Certification, or Registration policy.

Principle 6 - Protection of Assets

All TGH healthcare partners will strive to preserve and protect TGH's assets by making prudent and effective use of TGH resources and properly and accurately reporting its financial condition.

Standard 6.1 - Internal Control

TGH has established control standards and procedures to ensure assets are protected and properly used and financial records and reports are accurate and reliable. All TGH healthcare partners share the responsibility for maintaining and complying with required internal controls.

Standard 6.2 - Financial Reporting

All financial reports, accounting records, research reports, expense accounts, time sheets, and other documents, must accurately and clearly represent the relevant facts and the true nature of a transaction. Improper or fraudulent accounting, documentation, or financial reporting is contrary to the policy of the Hospital and may be in violation of applicable laws. Refer to Leadership (LD), Human Resources (HR), and Management of Information (IM) sections of the TGH Policy Manual for specific policies related to financial reporting.

Standard 6.3 - Travel and Entertainment

Travel and entertainment expenses should be consistent with job responsibilities and TGH's needs and resources. It is TGH's policy that a TGH healthcare partner should not suffer a financial loss nor receive a financial gain as a result of business travel and appropriate and/or approved entertainment. TGH healthcare partners are expected to exercise reasonable judgment in the use of TGH assets and to comply with TGH policies relating to travel and entertainment expenses.

Standard 6.4 - Personal Use of Corporate Assets

All TGH healthcare partners are expected to refrain from converting assets of TGH to personal use. All property and business of TGH shall be handled in a manner designed to further TGH's interest, rather than the personal interest of an individual. TGH healthcare partners are prohibited from the unauthorized use or taking of TGH open and/or used equipment and supplies, materials, or services. TGH healthcare partners shall obtain the approval of their manager or director prior to engaging in either of the following activities: (1) activities on TGH time which will result in remuneration to the TGH healthcare partner, or (2) the use of TGH open and/or used equipment and supplies, materials, or services for personal or non-work-related purposes.

Standard 6.5 - Computers, E-Mail, and Electronic Communications

TGH's electronic devices, such as computers, facsimile machines, copiers, pagers, and telephonic communications systems are the property of TGH and are to be used for job-related purposes.

All information related to, transmitted to or from, or stored in these devices (including passwords) are also the property of TGH. Healthcare partners are not permitted to use a password to access, alter, copy, or retrieve any stored communications unless authorized to do so. TGH retains the right to monitor any and all systems at its discretion, including listening to and/or reading voice mail, E-mail messages, and Internet web sites. Specifically, access to inappropriate media sites, such as pornographic sites, is prohibited. Any other use requires permission from management. A member of Leadership (Manager, Director, or Vice President) must approve all "Everyone" emails originating in their department.

TGH provided electronic devices and computer software, such as, but not limited to, telephone and similar communications devices and systems, email/webmail, TGH Team member portal, pagers, patient care applications, business intelligence applications, financial applications and departmental applications, represent TGH's primary forms of business communication and recordkeeping. As such, utilizing these forms of communication and record keeping, in accordance with TGH's standard practice or established policy, is required of all healthcare partners. It is each healthcare partner's responsibility to report faulty devices or systems, immediately, to ensure effective communication and record keeping is facilitated and maintained.

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## Principle 7 - Legal Compliance

TGH will strive to ensure that all activity, by or on behalf of TGH, is in compliance with applicable laws.

### Standard 7.1 - Environmental

It is the policy of TGH to manage and operate its business in a manner which respects our environment and conserves natural resources. TGH healthcare partners will strive to utilize resources appropriately and efficiently, to recycle where possible, and otherwise dispose of all waste in accordance with applicable laws and regulations, and to work cooperatively with the appropriate authorities to remedy any environmental contamination for which TGH may be responsible. Refer to TGH's Safety policies on hazardous waste for related information.

In helping TGH comply with environmental laws and regulations, TGH healthcare partners must understand how their job duties may impact the environment. There must be adherence to all requirements for the proper handling of hazardous materials. Any situation regarding the discharge of hazardous substance, improper disposal of medical waste, or any other situation which may be potentially damaging to the environment, must be immediately reported.

### Standard 7.2 - Emergency Treatment

TGH follows the Emergency Medical Treatment and Active Labor Act ("EMTALA") in providing emergency medical treatment to all patients, regardless of ability to pay. Provided TGH has the capacity and capability, anyone with an emergency medical condition is treated and admitted, based on medical necessity. In an emergency situation or if the patient is in labor, financial and demographic information will be obtained only after an appropriate medical screening, examination, and necessary stabilizing treatment (including treatment for an unborn child). TGH does not admit, discharge, or transfer patients simply on their ability or inability to pay.

All TGH healthcare partners have a responsibility to understand that their role in ensuring that all people who request medical assistance, within the buildings or any place on the premises, are directed or taken to the Emergency Department or clinic registration desk.

Patients will only be transferred to another facility at the patient's request or if the patient's medical needs cannot be met at TGH (e.g., TGH does not have the capacity or capability) and appropriate care is knowingly available at another facility. Patients may only be transferred in strict compliance with the EMTALA guidelines.

### Emergency Medical Treatment and Active Labor Act (EMTALA)

The Federal EMTALA anti-patient dumping laws require a hospital to provide emergency medical treatment to all patients, regardless of ability to pay. This would include, among other requirements, a medical screening examination, stabilizing the medical condition, obtaining acceptance to transfer, and imposes specific hospital and physician responsibilities.

#### Florida Access to Care

- Similar to the Federal EMTALA regulations, with a few differences.
  - Requires that, when applicable, the patient be transferred to the geographically closest, most appropriate hospital, with the capability and capacity.
  - Applies to inpatient situations
- The Agency for Health Care Administration (AHCA) provides an inventory list of hospital emergency services provided by each hospital in the State.
- Requires that the transferring hospital receive the patient back, once the emergency condition has been resolved.
- AHCA may deny, revoke, or suspend a license, or impose an administrative fine.

## **ADMINISTRATION OF THE CORPORATE CODE OF CONDUCT**

TGH expects each person to whom this Code of Conduct applies to abide by the principles and standards set forth herein and to conduct the business and affairs of TGH in a manner consistent with these principles and standards.

Failure to abide by this Code of Conduct, or the guidelines for behavior which the Code of Conduct represents, may lead to disciplinary action, up to and including termination of one's employment or affiliation with TGH. For alleged violations of the Code of Conduct, TGH will weigh relevant facts and circumstances. The extent to which the behavior was contrary to the express language or general intent of the Code of Conduct, the level of egregious behavior, the person's history with the

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organization, as well as other factors which TGH deems relevant to the situation, will be considered. Nothing in this Code of Conduct is intended to, nor shall be construed as, attempting to provide any additional rights to team members or other persons.

New TGH healthcare partners will sign a “**Code of Conduct Acknowledgement Form**” (Form #H124); “**Potential Conflict of Interest Disclosure Form**”; and “**Core Values - Signature Form**” (Form #C1709) upon hire and/or appointment. All TGH healthcare partners will be required to sign the Code of Conduct Acknowledgement Form for verification of review and understanding of the Code of Conduct, the TGH Core Values Signature Form, and Potential Conflict of Interest Disclosure Form. Thereafter, the TGH Core Values Signature Form will be signed by all TGH healthcare partners once a year; and only leadership and key team members (defined in policy **CCP 107 Potential Conflict of Interest – TM**) are required to complete the **Potential Conflict of Interest Disclosure Form**. The form is collected and maintained by HR during the onboarding/hiring process and is then collected annually by the Corporate Compliance & Privacy Department in the first quarter of the fiscal year.