UT Health Austin Clinician and Practitioner Standards of Conduct

Our Mission: To consistently provide evidence-based, patient-centered health care and to successfully sustain a culture of quality, safety, and value for our patients and our healthcare providers.

Our Vision: To optimize the health of our patients and individualize to the diverse population we serve.

Our Strategies:
- Provide current best practices in clinical care of patients
- Create collaborative, interdisciplinary, integrated care pathways
- Align the practices of all healthcare providers
- Focus on efficiency, efficacy, and satisfaction for the patient and the healthcare team
- Present appropriate opportunities to learners at all levels
- Promote professionalism and professional development among all healthcare providers

Purpose of the Standards of Conduct
Every clinician, practitioner, staff member, and trainee is responsible for acting ethically and for adhering to the laws, regulations, and policies that apply to the university. Each of us must be aware of the legal and ethical standards that apply to our job duties and responsibilities. We must perform our duties and responsibilities in accordance with the provisions of federal, state, and local laws, regulations, and policies; the Rules and Regulations of the Board of Regents of The University of Texas System (“UT System”); and the policies of The University of Texas at Austin (“University”). These responsibilities are outlined in the University Handbook of Operating Procedures (HOP), the Dell Medical School Policies, and UT Health Austin Policies and Procedures as well as these Standards of Conduct. Clinicians, practitioners, staff members, and trainees shall abide by all policies applicable to such individuals’ positions within Dell Medical School and UT Health Austin as well as all applicable federal, state, and local laws and regulations and the conditions of participation for federal and state healthcare programs.

These Standards of Conduct provides a summary of the responsibilities and standards of ethics and conduct that apply to all clinicians, practitioners, staff members, and trainees. These Standards of Conduct do not cover every situation and does not state every applicable policy. Each provider, staff, and trainee should strive for excellence in comportment, composure, and behaviors that promote optimal care delivery characteristic of a UT Health Austin provider. If additional information is needed, it may be found in the University Handbook of Operating
I. Institutional Compliance Program
The purpose of the Institutional Compliance Program is to proactively promote compliance with all applicable laws, regulations, and policies. The compliance program strives to foster and help ensure ethical conduct and to provide education, training, and guidance to all clinicians, practitioners, staff members, and trainees. These goals are accomplished through regular risk identification as well as the training, monitoring, and auditing of the effectiveness of compliance activity. The goals, purpose, and elements of the Institutional Compliance Program are contained in the University Compliance Plan and the Dell Medical School Compliance Plan, which are available on the intranet. Copies may also be obtained through the Office of Compliance.

Responsibility for oversight of the implementation of the Institutional Compliance Program rests with a multidisciplinary Executive Compliance Committee. Responsibility for the oversight and implementation of the Dell Medical School Compliance Program rests with the Dell Medical School Enterprise Risk Compliance Committee, the Medical Service Research and Development Plan (MSRDP) Board, and the Compliance, Ethics, and Professional Affairs Subcommittee (CEPAS) of the MSRDP.

If a clinician, practitioner, staff member, or trainee becomes aware that any clinical personnel, or any person providing services within the clinical enterprise, has engaged in any of the behavior prohibited by law, regulations, policies, or these standards of conduct, such person must notify the Chief Clinical Officer, Executive Administrative Director, or other Dell Medical School Compliance staff. Any clinical personnel or any person providing services in the clinical environment who is concerned about immediate patient harm is expected to intervene and notify appropriate leadership of the concern.

A. Employee, Medical Staff Member, and Trainee Responsibilities
Compliance is both an institutional and an individual commitment at the University, Dell Medical School, UT Health Austin as well as among corporate healthcare partners and the overall clinical enterprise. As a clinician, practitioner, staff member, or trainee, you commit to:

- Maintaining a working knowledge of the laws, regulations, policies, rules, and procedures that apply to your individual responsibilities or activities, including making inquiries for understanding when needed;
- Completing any required trainings in a timely manner;
Complying with the laws, policies, and procedures that apply to your individual job responsibilities or activities;
Upholding the highest legal and ethical standards in fulfilling your duties or participating in activities at the university;
Providing appropriate, current best practice care and treatment to patients;
Acting with a level of competency consistent with a reasonably prudent clinician or practitioner in the same or similar circumstances;
Acting professionally when dealing with patients, staff, trainees, students, and other employees;
Maintaining a safe working environment, fulfilling all duties in a safe manner, and notifying the proper clinical personnel immediately of any hazard, injury, equipment problem, or other potential safety issue;
Participating in quality and safety initiatives as determined by the MSRDP, CEPAS, and Clinical Quality Committee (CQC) as well as other leadership overseeing the clinical enterprise and operations;
Addressing and reporting ethical and compliance issues or concerns;
Complying with requests and directives regarding clinical care, standards, and proactively notifying leaders of medical errors as well as other information to support the missions of the clinical enterprise; and
Bringing forward concerns related to observed behaviors and practices in others (care delivery or professionalism issues) that may present safety concerns for patients, the practice, or care teams.

Clinicians, practitioners, staff members, and trainees are required to maintain professional licenses, certifications, or other credentials required for their positions in the clinical enterprise. Any changes, suspensions, revocations, or other issues with any licenses, certifications, or other credentials must be promptly reported (within 7 days) to the appropriate supervisor, Medical Staff Office, and the Compliance Office.

B. Management Responsibilities
Management personnel at every level are expected to set and maintain an ethical tone and to be role models for legal and ethical behavior in their clinics, offices, and departments. They should strive to create an office or departmental culture that promotes the highest legal and ethical behavior and encourages everyone in the department to voice concerns when they arise.

Management personnel are required to verify that all clinicians, practitioners, staff members, and trainees have completed any required training(s) at the University.
All clinicians, practitioners, staff members, and trainees shall practice in cost-effective and efficient manner for the provision of care (e.g., scheduling guidelines, availability). This may include review of non-blinded cost and value data among leadership and peers.

C. Addressing Ethical and Compliance Concerns

Each clinician, practitioner, staff member, and trainee has the responsibility to report and address ethical and/or compliance questions or concerns. Determining if you have an ethical or compliance issue can be complex. Follow the general checklist below to determine if you have an ethical or compliance issue:

- Does the action comply with the applicable policies and procedures?
- Is the action legal?
- How would the action look to the community if published on the front page of the newspaper or broadcast on the news?
- Is the action ethical, fair, and honest?
- Is the action something in which a reasonable clinician in the same or similar circumstances would do?

If the answer to any of the above questions is no, you are required to report the action using any of the following mechanisms:

- Make a report through the normal administrative channels (e.g., reporting to the appropriate supervisor);
- Make a report through the Compliance Hotline at 877.507.7321 or hotline@compliance.utexas.edu;
- Make a report to the Dell Medical School Compliance Officer or other staff member of the Office of Institutional Compliance, either by letter, telephone, email, or meeting;
- Make a report in an exit interview statement given upon the conclusion of employment at the University; or
- Make a report through a designated University Compliance email address, such as dellmedcompliance@austin.utexas.edu.

Clinicians, practitioners, staff members, and trainees are encouraged to contact the Compliance Officer directly at 512.495.5143 to confidentially discuss compliance questions or concerns. Other observed non-compliant behavior is also required to be reported.

The University has established a Compliance Hotline and a Web Reporting website. These mechanisms are intended to supplement regular communication channels. Clinicians, practitioners, staff members, and trainees are encouraged to call the Compliance Hotline with
questions concerning ethical or legal conduct or to discuss potentially improper actions if they do not feel comfortable addressing these concerns through other listed channels. The caller is not recorded, traced, or identified, and the caller is not required to furnish one’s name. Information provided to the hotline is treated as confidential to the extent permitted by law. Persons making disclosures with reckless disregard for the truth or in willful ignorance of the facts may be subjected to disciplinary action.

Additionally, compliance issues involving clinicians will be referred to the Professional Practice Evaluation Committee and/or the Compliance, Ethics, and Professional Affairs Subcommittee for review and action(s).

D. Retaliation
The University will not tolerate retaliation or threat of retaliation against those who make disclosures of actual or perceived misconduct. Acts or threats of retaliation in response to such disclosures may subject the person retaliating to disciplinary action, up to and including termination or dismissal. If you believe you have been retaliated against for addressing an ethical or compliance concern, you should immediately contact the Compliance Officer at 512.495.5143.

E. Professionalism
Clinicians, practitioners, staff members, and trainees are expected to exhibit professionalism in several areas, including but not limited to:
- Honesty and integrity;
- Delivery of patient-centered, compassionate care, including a commitment to confidentiality and altruism;
- Reliability, responsibility, and accountability;
- Respect; and
- Self-improvement and adaptability.

F. Corrective Action
Clinicians, practitioners, staff members, and trainees are expected to comply with the requirements included within these Standards of Conduct as well as the applicable laws, regulations, rules, and policies. Inappropriate conduct may be addressed with corrective action and/or disciplinary measures, up to and including termination.

Possible scenarios for discipline or corrective action compliance issues, repeated substantiated complaints, and/or patterns of behavior include, but are not limited to:
- Committee review of the actions and determination of remedial measures or corrective actions.
Meetings to discuss issues and patterns of behavior with written and signed documentation of the meeting outcomes with defined course of action/improvement plan. Such meetings are meant to allow individuals an opportunity to present their point of view and to collaboratively discuss ways to mitigate the issues that have become a pattern. Subsequent complaints will lead to further action.

- Loss of ability to recruit or supervise learners.
- Temporary or permanent loss of ability to evaluate and care for patients as a credentialed clinician of UT Health Austin.
- Depending on the infraction, negative performance evaluations likely resulting in improvement plans, translating into loss of any merit raises that might have otherwise occurred, and/or loss of endowments or discretionary funds (if any held).
- Further required internal or external learning, training, counseling, and/or other programs.
- Implementation of required Monitoring and/or Improvement Plan(s).
- Professional Practice, Peer Review, and/or Credentialing Action(s).
- Unpaid leave for a specified period of time.
- In severe or repeat instances or cases, termination.
- Depending on the severity of the issue and the action(s) taken, notification of Texas Medical Board or the National Practitioner Data Bank may be required. Additionally, certain actions may require notification of hospital partners for additional review and possible action(s).

For all employees, University HR policies and procedures will be followed.

II. Preventing, Detecting, and Reporting Fraud and Abuse

A. Fraud and Abuse
Fraud is knowingly or willfully attempting to gain any benefit that does not belong to you. The UT System Fraud Policy, UT System Policy 118, specifies individual responsibilities and actions regarding the prevention and reporting of fraud.

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

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

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

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

False claims include, but are not limited to, knowingly:

- Billing for procedures not performed;
- Falsifying information in a medical record;
- Authorizing duplicate billing; and
- Falsifying claim forms to receive overpayment for services provided.

Federal False Claims Act remedies:

- A federal false claims action may be brought by the U.S. Department of Justice Civil Division.
- The False Claims Act allows a private individual or whistleblower, with knowledge of past or present fraud on the federal government, to sue on behalf of the government to recover stiff civil penalties. This is known as a Qui Tam case. If the government joins the lawsuit and prosecutes the entity suspected of fraudulent conduct and collects money, which must be paid back to the federal government, the private individual who brought the suit, known as the Qui Tam Relator, is eligible to receive 15-25% of the proceeds of the recovery, depending upon the extent to which the Qui Tam Relator contributed to the prosecution of the action.
- Violation of the federal False Claims Act is punishable by a civil penalty of between $5,500 and $11,000 per false claim in addition to three times the amount of damages incurred by the government.
- A statute of limitations limits the amount of time that may pass before an action may no longer be brought for violation of the law. Under the federal False Claims Act, the statute of limitations is six years after the date of violation or three years after the date when material facts are known or should have been known by the government, but no later than ten years after the date on which the violation was committed.

Clinicians, practitioners, staff members, and trainees will not make any payment or offer to make any payment, whether in cash or in kind, to any physician, patient, hospital, facility, or other party in order to induce the referral of patients or other items or services to the clinic.
Clinicians, practitioners, staff members, and trainees will not enter into relationships with any person or entity that may refer business to the clinical practice unless such arrangements involve compensation for fair market value and the arrangements are fully compliant with all laws. No such arrangement shall take into account the volume or value of referrals by such person.

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

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

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

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

D. Billing Compliance
The University is committed to providing high-quality patient care and to complying with applicable laws and regulations. All claims for professional fee reimbursement made by or on behalf of Dell Medical School or UT Health Austin shall adhere to applicable federal, state, and local laws and regulations, The UT System Board of Regents’ Rules and Regulations, and University policies, including UT Physicians, MSRDP, and DSRDP policies. Dell Medical School will follow all legal and regulatory guidelines for billing hospital, facility, and physician services. Any employees or contractors engaged to perform billing or coding services are expected to ensure that all billings for government and commercial insurance programs are accurate. Dell Medical School and UT Health Austin shall collect only those amounts to which the institution is entitled and shall refund amounts billed and/or collected in error. Failure to abide by the applicable federal and state laws and regulations, The UT System Board of Regents’ Rules and Regulations and University policies may lead to disciplinary action, up to and including termination or dismissal.
Unacceptable billing practices include, but are not limited to:

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

If you believe any unacceptable billing practices have occurred or have any billing compliance concerns, you should discuss the issue with your supervisor, contact the Compliance Office at 512.495.5143 or dellmedcompliance@austin.utexas.edu, or contact the Compliance Hotline at 877.507.7321 or hotline@compliance.utexas.edu.

E. Provision of Care
All clinicians, practitioners, staff members, and trainees are required to ensure that all services provided are medically necessary and/or appropriate. The Services rendered shall meet professionally recognized standards for health care. Clinicians, practitioners, staff members, and trainees are expected to:

- Approach all interactions with patients and family members with a customer service orientation, beginning with the initial greeting and continuing throughout the services rendered;
- Treat patients and their families with respect and dignity, both in their presence and in any discussions or interactions with other members of the care team;
- Interact with colleagues, subordinates, and other members of the care team in a considerate and cooperative manner, resolving any conflicts in a way that respects the dignity of every person;
- Not tolerate any form of abuse, disruptive behavior, harassment, discrimination, or other inappropriate conduct included with the Standards of Conduct for Patients, Families, and Visitors;
- Proactively learn and adhere to policies and procedures specific to the clinical environment in which they work and/or learn;
- Recognize personal limitations in care delivery and seek help/consultation when one’s level of training, knowledge, or experience is inadequate to handle a situation independently; and
- Physicians and other licensed practitioners, who are leaving their UT Health Austin practice, are expected to provide notice of their departure to the Chief Clinical Officer or Executive Administrative Director at least 60 days prior to their departure to provide adequate time for the clinical practice to provide reasonable notice to patients and transition patients to alternative providers.
Any clinical research performed in the clinical environment must be properly approved by an appropriate Institutional Review Board. The conduct of research in the clinical environment is subject to approval by the Chief Clinical Officer, Executive Administrative Director, and other appropriate leadership.

**F. Reporting**
All individuals who are employed by, affiliated with, under a contract or agreement with, or otherwise under the control of the University, are required to report any activity that appears to be in violation of any local, state, or federal law, including the state or federal false claims acts, through the normal administrative channels or any other reporting mechanisms described in these standards.

Possible federal false claims act violations are not required to be reported to the University first. Reports may be made directly to the federal Department of Justice or through the U.S. Health and Human Services Office of Inspector General Hotline number at 1.800.HHS.TIPS (1.800.447.8477).

You may also report suspected fraud, waste, and abuse to the State Auditor's Office Hotline at 1.800.TX.AUDIT (1.800.892.8348). The State Auditor’s Office provides additional information on its website (http://sao.fraud.state.tx.us).

**G. Personal Investments**
The UT Health Austin Clinical Practice is wholly owned and operated by the University and personal investments in the clinical practice are not permitted. University employees may not make personal investments that could reasonably be expected to create a substantial conflict between their private interest and the public interest. University employees should not have a substantial direct or indirect financial interest in a business that conflicts with University interests or that might influence how they do their job. Some financial interests may be so indirect or so minimal that they do not create conflicts of interest, such as ownership of a minimal amount of stock in a company or an investment in a publicly traded mutual fund in which the employee does not exercise discretion regarding the investment of the assets of the fund. If uncertain as to whether a particular investment creates a conflict of interest, University employees should ask their supervisors or consult with the Compliance Office.

If employees have an interest in a business that might constitute a conflict of interest, they should disclose that interest in accordance with the Dell Medical School Outside Activities Policy. In some cases, the conflict may be cured by that employee not participating in any decision concerning that business. However, if the conflict is significant, the employee may be required to divest of the interest that causes the conflict.

**III. Privacy**

**A. Patient Privacy**
Dell Medical School and UT Health Austin respect the privacy of every patient. Patients expect the information they provide to their healthcare providers to remain confidential and
protected. If patients do not feel the information they provide to their healthcare providers is respected and protected, patients may not be forthcoming with needed information. Withholding information could have a significantly adverse effect on the treatment the patient receives and on the outcome of evidence-based practices on patient data.

Employees, clinicians, and trainees will use best efforts to protect the confidential information of patients and families of patients. The UT Health Austin Clinical Practice seeks to involve patients in all aspects of their care, including giving consent for treatment and making healthcare decisions. In the promotion and protection of each patient’s rights, each patient is accorded respect, autonomy, and privacy as well as the opportunity for the resolution of complaints.

The Dell Medical School HIPAA Workgroup has developed policies and procedures regarding the use and disclosure of protected health information and patients’ rights. Further information can be found on the Intranet by accessing the UT Health Austin Privacy Manual. Any questions should be directed to the Compliance Officer at 512.495.5143 or Privacy Officer at 512.495.5146.

**B. Complete Medical Records**
Clinicians, practitioners, staff members, and trainees are required to maintain complete and timely medical and clinical records that include the necessary documentation to support the medical care provided and proper billing for such services as well as to comply with legal requirements and ensure that records are available to support our business practices and medical decision-making. Medical records are required to be completed within 72 business hours after completion of the patient’s clinical visit/encounter unless a shorter time period is specified by the department or clinic.

**C. Sensitive Information**
Sensitive information about University students, employees, strategies, and operations must be protected. Employees and members of the clinical staff who handle sensitive information shall follow all administrative, technical, and physical safeguards implemented by UT Health Austin for the protection of sensitive information. To the extent applicable, the same provisions shall apply to protection of the sensitive information of remote learners, if any.

University employees and trainees may use or request sensitive information to fulfill their responsibilities. However, that information must not be shared with other individuals or entities, inside or outside of the University, unless the individual or entity has a legitimate business need for the information and the information is shared in compliance with the applicable laws, regulations, policies, and procedures.

Sensitive information may include:
- Personnel data
- Social security numbers
- Student information
D. Confidential Nature of Social Security Numbers

All employees must comply with the provisions of UT System Policy 165 Information Resources Use and Security Policy that includes the following provisions:

- Employees must inform individuals when they collect social security numbers and provide appropriate notice.
- Employees may not request disclosure of a social security number if it is not necessary and relevant to the purposes of the University and the particular function for which the employee is responsible.
- Employees may not disclose social security numbers to unauthorized persons or entities.
- Employees may not seek out or use social security numbers relating to others for their own interest or advantage.
- Employees responsible for the maintenance of records containing social security numbers shall observe all institutionally-established administrative, technical, and physical safeguards in order to protect the confidentiality of such records.
- Unless the university is legally required to collect a social security number, an individual may not be required to disclose his or her social security number, nor shall an individual be denied access to services if he or she refuses.

For more information, consult UT System Policy 165, Information Resources Use and Security Policy.

IV. Workplace Conduct and Practices

The University is committed to providing a safe and healthy workplace environment. University employees are encouraged to treat each other in a fair and respectful manner. The University, in accordance with applicable federal, state, and local laws and regulations, prohibits discrimination on the basis of race, color, national origin, sex, sexual orientation, age, religion, disability, and veteran status in any of its policies, practices, and procedures. All employment-related decisions will reflect this commitment.
A. Equal Opportunity
In all matters related to employee or trainee status, the policy of the University is to provide equal opportunity without regard to race, color, religion, age, national origin, sex, sexual orientation, disability, genetic information, gender identity or expression, veteran status, or any other basis prohibited by law. Further, the policy of the University is to provide an environment free from verbal, physical, and/or visual forms of discrimination or harassment.

Additionally, clinicians, practitioners, staff members, and trainees are expected to treat all patients and other members of the community, regardless of age, gender, disability, race, color, religion, national origin, sexual orientation, ancestry, military status, marital status, or citizenship, in a non-discriminatory manner, which includes treating them with dignity, respect, and compassion; respecting multicultural diversity; fostering social equity, inclusion, and justice; following all anti-discrimination policies; participating in all efforts to reduce structural racism; and making all available efforts to reduce healthcare disparities.

The University Office of Inclusion and Equity manages all allegations of discrimination. If you feel you have been discriminated against, contact the Office of Inclusion and Equity at 512.471.1849 or equity@utexas.edu.

B. Sexual Harassment and Sexual Misconduct
The University is committed to providing an environment free from discrimination and inappropriate conduct, which includes all forms of sexual misconduct, including sexual harassment. Employees and trainees who engage in such conduct will be subject to disciplinary action, up to and including termination or dismissal. Complaints or reports alleging that a member of the University community is a victim of sexual misconduct should be reported to the Title IX Office at 512.471.0419 or https://utexas-advocate.symplicity.com/titleix_report/index.php/pid1579922. Complaints may also be reported via the Compliance hotline at 877.507.7321. Resources are available to conduct a thorough investigation that protects the rights of all involved parties. For more information, employees should consult https://titleix.utexas.edu.

V. Use of University and State of Texas Resources
A. Technology
Clinicians, practitioners, staff members, and trainees are responsible for protecting and preserving University property, equipment, and supplies. The conservation of state resources is a responsibility that University employees, as state employees, hold as trustees for the citizens of the State of Texas. Public resources may not be used for personal benefit or gain.

Limited use of University resources for personal purposes, such as telephone calls and email, is permitted under the following circumstances:

- The use does not result in a cost to the university;
- The use does not interfere with job duties and responsibilities;
• The use is brief in duration;
• The use does not disrupt or distract from the conduct of official business; and
• The use does not compromise the security or integrity of private confidential information.

University resources may never be used:
• To conduct an outside business;
• To campaign for or support a campaign for political purposes;
• For illegal activities; or
• To support, promote, or solicit from an outside organization or group, unless approved in advance.

B. Contracts and Agreements
Only individuals expressly authorized in writing by the University President may enter into contracts or agreements, either oral or written, on behalf of the University. No individual may sign a contract on behalf of the University, unless expressly authorized to do so in writing by the University President. For more information, consult The UT System Board of Regents’ Rules and Regulations for Procurement of Certain Goods and Services.

C. Purchases of Items, Goods, or Services
Employees may not use university funds for any purchase, unless the person is authorized to make the purchase in accordance with the Regents’ Rules and Regulations, Series 10501, Delegation to Act on Behalf of the Board, and the purchase is made in accordance with all institutional purchasing procedures. The Regents’ Rules and Regulations may be accessed through the internet at http://www.utsystem.edu/board-of-regents/rules.

The University has strict guidelines for purchasing. Purchases over a certain amount (cost) must be placed for bid and should include historically underutilized vendors. For more information, contact UT Health Austin’s Finance Office.

D. Computer Software
The software installed on University-owned computers is licensed to the University for specific uses and purposes. No software licensed to the University may be copied, unless authorized by the software licensor. Copying software that is licensed to the University to do University-related work on a personal home computer is not permitted, unless expressly authorized in the license agreement. If you have questions, contact your supervisor, your IT support staff, or the Office of Information and Technology Services.

E. Computer Information Security
Computer passwords should be considered highly confidential. You should never disclose your computer passwords to anyone. Any action taking place on the individual’s account will be
considered activity of the individual. Furthermore, you should not write or otherwise
document passwords in a place that is accessible by others. For more information contact
the Office of Information and Technology Services or the UT Austin Information Security
Office.

Employees are also required to comply with all applicable University, Dell Medical School,
and UT Health Austin information security policies to ensure appropriate information
security. Any identified tampering or falsification shall be subject to investigation and
action(s).

VI. Records and Information

A. Accuracy of Records
Employees of the University are responsible for maintaining the integrity and accuracy of
University business documents and records for which they are responsible. Employees
may not alter or falsify information on any University record or document (emails are
University records). For more information, consult the Texas Penal Code § 37.10.

B. Retention and Disposal of Records
The University is required by state law to maintain an active and continuing records
management program that identifies vital and confidential records and ensures the
appropriate retention and disposition of records. No employee or trainee should tamper
with records or remove or destroy them, except in accordance with the approved retention
and disposition policy. Questions about specific record retention requirements should be
directed to the UT Health Austin Health Information Office, the Office of Compliance, or
the Privacy Officer.

C. Information or Records Requests
The disclosure and nondisclosure of all documents, records, data, and other information in
the possession or control of the University is dictated by the requirements of the Texas
Public Information Act. The University is required by law to release certain information.
Additionally, the University is required by law to maintain the confidentiality of some
information. If you receive a request for information or records from an external (non-
University) person or entity and the request is not authorized by an existing procedure or
practice, you should immediately forward the request to the Senior Vice President and
Custodian of Records at cfo@austin.utexas.edu.

VI. Health, Safety, and Security

A. Workplace Health and Safety and Protection of the Environment
Some of the mission activities of the University may involve the use of potentially
hazardous agents. It is the intent of the University to create and maintain a safe and
secure work environment and be prepared to handle emergency and disaster conditions. It
is the responsibility of each employee, trainee, contractor, and visitor working with
hazardous materials to ensure that his or her work environment is safe and that proper
procedures are followed for the handling and disposal of potentially hazardous materials.
Each employee and trainee should immediately alert his or her supervisor or instructor and Environmental Health and Safety of:

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

The Clinical Quality Manager and Infection Prevention Specialist can be reached at 512.495.5257.

For more specific information on health and safety and protection of the environment, consult the UT Health Austin Policies on Safety and Health.

### B. Drug- and Violence-Free Workplace

The policy of the University is to prohibit the unlawful purchase, manufacture, distribution, possession, selling, storing, and use of a controlled substance in and on premises and property owned and controlled by the University. A controlled substance is a chemical agent that can be misused or abused. An employee or trainee who violates this policy is subject to disciplinary action, up to and including termination or dismissal. At the discretion of the University, an employee may be referred to an Employee Assistance Program and/or may be required to participate in and satisfactorily complete an approved rehabilitation program. A student may be referred to Student Health and Counseling Services. For more information, consult policies.utexas.edu.

Any employee who is convicted of a drug-related offense is required to notify his or her immediate supervisor within five (5) business days of the conviction. Supervisors who receive such notice must immediately inform the Office of Human Resources. The University may determine that employment actions may be required, including, but not limited to, reassignment, leave without pay, paid leave, or termination. See HOP 5-1140.

### X. Contacts With External Entities

#### A. Contacts With the Media

The UT Health Austin and Dell Medical School Communications Offices act as the official communications offices for Dell Medical School and UT Health Austin. If a member of the media contacts you regarding university business, direct them to media@dellmed.utexas.edu.

Employees who are contacted directly by journalists on their University or Dell Medical School account must refer them immediately to the communications office or contact the communications office themselves. Employees who are contacted directly by journalists on private accounts outside of their employment should refer the request to the Dell Medical School Communications Offices. A communications staff member will coordinate communications with external media and is authorized to serve as the official university spokesperson, if needed.
B. Government Agency or Other Investigations

The University is committed to cooperating with government or other investigations of the University, operations, and its employees. However, it is essential that the legal rights of the University and its employees are protected. If you are contacted by a governmental agency or if you receive a subpoena, inquiry, or other legal document from any governmental agency regarding university business, you should immediately contact the Office of Legal Affairs at 512.495.5146 and the Office of Compliance at 512.495.5143. If you are contacted at your home, you may politely ask the agent or the investigator to contact you at your office, as you are not required to speak to the agent at your home. You should also immediately contact the Office of Legal Affairs to notify them of the contact.