



<b>POLICY NUMBER</b>		<b>ON249PCS</b>
<b>ORIGINAL DATE:</b>		<b>February 2014</b>
<b>TITLE:</b>	<b>PATIENT RIGHTS AND RESPONSIBILITIES</b>	
<b>KEYWORDS:</b>		

**ACCOUNTABILITY:**

SVP & Chief Nursing Officer  
 SVP & Chief Medical Officer  
 Mkt VP Missions

**OBJECTIVES**

The Mission of Catholic Health Initiatives is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities. To fulfill this mission, CHI St. Vincent will recognize and promote certain basic rights of patients or surrogate decision makers in hospitals and non-hospital settings in accordance with applicable laws, regulations, and accreditation standards. In turn, patients have certain responsibilities, including the responsibility to make their needs and wishes known.

**POLICY:**

- I. The mission of CHI St. Vincent is to provide high quality, cost-effective health care that delivers the best value to the patients we serve in a spiritual environment of caring, in association with internationally recognized teaching and research. In order to fulfill this mission, each Hospital, its Medical Staff and its patients or surrogate decision makers must acknowledge the existence of shared obligations based upon patients' fundamental rights and responsibilities.
  - A. The right to a reasonable response to their requests and need for treatment or service, within the entity's capacity, mission, and applicable laws and regulations;
  - B. The right to know how CHI St. Vincent is required and permitted by law to use and disclose their health information;
  - C. The right to know their health information rights, including the right to access and request amendment of their health information and to obtain an accounting of disclosures regarding their health information as permitted under applicable law;
  - D. The right to and need for effective communication;
  - E. The right to have a family member or representative and their personal physician notified of admission to the hospital;
  - F. The right to know of his or her visitation rights, including any clinical restriction or limitation on such rights and subject to his or her consent; to receive visitors whom he or she designates, including, but not limited to, a spouse, a domestic partner (including a same sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at anytime; and the right to know that all visitors will enjoy full and equal visitation privileges consistent with patient preferences.
  - G. The right to considerate and respectful care, including the consideration of developmental age, sensory impairment, psychosocial, spiritual, and cultural variables, and the comfort and

Patient Rights and Responsibilities

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- dignity of dying patients by addressing and treating symptoms that respond to medically appropriate treatment as desired by the patient or surrogate decision maker;
- H. The right to know the name of the physician who has primary responsibility for coordinating the care and the names and professional relationships of other physicians and non-physicians who will see the patient;
  - I. The right to receive information about the illness, course of treatment, and prospects for recovery in terms that the patient can understand;
  - J. The right to make decisions involving their health care, including the acceptance or refusal of treatment to the extent allowed by law and to be informed of the medical consequences of acceptance and refusal;
  - K. The right, to give or withhold consent about the care, treatment, and services that the he or she will receive.
  - L. The right to formulate advance directives and to have the providers of healthcare comply with these directives;
    - i. CHI St. Vincent will provide the patient information on the extent to which the hospital is able, unable, or unwilling to honor advance directives.
  - M. The right to receive, at the time of hospital admission, in a manner tailored to the patient's age, language, or method that the patient understands, information about CHI St. Vincent patient rights policy, and the mechanism for initiation, review, and when possible, resolution of patient complaints regarding quality of care;
  - N. The right to voice a concern to the appropriate entity personnel or administrative action line at (501) 552-2700 (or at 501-622-3991 at CHI SVHS); the Arkansas Department of State Health Services at 5800 W. 10<sup>th</sup> St., Suite 400, Little Rock, AR 72204. The phone number is 501-661-2201, or by accessing the website at [www.healthy.arkansas.gov](http://www.healthy.arkansas.gov); or the Joint Commission of Quality Monitoring at One Renaissance Blvd. in Oakbrook Terrace, IL 60181. The phone number is 630-792-5000. The fax number is 630-792-5636 or by the website at [www.jointcommission.org](http://www.jointcommission.org).
  - O. The right, when is unable to make decisions about his or her care, treatment, and services, the hospital involves a surrogate decision-maker in making these decisions.
    - i. When a surrogate decision-maker is responsible for making care, treatment, and services decisions, the hospital respects the surrogate decision-maker's right to refuse care, treatment, and services on the patient's behalf
  - P. The right, to have family members involved in care, treatment, and services decisions to the extent permitted by the patient or surrogate decision-maker
  - Q. The right, to have provided to the patient or surrogate decision-maker with the information about the outcomes of care, treatment, and services that the patient needs in order to participate in current and future health care decisions.
  - R. The right, to have end of life preferences respected and executed as communicated.
  - S. The right, respect and consideration of religious and other spiritual services/preferences.
  - T. The right to voice a concern about any healthcare provider licensed by the State of Arkansas;
  - U. For concerns regarding health information privacy, the right to voice the concern to appropriate entity personnel or to the Secretary of the United States Department of Health and Human Services;



- V. The right to participate in, or have their qualified personal representative participate in, the consideration of ethical issues arising in their care;
- W. The right to participate or not to participate in any human experimentation, research, or education projects for which the patient is eligible;
- X. The right, within legal limits, to personal privacy and confidentiality of information. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. The patient has the right to be told the reason for the presence of any individual during these events;
- Y. The right to consent or refuse to consent for internal or external use to recording or filming (photographic, video, electronic or audio material) or use of any personal identifiable information for purposes other than the identification, diagnosis, or treatment of the patient.
  - i. CHI St. Vincent will obtain and document informed consent prior to producing the recording, films, or other images.
  - ii. When the patient is unable to give informed consent prior to the production of the recording, films or other images, the production may occur provided that doing so is permitted by the hospital written policy but can only remain in the hospital possession and is not used for any other purpose until and unless informed consent is obtained. If consent is unable to be obtained the hospital will either destroy the product or remove the non-consenting patient information from the product.
  - iii. CHI St. Vincent will inform the patient of his or her right to request cessation of the production of the recordings, films or other images.
  - iv. Before engaging in the production of recordings, films or other images of patients, anyone who is not already bound by the hospital's confidentiality policy signs a confidentiality statement to protect the patients identify and confidential information.
  - v. CHI St. Vincent will accommodate the patient's right to rescind the consent before the recording, film or image is used.
- Z. The right, within legal limits, to access, or have their qualified personal representative access information contained in their medical records;
- AA. The right of their guardian, next of kin, or qualified personal representative to exercise, to the extent permitted by law, the rights delineated on their behalf if they are incapable of understanding treatment, unable to communicate their wishes, are judged incompetent, or are minors;
- BB. The right to be informed, along with their family, when appropriate, of the outcomes of care including unanticipated outcomes;
- CC. The right, to have the licensed independent practitioner or staff member responsible for managing the patient's care, treatment, and services, or his or her designee, inform the patient about unanticipated outcomes of care, treatment, and services related to sentinel events when the patient is not already aware of the occurrence or when further discussion is needed.
- DD. The right to have their pain managed effectively;
- EE. The right to receive a high standard of patient safety;

- FF. The right to be free from restraint or seclusion of any form that are not medically necessary or are imposed as a means of coercion, discipline, convenience, or retaliation by staff;
  - GG. The right to an environment that preserves dignity and contributes to a positive self-image;
  - HH. The right to be free from mental, physical, sexual, and verbal abuse, neglect, and exploitation;
  - II. The right to access protective and advocacy services;
  - JJ. The right to be informed of continuing health care needs following discharge from the hospital;
  - KK. The right to keep and use personal clothing and possessions, unless this infringes on others' rights or is medically or therapeutically contraindicated based on the setting or services;
  - LL. CHI St. Vincent will offer the patient telephone and mail services
  - MM. CHI St. Vincent will provide access to telephones for patients who desire private telephone conversations in a private space, based on setting and population;
  - NN. The right to exercise the above rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, gender identity or expression, marital status, disability, age, or the source of payment for care;
  - OO. The right to voice complaints and recommend changes freely without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care;
  - PP. The right to file a grievance/complaint about care and to know about the process used to review and deal with the grievance/complaint. The patient will receive a response from the organization about their grievance/complaint.
- II. In turn, patients should accept certain responsibilities, including:
- A. The responsibility to identify themselves, for providing reasonably accurate and complete information about their medical history and unexpected changes in their current condition, and for asking questions when they do not understand medical information they have received;
  - B. The responsibility for complying with the directions and instructions of their health care providers unless they have exercised their right to refuse treatment
  - C. The responsibility to recognize the effect of their lifestyle on health
  - D. The responsibility for respecting the rights of others, including, but not limited to, other patients and health care providers;
  - E. The responsibility to know the extent and limitations of their health care benefits; and
  - F. The responsibility for assuring that the financial obligations associated with their care are met in a timely fashion.
  - G. Patient should accept the following responsibilities:
    - i. Providing information that facilitates their care, treatment, and services
    - ii. Asking questions or acknowledging when he or she does not understand the treatment course or care decision
    - iii. Following instructions, policies, rules, and regulations in place

#### Patient Rights and Responsibilities

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- iv. Show mutual consideration and respect by refraining from uncivil language and conduct in interactions with staff and licensed independent practitioners

III. The hospital will inform the patient of his or her rights and responsibilities.

IV. This policy will be communicated to patients, the Medical Staff, and employees. All prudent and reasonable means will be employed to ensure support of patients' rights and patients' awareness of their rights and responsibilities. This policy will be made operational through the application of supporting institutional policies, procedures and practices.

**SOURCE:**

Centers for Medicare and Medicaid, Conditions of Participation: Patient Rights, 2018  
Joint Commission Hospital Accreditation Standards: Ethics, Rights, and Responsibilities,  
Health Insurance Portability and Accountability Act of 1996 (HIPAA) Standards for, 2017

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<b>POLICY NUMBER</b>		<b>ON312PCS</b>
<b>ORIGINAL DATE:</b>		<b>September 2017</b>
<b>TITLE:</b>	<b>ETHICS: ACCOMMODATING POTENTIALLY DISCRIMINATORY PATIENT REQUESTS</b>	
<b>KEYWORDS:</b>	Patient Rights, Staff, Rights, Anti-discrimination	

**ACCOUNTABILITY:**

SVP and Chief Medical Officer  
 SVP and Chief Nursing Officer  
 SVP & Chief Mission Officer

**OBJECTIVES:**

The Mission of Catholic Health Initiatives is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities. To fulfill this mission, CHI St. Vincent will delineate when patient requests or refusals for treatment providers (physicians, nurses, and other clinical staff) based on race will be accommodated.

**POLICY:**

- I. Our patients, co-workers and physician partners have both a legal and moral right to be free from discrimination based on age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression, disability, veteran or military status, or any other basis prohibited by federal, state, or local law.
- II. Patients may at times request assignment or reassignment of a caregiver based on patient preferences, social, religious or cultural factors. For example a patient may request that personal care be provided by a caregiver of the same gender. A patient may prefer a caregiver with concordant cultural, linguistic or religious characteristics. The hospital will consider such requests based upon the best interests of the patient, the rights of the caregiver and the available human resources of the hospital.
- III. Physicians and other health care workers have moral, civil and employment rights that must be balanced with patients' rights. Employees of health care institutions have the right to a workplace free from discrimination based on race, color, religion, sex, and national origin, according to Title VII of the 1964 Civil Rights Act.
- IV. In general, patient refusals based on racial discrimination will not be honored.
- V. Approval of requests for reassignment should be approved by the Administrator on-Call in consultation with the CHI St. Vincent Ethics Committee. The attached decision chart may be utilized in decision-making. (Refer to Appendix A)

**APPROVED BY:**

Approved Market Policy Review November 2023.

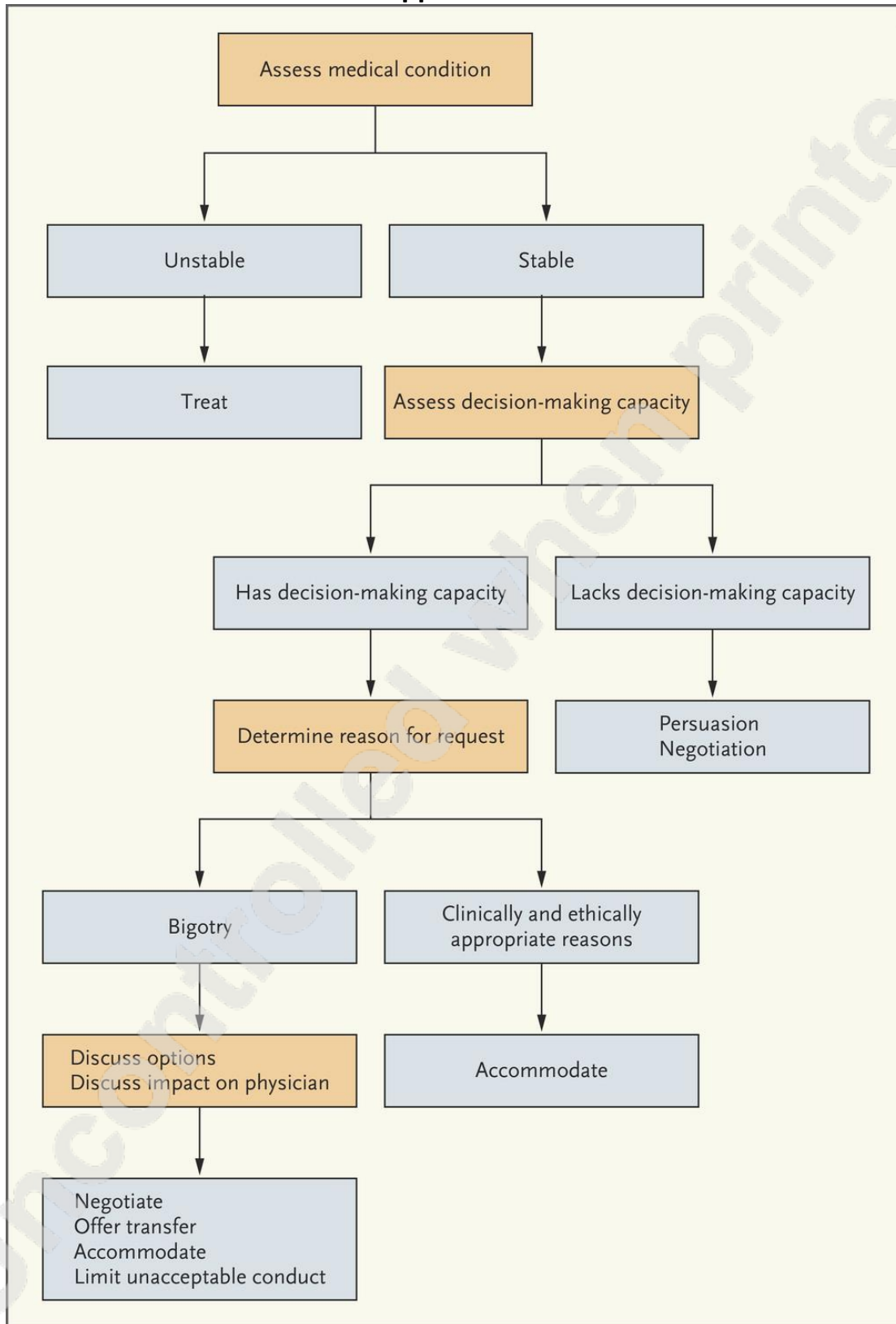


ETHICS: ACCOMMODATING POTENTIALLY DISCRIMINATORY PATIENT REQUESTS

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## Appendix A



ETHICS: ACCOMMODATING POTENTIALLY DISCRIMINATORY PATIENT REQUESTS

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July 2023

# CommonSpirit Health<sup>®</sup> Standards of Conduct: Our Values in Action

Policy and Reference Guide

July 2023

CommonSpirit<sup>®</sup> 

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# Welcome

The CommonSpirit Health name was inspired by scripture:

*“Now to each one the manifestation of the Spirit is given for the common good.” (1 Corinthians 12:7 NIV)*

These words embody why we formed CommonSpirit in 2019 and continue to motivate and guide us every day. Our pledge of corporate responsibility is tied to our values and commitment to the common good.

Personal responsibility and integrity on the part of everyone who works for and with CommonSpirit is fundamental to our corporate responsibility and the advancement of our mission. This means:

- Our daily conduct mirrors our values.
- We behave ethically and appropriately.
- We meet our obligations and are good stewards of our resources.
- We hold ourselves accountable for the decisions we make and the actions we take.
- When in doubt, we seek guidance.

Health care settings are governed by a complex set of rules and laws that are often difficult to understand and apply. This guide is a resource designed to help you make decisions at work. Please become familiar with the standards of conduct defined in this guide.

The examples provided in this guide help illustrate the importance of honesty, directness and respect in your interactions with everyone we serve: patients, residents, family members, colleagues, and business and community partners.

If at any time you believe our standards of conduct are being or have been compromised, please use the CommonSpirit Reporting Process to report your concerns. If the situation is related to human resources, you may also contact your local Human Resources department.

All of us at CommonSpirit share a proud heritage and strive to uphold the legacy of our participating congregations. We carry on their tradition of living our values and maintaining a strong ethical culture, with this guide as an important tool.

Thank you for your continued dedication to our healing ministry.

Sincerely,



Wright Lassiter III  
Chief Executive Officer



Nima Davis  
Chief Compliance Officer

# Our Standards of Conduct Reference Guide and Corporate Responsibility Program

This is a guide to our Corporate Responsibility Program (CRP), which all CommonSpirit employees are obligated to follow. Our Corporate Responsibility Program provides resources for making ethical decisions based on our values and standards of conduct and helps us to understand and comply with legal, ethical and professional standards for the provision of health care and prevent or resolve activity that could lead to fraud, waste or abuse.

This guide is designed to help you work in a responsible, professional and ethical way that demonstrates our values. At a minimum, this means obeying the law and avoiding improper activities.

The [Table of Contents](#) helps locate specific topics within the guide.

Additional tools and resources for corporate responsibility include:

- Local and national policies and procedures, including those specific to corporate responsibility.
- Corporate responsibility reference and guidance documents.
- Educational offerings, including training in complex or high-risk areas.
- Consultation with local and national Corporate Responsibility Officers.
- Federal and state laws and regulations.
- Consultation with the CommonSpirit Legal Team.

The CRP collaborates with multiple functional areas to provide guidance to support compliance. By understanding and using this guide, we demonstrate our commitment to our mission and values.

***This guide is designed to help you work in a responsible, professional and ethical way that demonstrates our values.***

# Organizational Beliefs

## Mission

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

## Vision

A healthier future for all – inspired by faith, driven by innovation, and powered by our humanity.

## Values

### Compassion

- Care with listening, empathy and love
- Accompany and comfort those in need of healing

### Inclusion

- Celebrate each person’s gifts and voice
- Respect the dignity of all

### Integrity

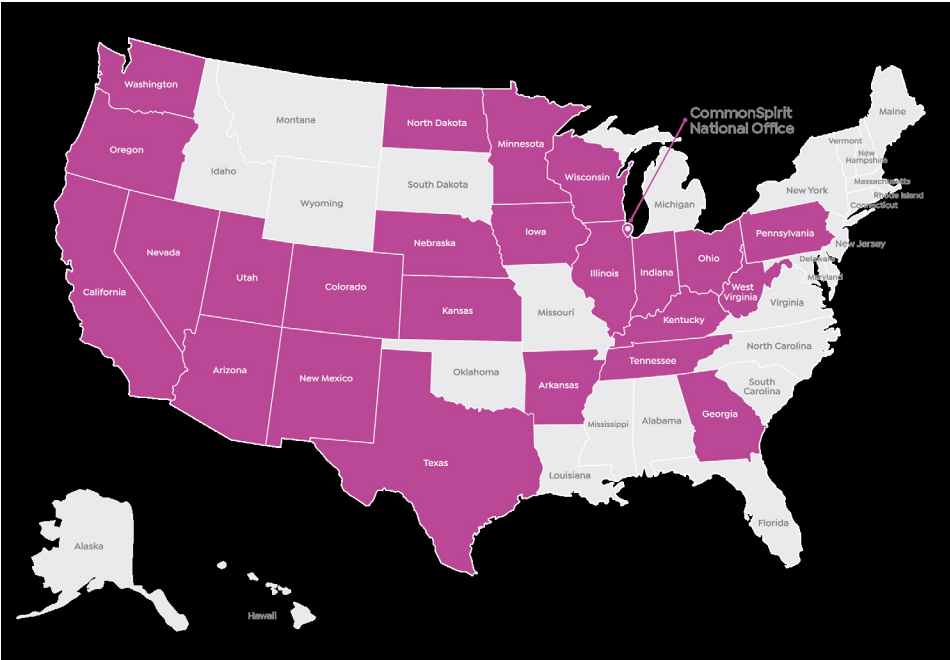
- Inspire trust through honesty
- Demonstrate courage in the face of inequity

### Excellence

- Serve with fullest passion, creativity and stewardship
- Exceed expectations of others and ourselves

### Collaboration

- Commit to the power of working together
- Build and nurture meaningful relationships



CommonSpirit Health brings health and humankindness to people in 24 states (as of July 2023).

# Ethical Standards, Conduct and Guidance

Each employee is accountable to abide by CommonSpirit's mission, vision and values. As part of this commitment, you are expected to follow our ethical standards and conduct while working on behalf of CommonSpirit.

## Ethical Standards

CommonSpirit abides by all rules, regulations and laws that govern the health care industry. Our heritage calls us to a higher standard: we follow regulations, but we also engage in ethical decision-making by applying our values to business decisions.

## Ethical Conduct

We are expected to be responsible stewards of our ministry by behaving in an ethical manner. Building ethical relationships with employees, patients and families, and business and community partners is important to our ministry.

## Guidance for Employees

When you're in a situation that raises questions about ethical conduct, follow these steps:

- Be accountable: Take ownership of your actions and assume responsibility for addressing the situation.
- Apply our values: Your decisions or actions must demonstrate our values of Compassion, Inclusion, Integrity, Excellence and Collaboration.
- Follow the rules that govern us: Identify and adhere to applicable policies, procedures, laws and regulations.
- Report concerns: Contact your manager, Human Resources representative, or Corporate Responsibility Officer.

Deciding to NOT take action may result in serious consequences for the organization and our employees.

## Reporting Concerns

Each employee is responsible for promptly reporting potential violations of law, regulation, policy or procedure using the following reporting process.

CommonSpirit Reporting Process:

1. Speak with your manager or another manager.
2. If your manager is not available, you are not comfortable speaking with them, or you believe the matter has not been adequately resolved, contact your Human Resources representative or your local Corporate Responsibility Officer.
3. If you want to anonymously report a concern to a neutral third party 24 hours a day, seven days a week, you have two options.
  - a. Call this reporting hotline number: **1 (800) 845-4310**
  - b. File a report online: <https://compliancehotline.commonspirit.org>.



All calls to the hotline are received by external, trained staff who document and forward information to your local [Corporate Responsibility Officer](#) for appropriate action. You may remain and communicate anonymously if you wish. If you choose to identify yourself, there is no guarantee your identity will remain confidential, however, it is easier for Corporate Responsibility staff to respond. Retaliation against any employee who in good faith reports potential or suspected violations is unlawful and will not be tolerated.

**Relevant CommonSpirit Policies**

- [No-Retaliation Policy](#)

**Whistleblower Protection**

The federal False Claims Act protects anyone who files a false claim lawsuit – which alleges that improper or false claims have been submitted to the government for payment – from retaliation by their employer.

**Failure to Act**

CommonSpirit, like other health providers, is regulated by many governing entities and must demonstrate compliance in all aspects of its business. Therefore, all CommonSpirit employees must conduct all business activities in a way that complies with and is consistent with our mission, values, policies and this guide. Failure to do this may result in consequences including but not limited to risks to the safety of those we serve, refund of payments received from government programs, civil or criminal liability, exclusion from federal payment programs, and loss of tax-exempt status. Individuals may also be subject to criminal liability and substantial fines from governing entities.

CommonSpirit reserves the right to implement appropriate disciplinary action, including but not limited to suspension or termination of employment, termination of a non-employed service provider relationship or removal from office or board membership.



# Standards of Conduct

The following standards of conduct describe and demonstrate CommonSpirit’s commitment to honest and ethical conduct and provide guidance to employees facing uncertain situations. All board and committee members, officers, employees, volunteers, medical staff and others working with CommonSpirit must act in accordance with the following standards of conduct:

-  Demonstrate fairness, honesty and integrity in all interactions in support of our mission.
-  Uphold a high standard of skill and knowledge to deliver exceptional quality care, service and outcomes.
-  Abide by the laws, regulations and policies that govern what we do.
-  Maintain the integrity and protect the confidentiality of our patient, resident, client, employee and organizational information.
-  Use our resources wisely to protect our assets, reduce our environmental impact and increase our public health footprint.
-  Create an environment that promotes community, respects dignity and supports safety and well-being.
-  Properly disclose and manage situations that pose potential or actual conflicts of interest.
-  Foster a diverse and inclusive work environment in reverence to our employees, partners and those we serve.

# Standard 1

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Demonstrate Fairness,  
Honesty and Integrity  
in all Interactions in  
Support of Our Mission



## Employee Expectations

In performing your job duties as an employee of CommonSpirit, you are expected to:

- Take responsibility for your actions.
- Know and comply with all policies, guidelines, procedures and practices, including federal health care program requirements. Please refer to this guide and all policies and procedures as they apply to your job responsibilities.
- When in doubt about your job responsibilities or obligations, seek guidance as provided in this guide; as outlined in our policies, guidelines, procedures and practices; or from your manager.
- Refrain from involvement in any illegal, unethical or other improper acts.
- Promptly report any known, potential or suspected violation of our policies or applicable laws and regulations.
- Assist authorized personnel in investigating alleged violations of our policies or applicable laws and regulations.

CommonSpirit provides employees with policies, training and other aids to help fulfill work responsibilities under our standards of conduct.

## Management Expectations

Management is responsible for the implementation and enforcement of all compliance efforts. In carrying out these responsibilities, managers are expected to:

- Adhere to applicable policies when screening candidates and supervising employees.
- Inform employees of our Corporate Responsibility Program and their obligation to adhere to all of its requirements.
- Train employees on the requirements in this guide in accordance with applicable laws, regulations, policies, guidelines and procedures.
- Create and maintain a trusting work environment that allows for a free exchange of information about compliance without fear of retaliation.
- Conduct periodic reviews to provide reasonable assurances of employees' adherence to the Corporate Responsibility Program.
- Promptly report any known, potential or suspected violation of law, regulation, policy or procedure.
- Set a proper example of ethical conduct for employees to follow.



# Standard 2

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Uphold a High Standard  
of Skill and Knowledge  
to Deliver Exceptional  
Quality Care, Service  
and Outcomes

# Documentation Standards

## Financial and Business Records

CommonSpirit’s financial books and records must not contain false, misleading or deceptive information. Financial reports must fairly and consistently reflect CommonSpirit’s performance and accurately disclose the results of operations in accordance with generally accepted accounting principles and other applicable rules and guidelines. Financial reports must also provide a sufficient platform to complete cost reports and requests for payment for services provided to beneficiaries of federal and state health care programs such as Medicare, Medicaid and TRICARE (formerly known as CHAMPUS).

## Ethical Use of Technology

The evolution of Artificial Intelligence (AI) and Machine Learning (ML) technology in health care is transforming patient care and operational insights. CommonSpirit is committed to the trustworthy, responsible and ethical use of these technologies in service of the ministry’s mission and values. Consequently, CommonSpirit and its employees must ensure that all AI/ML technology is acquired and utilized in objective, compliant and nondiscriminatory ways to minimize undue bias and promote transparency with the communities we serve.

## Internal Controls

An internal control is any process or procedure designed to help perform activities safely, accurately and in a way

that is consistent with applicable laws, policies and best practices to meet operational objectives. These processes are designed and intended to protect CommonSpirit, its employees and other members of our workforce from errors, fraud or other issues that could lead to non-compliance with applicable laws, regulations or operational goals.

All CommonSpirit employees share responsibility for maintaining and complying with required internal controls. In carrying out their documentation, review, evaluation, financial reporting and recordkeeping responsibilities, employees must provide complete and accurate documentation consistent with CommonSpirit standards and requirements.

In fulfilling their financial reporting obligations, employees must also disclose all material facts related to financial matters to avoid any false or misleading financial reporting.

Employees must cooperate in all audits and investigations, and must not influence, coerce, manipulate or mislead any person or entity involved in the audit or investigation.

## Medical Records

CommonSpirit complies with health care program requirements, including federal rules governing documentation and billing of medical necessity determinations and procedures performed in all care settings.

Medical records must be a timely, meaningful, authentic, accurate and legible description of the patient’s clinical condition and treatment course. Medical record documentation must meet documentation standards and be consistent with applicable medical staff rules and regulations, policies and health information best practices.

## Relevant CommonSpirit Policies

- [Medical Record Documentation Standard](#)



- Q** Clinicians on our unit sometimes perform a service or provide treatment to a patient but do not document it in the chart until later. Is this okay?
- A** Documentation is to be accurate and completed on a timely basis. A delay in documentation may jeopardize patient care and could impact our ability to receive payment from a federal or state health care program. We are obligated to follow our organization’s policies and procedures, bylaws and all applicable federal and state laws regulating documentation.

**Coding and Billing**

Federal and state laws control third-party billing for patients, residents and others in our care. CommonSpirit submits accurate, complete and timely claims for payment. CommonSpirit could be required to refund payments for filing inaccurate or fraudulent claims, and CommonSpirit and its employees could be subject to criminal prosecution.

Our policy is to provide, document and bill for medically necessary services for the diagnosis or treatment of an illness or injury, in the appropriate location, ordered by a physician or other health care provider.

Clinical, health information management, billing and coding employees and others responsible for creating charges must:

- Provide accurate and timely work that complies with our policies as well as federal and state laws and regulations.
- Bill only for services provided and appropriately documented, using accurate billing and diagnosis codes.
- Immediately notify a manager or a local Corporate Responsibility Officer of inaccuracies so they can be corrected.
- Retain billing and medical record data as required by law and our record retention policies.

- Q** If documentation is not available when we are ready to submit a bill, is it okay to submit the bill?
- A** No. Do not submit the bill until appropriate documentation is on file. This verifies the services were provided to the patient.
- Q** Can we perform services for patients who are not registered in our patient registration system?
- A** No. All services must be documented and appropriately billed, so all patients must be registered.

**Maintaining Licensure Requirements and Qualifications**

All individuals whose positions with CommonSpirit have license requirements must:

- Perform job duties within the scope of the license.
- Maintain an active and current license and provide verification on request in compliance with CommonSpirit policies.
- Comply with all licensing and credentialing requirements to remain in good standing and active with the requisite local, state or other licensing authority.
- Immediately inform Human Resources if their license becomes inactive.

**Relevant CommonSpirit Policies**

- [License and Certification Policy](#)

**Training and Education**

CommonSpirit is committed to providing the training and education necessary to carry out your job duties and conduct yourself in an ethical and responsible way. Training in regulatory compliance, privacy and security is provided at the time of hire and annually thereafter. Failure to complete required training will be noted in your annual evaluation.

**Relevant CommonSpirit Policies**

- [Required Training Policy](#)
- [Privacy Education and Training Policy](#)



# Standard 3

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Abide By the Laws,  
Regulations and Policies  
That Govern What We Do

*If a government agent contacts you, ask for a government identification card and obtain proof of identification to verify the agent's name, department and agency.*

## Responding to Government and Regulatory Agencies

CommonSpirit responds to requests from all government and regulatory entities in a timely and cooperative manner. If a government agent contacts you, or you receive a subpoena or search warrant, follow the guidance below:

- Be calm and respectful.
- Ask for a government identification card and obtain proof of identification to verify the agent's name, department and agency.
- Advise the agent that you will contact a manager to assist with their request; ask them to wait.
- Refer any request for information to a manager. Immediately call the following persons, in the order given, until you reach one of them:
  - a. Manager or administrator on call
  - b. Local Corporate Responsibility Officer or designee
  - c. CommonSpirit Corporate Responsibility Officer
  - d. Local Legal Team attorney
  - e. Reporting hotline number: 1 (800) 845-4310

If a government agent asks to speak with you, you may agree to speak with the agent, but you are not legally required to do so. You have the right to legal representation during an interview. You may tell the agent that you, or someone on your behalf, will contact the

agent to discuss their concerns.

If a government agency conducts an interview or investigation, or serves and executes a search warrant, do not:

- Interfere with the agent.
- Alter, remove, or destroy documents or records belonging to CommonSpirit, including but not limited to paper, electronic, phone or computer records.
- Provide false, misleading or incomplete information.
- Suggest to any employee that they not cooperate with government investigators.
- Offer any item of value to a government official, including food or beverage.

### Relevant CommonSpirit Policies

- [Government Contact Protocol](#)

## Physician Self-Referral Law (Stark Law)

Stark Law is a set of federal laws that prohibit a physician from referring Medicare and Medicaid patients to a health care provider if the physician (or an immediate family member of the physician) and provider have any type of financial arrangement. However, referrals are permitted if the arrangement complies with certain exceptions to the Stark Law. If the arrangement does not fully comply with an exception, the provider cannot bill for certain services ordered or referred by the physician.

Stark Law is subject to “strict liability.” This means even unintentional violations may have significant financial penalties. If you have any questions about whether an arrangement with a physician is compliant with Stark Law, contact your local [Corporate Responsibility Officer](#) or Legal Team attorney for guidance.

**Q** A physician provides medical director services to our hospital and is paid for these services. Under Stark Law, does this result in a financial relationship?

**A** Yes. For the purposes of Stark Law, a financial relationship occurs whenever anything of value is exchanged between a hospital and a physician (or a physician’s immediate family members). This arrangement may be permissible if it meets the personal services exception under Stark Law.

**Q** Who qualifies as an “immediate family member” under Stark Law?

**A** The term “immediate family member” is defined broadly to mean husband or wife; birth or adoptive parent, child or sibling; stepparent, stepchild, stepbrother or stepsister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law; grandparent or grandchild; and spouse of a grandparent or grandchild.

## Anti-Kickback Statute

The federal Anti-Kickback Statute (AKS) prohibits individuals and entities from knowingly offering, paying, soliciting or receiving “remuneration” (anything of value, or “kickbacks”) to induce or reward referrals of items or services paid for by Medicare, Medicaid or other federally funded programs.

No person may directly or indirectly ask for, pay or provide anything of value to physicians or other health care providers to refer patients to our facilities or other health care entities. If you are in doubt about whether a situation may be problematic, before proceeding, contact your [Corporate Responsibility Officer](#) or Legal Team attorney for guidance.

The AKS is intended to prevent:

- Compromised medical judgment and treatment decisions due to financial incentives.
- Overuse of items or services covered by federal health programs.
- Increased costs to the Medicare and Medicaid programs because unnecessary or excessive care has been provided.
- Unfair competition (also see Antitrust section).

**Q** What are “kickbacks?”

**A** Kickbacks can be gifts or anything of monetary or other value given with the intent, expectation or



understanding that an individual will make referrals to us or be rewarded for past referrals. In addition to cash and cash equivalents (for example, gift certificates or gift cards), other examples of activities or items of value prohibited under the AKS includes:

- Free supplies, space, personnel or equipment.
- Free travel and lodging.
- Discounts, account adjustments or write-offs (other than those defined in charity care or other discount policies).

**Q** What types of arrangements are inappropriate to offer physicians and may be considered a kickback?

**A** Examples include:

- Anything of value given with an expectation of future referrals or as a reward for past referrals.
- Providing office space at less than fair market value.
- Providing items or services free of charge or at less than fair market value (for example, hazardous waste disposal service).
- Writing off a physician’s bill or recruitment loan.

**Q** Dr. Jones occasionally sends patients to our hospital. He said he would send us more patients if we provide him with free or discounted office space. Can we do this?

**A** No. We must charge and the physician must pay fair market value for office space. Free or discounted lease arrangements may appear to be an incentive for referrals from the physician, also known as a “kickback.”

### Physician Agreements and Transactions

CommonSpirit maintains positive working relationships with physicians in compliance with applicable state and federal laws and may enter into employment or other arrangements with physicians to provide access to care for our patients. Our policies provide an efficient framework to transact business with physicians in compliance with those laws. All agreements involving payments or other compensation between CommonSpirit or CommonSpirit facilities and physicians or physician-owned entities will comply with policies and applicable law.

For information regarding physician agreements and transactions, contact your Legal Team attorney for guidance before proceeding.

#### Relevant CommonSpirit Policies

- [Physician Transaction Review and Signature Authority Policy](#)
- [Physician Non-Monetary Compensation Policy](#)
- [Purchases from Physician-Owned Entities Policy](#)
- [Gifts and Gratuities To and From Business Sources Policy](#)

### Excluded Providers

The federal government prohibits a health care provider from receiving payment for services provided in part or in whole by an individual or entity that the government has excluded from participating in a federally funded health care program. CommonSpirit does not knowingly employ, conduct business with or contract with excluded providers. CommonSpirit conducts pre-employment, pre-contracting, pre-credentialing and ongoing excluded provider status checks on individuals, providers and affiliated entities. Any relationship with an employee, individual or entity found to be an excluded provider may result in termination of that relationship.

#### Relevant CommonSpirit Policy

- [Screening for Excluded Providers Policy](#)

### Antitrust and Trade Regulation Rules

CommonSpirit does not participate in activities that illegally reduce or eliminate competition, control prices and markets or exclude competitors. The purpose of antitrust and trade regulations is to protect the public, CommonSpirit and other companies from unfair trade practices and to support competition.

Because antitrust matters can only be analyzed on a very fact-specific basis, the CommonSpirit Legal Team must be consulted on any arrangement that could affect market competition.





- Do not engage in:
  - Price fixing, which is an agreement between organizations about the prices one or both will charge others for goods or services.
  - Bid rigging, which is any agreement between organizations about who will or will not bid.
  - Customer allocation, which is an agreement between organizations or individuals to divide customers, patients or other business among themselves.
- Do not discuss with any competitor:
  - Prices, terms or conditions of sales.
  - Where CommonSpirit intends to sell or bid.
  - To whom CommonSpirit intends to sell or bid.
  - Whether or at what price, CommonSpirit intends to sell or bid.
- If any representative of a competitor attempts to discuss any of these subjects with you, terminate the conversation immediately and report it to your manager.
- Do not improperly use a competitor's confidential information or trade secrets, or engage in conduct that may be perceived as intimidating or threatening.

## Emergency Medical Treatment and Labor Act (EMTALA)

CommonSpirit requires our facilities with dedicated emergency departments to comply with the federal Emergency Medical Treatment and Labor Act (EMTALA), sometimes called the “Anti-Dumping Law.” Numerous states have also enacted similar laws, and some are more stringent than the federal law.

Consistent with our commitment to people who are poor and underserved, any person, regardless of their ability to pay, who comes to one of our emergency departments is provided an appropriate medical screening examination to determine if an emergency medical condition exists; or, for pregnant women, if active labor exists. Appropriate stabilizing treatment is provided within the capability of the staff and the facility for patients determined to have an emergency medical condition. EMTALA also applies when the need for emergency care is apparent or requested by an individual on the facility's property outside of the dedicated emergency department.

CommonSpirit facilities may not delay medical screening examinations or stabilization to obtain financial or demographic information from the patient. CommonSpirit facilities may only transfer unstable patients with an emergency medical condition to another health care facility if:

1. The patient requests the transfer and has been informed of the facility's obligations and the risks and benefits of transfer; or
2. The facility does not have the capability to provide necessary stabilizing treatment and a physician certifies the medical benefits provided at another facility are reasonably expected to outweigh the increased risks involved with the transfer.

**Q** Does the EMTALA law permit us to register an individual who comes into our emergency department before we perform a medical screening examination and stabilization procedures?

**A** You may register an individual first only if the process does not:

1. Delay the medical screening examination and any necessary stabilizing treatment.
2. Include questions about the individual's method of payment or ability to pay.

Registration processes must not discourage the individual from remaining in the emergency department for further evaluation. CommonSpirit facilities shall not request prior authorization from the individual's insurance company or managed care plan before completing a medical screening examination or beginning stabilization treatment.

## False Claims Act

The federal False Claims Act makes it a crime for any person or organization to knowingly make a false record or file a false claim with the government for payment. "Knowingly" means the person or organization:

- Knows the record or claim is false.
- Seeks payment while ignoring whether the record or claim is incomplete or false.
- Seeks payment with reckless disregard for whether the record or claim is false.

Under certain circumstances, an inaccurate claim submitted to the government could be alleged to be a false claim. Examples of possible false claims include:

- Knowingly billing Medicare or other government payers for services not provided.
- Billing for services provided, but not medically necessary.
- Submitting inaccurate or misleading claims about the type or level of services provided.
- Making false statements to obtain payments for products or services.
- Failing to repay the federal or state government for an identified overpayment.

A person who has information regarding improper or false claims submitted to the government for payment may file a lawsuit in federal court on behalf of the government (known as a "Qui Tam" or "whistleblower claim").

## Fraud, Waste and Abuse

Federal and state governments pay for a large share of health care in the United States. To ensure that it is appropriately paying for Medicare and Medicaid beneficiary health care services, the government actively checks for and investigates potential fraud, waste and abuse (FWA) by health care companies and beneficiaries. According to the government, billions of dollars are improperly spent due to FWA.

CommonSpirit works to actively prevent, detect and correct FWA. Medicare Advantage Plans require that they be notified of FWA. Identification of potential FWA may require that we notify the government or our health plan partners. To remain compliant with federal and state laws, we have policies, procedures and plans in place to detect and prevent FWA.

- Fraud includes intentionally submitting false information to the government to get payment. An example is knowingly billing the government for patient services that did not occur.
- Waste occurs when a health provider's actions result in unnecessary costs to the government without unlawful intent, such as the ordering of too many or unnecessary laboratory tests.
- Abuse takes place when the government pays for services when there is no legal entitlement to that payment, such as when a provider misuses codes on a claim resulting in increased payment.



# Marketing Practices

CommonSpirit marketing, communications, fundraising and advertising activities educate our communities about health issues, increase awareness of our services and facilitate employee recruitment. Any advertising or marketing conducted by CommonSpirit must:

- Present truthful and accurate information to the public.
- Distinguish opinion from fact when presenting issues.
- Obtain the consent of any person whose name or likeness will be used before the advertising or marketing material is shared with the public.
- Comply with applicable federal and state laws and system policies for marketing and advertising activities, including any marketing and advertising activities provided for or with non-employed physicians or physician groups.

**Q** Two oncologists who are not employees of the hospital just joined the medical staff to provide a new service. We would like to send an announcement to the community to highlight this new service. Is this a permitted marketing practice?

**A** Yes, it is generally acceptable for a hospital to market a new service line. However, this type of announcement and its cost must be in accordance with applicable state and federal fraud and abuse laws and CommonSpirit physician marketing guidelines.

Consult your local [Corporate Responsibility Officer](#) or Legal Team attorney to determine the applicable requirements and the restrictions for non-employed physician and physician group advertising and marketing activities.

## Relevant CommonSpirit Policies

- [Uses and Disclosures of Protected Health Information for Marketing](#)
- [Uses and Disclosures of Protected Health Information for Fundraising](#)

# Patient Care and Rights

We deliver quality care without regard to race, color, national origin, ancestry, sex, pregnancy, childbirth or related medical condition, marital status, religion, creed, physical/mental disability, medical condition, age, gender identity, sexual orientation, citizenship, payer source or ability to pay, or any other protected categories as defined by law. We treat every person in our care with dignity and respect. Our commitment to quality and service is shared by our board and committee members, employees, officers, volunteers, medical staff and other representatives of our organization. Our commitment to our distinctive Catholic culture enables us to obtain desired outcomes.

We provide individuals in our care with information regarding their rights and responsibilities, and we protect those rights. Individuals in our care have the right to



accurate, timely information about their health, payment options (including charity care) and other information to help them make decisions about their treatment. It is our responsibility to provide this information. Please refer to your organization’s guidelines for a description of patient rights.

**Q** To whom do I report quality of care issues?

**A** Such issues may include many aspects of care and must first be discussed with your manager. More serious issues may need to be evaluated by the Quality and Risk Management Departments or the Patient Grievance Committee. If you believe a quality of care



issue is not being addressed, use the CommonSpirit [Reporting Process](#).

- Q** If I see that an individual in our care is not being treated with the proper courtesy and respect, what should I do?
- A** First, make sure the individual is not in harm's way. Then, talk with your manager. If your manager does not provide a satisfactory response, contact your local patient advocate, patient experience or risk manager, or use the CommonSpirit Reporting Process.
- Q** What am I to do if I know a medical error has occurred? Should I tell the patient or family?
- A** CommonSpirit supports compassionate disclosure whenever an error has occurred. To assist the family in making any additional and well-informed care decisions, the disclosure must take place in a coordinated manner. Contact your manager and your quality or risk manager for guidance on handling the disclosure appropriately.
- Q** How can I help a patient or family member get the information they need to make informed decisions?
- A** Work with your team to make sure all educational documentation is provided in an easy-to-understand format. Use teach-back methods to build understanding. If you think a patient or family is being

pressured to make a particular decision, talk with your manager, your local patient advocate, patient experience manager, or quality or risk manager.

**Relevant CommonSpirit Policies**

- [Patient Rights and Responsibilities](#)

**Research Integrity**

CommonSpirit is committed to high standards of ethics and integrity when engaging in research. Any dishonesty, misconduct, fraud or harm to research subjects may damage the reputation and credibility of researchers, the scientific community at large, and CommonSpirit. Researchers must be knowledgeable about applicable laws and regulations as well as CommonSpirit policies and procedures related to research compliance.

**Grant and Contract Management**

CommonSpirit may receive money, in the form of grants and contracts, to conduct specific research studies. The grant/contract awarding organization may be a state or federal government agency or a nonprofit or for-profit company. Effective grant/contract management requires CommonSpirit to demonstrate accountability with sponsor's funds and comply with the specific terms and conditions of each contract and grant. Proper processes must be in place to remain compliant with all federal, state and agency rules and regulations as well as CommonSpirit policies and procedures related to

research and grant management. Understanding these requirements prior to accepting an award is important because this information, as well as additional approvals, may be necessary for the application and award acceptance processes.

**Human Subjects Research**

All human subjects research at CommonSpirit shall have designated Institutional Review Board (IRB) approval or determination of exemption from IRB oversight. The IRBs also perform Privacy Board responsibilities as required under HIPAA. It is important to determine if a project is classified as research or another activity, such as performance improvement, quality assurance or program evaluation.

Human subjects research includes obtaining information or biospecimens through intervention or interaction with an individual and using, studying or analyzing the information or biospecimens; or obtaining, using, studying, analyzing or generating identifiable private information or identifiable biospecimens. IRB approval is required for creation of a biorepository or database if one purpose of the biorepository/database is for research, even if it is not the primary purpose. Individuals shall obtain IRB approval or a determination of exemption from IRB oversight before accessing any tissue, other biospecimens or data including patient information for systematic analysis.

## Clinical Research Billing Compliance

Clinical research tests and procedures may be paid for by the sponsor of the study or may be reimbursable by a federal, state or private payer, subject to coverage criteria. Determining how each research test and procedure will be paid and accurately communicating the coverage to the research subject and billing departments is essential for accurate billing.

## Animal Subjects Research

CommonSpirit-designated Institutional Animal Care and Use Committees (IACUC) shall approve all vertebrate animal research. Researchers are responsible for proper animal care and handling of animals used in their studies, in accordance with applicable federal and state regulations and CommonSpirit policies and procedures.

## Conflict of Interest Management

Potential conflicts of interest shall be identified and managed to promote objectivity and eliminate bias or the appearance of bias in research. A research conflict of interest may exist when a researcher's personal financial, intellectual or equity interest could directly and significantly affect the design, conduct or reporting of the research. Researchers shall report personal interests related to their institutional responsibilities as required by federal and state regulations and CommonSpirit policies and procedures.

## Relevant CommonSpirit Policies

- [Research Conflicts of Interest ADDENDUM F](#)

## Research Misconduct

Federal regulations prohibit misconduct in research, which includes intentional fabrication, falsification or plagiarism in proposing, conducting, reviewing or reporting research results. Honest errors or differences of opinion do not constitute research misconduct. The CommonSpirit Research Integrity Officer follows formal research misconduct inquiry and investigation procedures to determine if research misconduct occurred and protect the rights of all individuals involved. Anyone who suspects research misconduct must immediately contact the Research [Corporate Responsibility Officer](#) to discuss their concerns.

## Relevant CommonSpirit Policy

- [Reporting and Investigating Allegations of Research Misconduct Policy](#)

Contact your Research Institute/Center or the Research [Corporate Responsibility Officer](#) if you have any questions related to these requirements.

***CommonSpirit is committed to high standards of ethics, integrity and compliance with law when engaging in research.***

## Tax-Exempt Status

CommonSpirit and most of its related organizations are nonprofit, tax-exempt entities operated solely for religious and charitable purposes. This status gives CommonSpirit certain benefits. To maintain our tax-exempt status, we must use our resources to further the religious and charitable purposes of our mission. Tax laws prohibit our tax-exempt organizations from:

- Providing goods, services, leases, compensation or other benefits to organizational insiders (such as an officer, director, key employee or physician) without receiving equivalent value in return. Some examples include:
  - Paying more than fair market value for services, products or leases.
  - Providing courtesy discounts and other uncompensated benefits to physicians, officers, directors and trustees, other than those provided for by organizational policy.
  - Accepting research grants from third parties when the researcher keeps the funds for personal use or the CommonSpirit organization is not paid for the use of its time, equipment or facilities in connection with the research.
  - Allowing a physician to market their private business inside our clinic/hospital (such as a botox clinic or skin care line, or any product that may be used in the clinic/hospital).

- Providing goods, services, leases, compensation or other benefits to a third party (who is not an insider) without receiving equivalent benefit in return, subject to certain exceptions. Some examples include:
  - Taking part in a joint venture, partnership or similar transaction that results in an improper private benefit (gain) to a third party.
  - Recruiting physicians or other key employees with incentives or compensation plans in excess of fair market value or that do not serve an identified community need.
  - Leasing a facility to a third party at less than fair market value.
  - Providing services to a third party at less than fair market value, such as billing services to private physicians or providing health care services at less than fair market value, except where permitted by CommonSpirit's charity, prompt pay or other discount policies.
  - Permitting any person to buy, sell, lease or use organizational property at less than fair market value.
  - Use of tax-exempt space for private practice or for-profit purposes.

## Political Activities

The tax-exempt status of CommonSpirit carries certain restrictions on political activities. The law delineates between political campaign activity (such as involvement with the nomination, appointment or election of candidates for public office) and policy activities (such as advocacy and lobbying to influence public policy). Participation by tax-exempt organizations in political campaign activity is not permitted. As a result, CommonSpirit does not use corporate resources for political purposes and complies with all applicable state and federal laws.

As allowed by law, CommonSpirit actively participates in public policy advocacy, particularly on behalf of people who are underserved. Our advocacy and lobbying activities focus on attempts to influence the development of legislation and regulations (including ballot questions, including referenda, initiatives, constitutional amendments, and bond measures, which are considered to be legislation). The CommonSpirit Advocacy Team and our employees participate in these activities to influence public policy at the local, state and federal level.

“Substantial” lobbying activity at the local, state or federal level is not permitted for tax exempt organizations. There is no precise definition of “substantial,” but a general rule is committing more than 5% of an organization’s total expenditures to lobbying. The Internal Revenue Service

watches and investigates the political activities of tax-exempt organizations. Because violation of this rule could jeopardize our tax-exempt status, CommonSpirit closely monitors and tracks spending on political activities.

The following guidelines provide an overview of what is and is not allowed.

**Permissible Political Activities for a Tax-Exempt Organization**

- Encouraging individuals to call or write a letter to elected officials to express the organization’s view on public policy issues or legislation.
- Arranging personal visits with elected officials, legislators and government agencies to provide the organization’s perspective on public policy issues or legislation.
- Holding public forums, lectures and debates to raise awareness of public policy issues and to inform voters of their impact on the organization.
- Providing financial and in-kind support to groups sponsoring ballot initiatives, referenda and similar measures.
- Hosting candidate forums, debates and visits as long as all candidates for office are given an opportunity to appear and speak to employees.
- Allowing a candidate to appear at an organization if the appearance is based on the candidate’s status as an expert, public figure or celebrity, as long as no

mention is made of the candidacy and there is no campaign or election-related activity.

- Using the organization’s resources, facilities and personnel to sponsor non-partisan voter registration drives.

**Permissible Political Activities for Employees of a Tax-Exempt Organization**

- Personally endorsing, supporting or opposing a candidate as long as the employees do not imply that they are representing CommonSpirit, use their CommonSpirit titles, or use organizational resources (such as phones, office supplies and email).
- Contributing personal funds to support or oppose a candidate or to a political action committee (PAC).

**Impermissible Political Activities for a Tax-Exempt Organization**

- Endorsing, supporting or opposing a candidate for public office.
- Contributing organizational funds or resources to a candidate, election campaign committee or PAC.
- Sponsoring a fundraiser or another event that endorses a candidate on or off the property of the organization.
- Inviting a candidate or a select group of candidates to appear at a tax-exempt organization for the purpose of conducting election-related activity or promoting a candidacy.

- Permitting candidate, political party or PAC literature to be placed or distributed on the organization’s premises.

**Impermissible Political Activities for Employees of a Tax-Exempt Organization**

- Engaging in activities or making statements that imply CommonSpirit endorses, supports or opposes a candidate.
- Asking or pressuring a fellow employee to endorse, support or oppose a candidate.
- Using the organization’s resources (such as phones, office supplies and email), facilities or personnel to solicit support, opposition or contributions for a candidate or PAC.

**Use of Copyrighted, Trademarked or Licensed Material**

Employees must not copy documents or computer programs that are protected by copyright laws or licensing agreements. Employees must not use confidential business information improperly obtained from competitors or that may violate any employee or organizational contractual obligation.

## Standard 4

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Maintain the Integrity and  
Protect the Confidentiality  
of Our Patient, Resident,  
Client, Employee and  
Organizational Information



## HIPAA Privacy and Security

HIPAA is a federal law that safeguards the privacy and security of protected health information. Privacy and security are separate rules within HIPAA, but go hand-in-hand.

- The Privacy Rule focuses on health care entities' uses and disclosures of patients' protected health information (PHI). It covers the confidentiality of PHI in all formats, including electronic, paper and oral. The rule safeguards PHI from unauthorized use and disclosure.
- The Security Rule focuses on administrative, technical and physical safeguards as they relate to electronic

PHI (ePHI). Protecting ePHI from unauthorized access, whether external or internal, stored or in transit, is covered by the security rule. Typically, ePHI is stored in:

- Electronic services and applications such as email, Google Drive, electronic medical records (EMRs), department file shares and personal drives.
- Internet-based services such as cloud storage, third-party services, vendor-hosted applications, etc.
- Computer hard drives, magnetic tapes, disks, memory cards and removable/portable storage devices.

## Confidentiality

Confidential information includes information about patients, residents, employees and other members of our workforce, as well as proprietary information used while conducting business. It is vital that we protect this information in any form – such as paper and electronic records, email, digital media and oral discussions – and do not share it with anyone unless there is a job-related need to know. Improper use or sharing of confidential information can harm our mission, our reputation, individuals in our care and our business partners. Texting is one example of sharing information improperly. Texting patient information can pose a significant risk to patient privacy and confidentiality as it can be easily intercepted or misdirected. Only approved secure methods can be utilized for texting communications for the protection of this sensitive protected health information (PHI).

Refer to CommonSpirit's policies and standards for privacy, security and confidentiality for more information. Violating these policies, standards, laws or regulations may result in disciplinary action and civil or criminal penalties against the individuals involved or CommonSpirit. If you have any questions, please contact your local [Privacy Officer](#) or your local [Security Officer](#).

### Relevant CommonSpirit Policies

- [Privacy Policies and Standards](#)



**Q** We just hired a new employee in our department. She has not yet received her computer login information, and she cannot begin her work assignments. She asked me to share my username and password with her so she could begin her new assignment. What should I do?

**A** Passwords are confidential information and must not be shared with others, including managers and IT employees. Sharing your username and password violates CommonSpirit's information security policies. If you share passwords you will be held accountable for any actions taken under that password, as well as for violation of our policies. Ask your new colleague to speak to their manager and to contact the Information Technology Services (ITS) Help Desk to gain appropriate access.

### Relevant CommonSpirit Policies

- [Data Asset Usage Policy](#)

**Q** In order not to fall behind on my assignments, I sometimes take work home. May I email confidential information or work documents to my personal email address, copy them to a portable storage device or save them to my personal laptop computer for this purpose?

**A** No. You must not email, copy or save work-related documents to an external personal email address, portable storage device or personal computer if the reason is to work from home. All work done for

our organization must be done on equipment the organization provides and/or authorizes for work purposes. Use of your personal email address is not permitted for work purposes and use of any portable storage device must be authorized by Information Technology. If you are authorized by your manager to work during times when you are not at our facility, and you are paid hourly as a non-exempt employee, you must also track all time worked for timely and proper payment of wages. Beyond this, you must only use organization equipment provisioned to you or equipment authorized for work purposes. Consult with your manager and your Human Resources Business Partner before engaging in work outside your scheduled work hours and location.

**Q** Why am I not allowed to use my own USB drive to back up my work files or work from home?

**A** Many USB drives are not encrypted, and they are easy to lose. Some of the largest breaches of confidential information in health care have been due to lost, unencrypted USB drives.

In addition, USB drives are not a good backup solution and are less reliable than saving information on a Google/network drive. If you have critical files and are concerned about backing them up you are to contact IT and request a network share to be allocated.

Once CommonSpirit information is copied to any removable media device, the organization may not

be able to maintain custody or an adequate level of security over the information. Personal computers/laptops do not maintain the same level of protection against computer viruses and hacking as the CommonSpirit network.

**Q** Can I reuse passwords from other workplace or personal accounts? Can I use a password vault, so I do not have to remember so many passwords?

**A** CommonSpirit requires that you use strong and unique passwords for business accounts. Reuse of passwords, even strong passwords, may compromise our business accounts as well as any other accounts you have with that same password. Password vault services are not permitted for our business accounts because of the risk of data breaches. Several publicly available password vault applications have experienced breaches that put all stored credentials at risk. Also, password vaults are often tied to your mobile device, which could be lost, stolen or compromised by malware.

CommonSpirit allows users with certain privileges to use an enterprise-grade password management system. However, this is only intended for sensitive system accounts and is not available to store user account information.

**Q** I am excited about the work I do at CommonSpirit and would like to post information about my work on social media to share with friends. Is it okay to do this?

## *Individual employees are not authorized to speak, comment or make representations on behalf of CommonSpirit in social media posts.*

**A** Please limit the work-related information you post on social media to general comments. Your personal social media posting must be done during non-working time. Remember that individual employees are not authorized to speak, comment or make representations on behalf of CommonSpirit, nor use our logo, workplace photos, coworker photos or other company insignia in social media posts. If you have questions, contact your Human Resources representative.

You are not permitted to comment on or reference patients or patient events, including but not limited to confidential information. Posting confidential information – such as patient names or other PHI, photographs, videos or business information – violates HIPAA and CommonSpirit privacy and security policies and may result in disciplinary action.

### **Relevant CommonSpirit Policies**

- [Corrective Action for Privacy and Security Violations Policy](#)

### **Employee Information**

Employees trust us to keep their personally identifiable information confidential by following applicable laws, regulations and human resources policies. This information includes wages and salaries; employment contracts, history and status; Social Security numbers; and financial and banking information.

**Q** I work in payroll. A friend who also works at the hospital is being promoted to a management position. He asked me to access our systems to look up how much other managers are making. Can I do so and share the information I accessed from our systems if I do not give specific names?

**A** No. You may not use our systems to access information that you have no legitimate business purpose for in performing your job duties. This constitutes unauthorized access. Questions about compensation must be referred to your Human Resources representative.

### **Business Information**

We maintain and protect the confidentiality of our proprietary information. This includes but is not limited to information about our intellectual property, competitive position, business strategies, contract terms or negotiations, payments, reimbursements and negotiations with employees or outside organizations. Proprietary information can be used only for legitimate business purposes and protections are in place to prevent unauthorized use or disclosure. If your employment or association with CommonSpirit or our associated businesses ends, you have an ongoing obligation to maintain the confidentiality of this information. Competitive information obtained in violation of a covenant not to compete, a prior employment agreement, or other contract relationship may not be used to conduct business on behalf of CommonSpirit.



**Q** Before coming to work at CommonSpirit, I had a consulting relationship with a competitor and obtained confidential information about the competitor that would help CommonSpirit negotiate contracts. Should I share the information?

**A** No. It is inappropriate to use a competitor's confidential information in any business dealings. It would also be unethical for you to share CommonSpirit's confidential information with another employer.

### Patient and Resident Information

We follow federal and state privacy and confidentiality laws such as HIPAA. Violating these laws may result in civil or criminal penalties for CommonSpirit or the responsible individuals. Our standards of conduct speak to the importance of confidentiality for our patients, residents and clients.

Employees, affiliated physicians and health care partners may only use and disclose PHI to care for our patients and residents; as allowed for treatment, operations and payment functions; or as allowed or required by other applicable laws and regulations. Any other use or disclosure of PHI requires a specific authorization from the patient, resident or client.

If you think PHI is being improperly used, accessed or disclosed, report your concern to your local [Privacy Officer](#) or by using the CommonSpirit Reporting Process.

**Q** In the break room, I heard my coworker discussing the condition of a physician's spouse who is receiving treatments at our hospital. What should I do?

**A** Physicians and their families are entitled to have their health information kept confidential in the same manner as other patients. This situation may violate HIPAA and our policies. Report the issue to your manager or local [Privacy Officer](#) or use the CommonSpirit Reporting Process.

**Q** One of my family members is in the intensive care unit. May I look at her medical information to let other family members know how she is doing?

**A** No. You may not access medical information without proper authorization from the patient. Being an employee of a health care organization does not give you greater access rights to the medical information of your family members. You may only access the information if it is part of your assigned job duties, or if the patient signs an authorization allowing you to access their records.

**Q** As a CommonSpirit employee, can I look at my own medical information?

**A** You must follow the same procedures required of any individual in our care by requesting access to your information from local Health Information Management (HIM), your designated release of information representative, or the patient portal.

Being an employee of a health care organization does not give you greater access rights, even to your own medical information.

### Relevant CommonSpirit Policies

- [Permissible Uses and Disclosures of Protected Health Information](#)
- [Uses and Disclosures of PHI Requiring Authorization](#)
- [Privacy Complaint and Breach Investigation Management](#)
- [Right of Access to the Designated Record Set](#)
- [Minimum Necessary Standard for Use and Disclosure of PHI](#)

### Job Shadowing

HIPAA allows:

- Health care systems to use and disclose PHI when conducting training programs for students, trainees or practitioners learning under supervision to improve their skills as practitioners.
- Students engaged in a program formally affiliated with CommonSpirit.

To remain compliant with HIPAA, shadowing activities must meet the following requirements:

- Education and orientation about privacy and security practices.
- Compliance with Data Asset Usage Policy.

- Adequate supervision to prevent actual or potential access to PHI.
- Written patient authorization from any patient whose PHI would be viewed, accessed or disclosed.

No video/audio recording or photography of any kind can occur during any type of job shadowing, and additional consents and authorizations are required.

#### Relevant CommonSpirit Policies

- [Data Asset Usage Policy](#)
- [Shadowing, Tours and HIPAA Implications](#)

#### Social Media Guidance

We do not want patients to worry about their privacy before, during or after their visit to one of our facilities. We must protect – both during and after the work day – any information about a patient that employees access, use or otherwise learn about while performing their jobs. Do not:

- Post or share any patient-related information on any social media platforms, including private pages or private groups.

- Take photographs or videos of patients on a personal cell phone or post any patient-related images to the internet, even if you believe the patient cannot be identified.
- Discuss patients or hospital/clinic events, including patient information or employee information, in internet chat rooms or on any internet site, including social media forums, even if the information is publicly known outside our health system.
- Use personal cell phones to send or receive patient information.
- Use personal cell phones or data devices except on breaks from regular work assignments and in non-patient care areas.

#### Relevant CommonSpirit Policies

- [Social Media: Guidelines and Best Practices For Your Personal Social Media Use](#)



# Standard 5

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Use Our Resources Wisely  
to Protect Our Assets,  
Reduce Our Environmental  
Impact and Increase Our  
Public Health Footprint



## Protecting our Assets

CommonSpirit is committed to protecting our assets, including our financial resources, supplies, equipment and reputation. Employees are accountable for making wise and ethical decisions so that our assets are used to support our healing ministry. As responsible stewards of our resources, you are responsible for:

- Following this guide, as well as all policies and procedures.
- Keeping accurate and reliable financial records and reports.
- Using organizational equipment, supplies, materials and services for authorized purposes only, and protecting assets from loss, theft and misuse.
- Using the CommonSpirit Reporting Process to report any improper use of organizational assets.

## Environmental Responsibility

Advancing the care and stewardship of the planet is part of our commitment to the common good. Local, national and global communities must nurture a sustainable and healthy environment. As a responsible corporate citizen, CommonSpirit is committed to:

- Expanding and strengthening environmental actions to meaningfully improve the outcomes of our health care ministry.

- Seeking proactive solutions to enhance the health and well-being of all, while avoiding adverse impacts to people and the environment.
- Minimizing and managing adverse impacts where avoidance is not possible, while seeking meaningful alternatives to promote the greater good.
- Enhancing and expanding partnerships and stakeholder engagement at all levels of society to build resilience and reinforce common goals that are

life-affirming and mitigate environmental risk.

The ecological crisis we now face, with climate change being one of the most evident manifestations, is serious and urgent. CommonSpirit's efforts to see everything as connected – called integral ecology – underlies our commitment to addressing poverty and inequality among all people and to protecting and conserving our common home for present and future generations.



***We promote a balanced approach to all social efforts to maximize patient, employee and community health and safety.***

## **Social Responsibility**

CommonSpirit is dedicated to advancing the care and stewardship of all people. This is a commitment to the common good, recognizing that local, national and global communities must promote social and economic justice. As a responsible corporate citizen, CommonSpirit will:

- Expand and strengthen social actions to meaningfully improve the outcomes of our health care ministry.
- Seek proactive solutions to enhancing the health and well-being of all, while avoiding adverse impacts to people.
- Minimize and manage adverse impacts where avoidance is not possible, while seeking meaningful alternatives to promote the greater good.
- Enhance and expand partnerships and stakeholder engagement at all levels of society to build resilience and reinforce common goals that are life-affirming and mitigate social risk.
- Seek to promote safety and security for colleagues, communities and society by addressing and preventing violence in all its forms. This includes directly prohibiting human trafficking within the organization and among all who interact with the organization.

Social responsibility is based on the concept that sustainable development must be founded on a “universal respect for, and observance of, human rights and fundamental freedoms for all”. CommonSpirit does not promote or contribute to violations of international human rights obligations and treaties. CommonSpirit will support the protection and fulfillment of human rights, including addressing, reducing and preventing the negative impacts of social determinants of health.

CommonSpirit promotes a balanced approach to all social efforts to maximize patient, employee and community health and safety.



# Standard 6

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Create an Environment  
that Promotes Community,  
Respects Dignity and Supports  
Safety and Well-being

## Health and Safety

CommonSpirit facilities maintain a safe and healthy working environment. Employees:

- Must be adequately trained on and adhere to all safety policies and procedures.
- Must conduct themselves in a manner that minimizes health and safety hazards and promptly notify their manager of any actual or potential unsafe working conditions or practices.
- Must properly generate, store and dispose of biological, medical, chemical and other hazardous waste according to applicable laws and policies designed to protect human, environmental and community health.
- Who are authorized to operate incinerators, sterilizers, decontaminators and underground storage tanks (containing fuel for emergency generators) and other equipment containing chemicals must be adequately trained to operate devices according to all permits, regulations and applicable procedures.

## Prohibitions on Discrimination, Harassment and Retaliation

CommonSpirit is committed to ensuring a safe, inclusive and collaborative work environment where employee talents, ideas and expertise are respected and encouraged. Consistent with our policies prohibiting discrimination, harassment or retaliation, the work environment must be free of discrimination, harassment, intimidation/bullying

or retaliatory conduct. As an employee in any role, you are expected to comply with our policies and prohibitions on discrimination, harassment and retaliation in all aspects of your work with our organization.

### Relevant CommonSpirit Policies

- [No-Retaliation Policy](#)
- [Anti-Discrimination and Harassment-Free Workplace](#)

## Human Trafficking

CommonSpirit's Human Trafficking Response Program equips physicians, advanced practice providers and staff to identify patients who may be victims of human trafficking or other types of abuse, neglect and violence, and to provide trauma-informed, healing-centered care to affected patients and families. This includes victim-centered intervention assistance, such as warm referrals (i.e., personal introductions) to community agencies and continued care that promotes healing and recovery. If you have concerns that a patient may be affected by abuse, neglect or violence, including labor trafficking or sex trafficking, refer to the Abuse, Neglect, and Violence CommonSpirit policy (located in the Human Trafficking Response Program link below). To learn more about human trafficking, see the CommonSpirit educational course, *Human Trafficking 101: Dispelling the Myths*, in the CommonSpirit learning management system.

### Relevant CommonSpirit Policies

- [Human Trafficking \(HT\) Response Program](#)

***CommonSpirit facilities maintain a safe and healthy working environment. Employees must adhere to all safety policies and procedures.***

# Standard 7

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## Properly Disclose and Manage Situations that Pose Potential or Actual Conflicts of Interest

## Conflicts of Interest

Conflicts of interest occur when personal interests or activities influence or appear to influence our ability to act in the best interests of CommonSpirit. Actions or relationships that could create a conflict of interest must be disclosed in writing, in advance, and managed appropriately according to policy. CommonSpirit employees must properly disclose and cooperate in the management of situations that pose potential or actual conflicts of interest.



## Gifts and Gratuities

CommonSpirit defines a gift as an item of value, including cash; cash equivalents, such as a gift certificate or a voucher; grants; scholarships; educational funding; meals, lodging and transportation; and tickets to a sporting, cultural or community event, including any fees associated with that event. Accepting gifts from vendors can create the perception that decisions are made based on personal benefit rather than what is in the best interests of CommonSpirit. This perceived conflict of interest can undermine the trust of patients and community members.

Improper gift giving and receiving may also violate the federal Anti-Kickback Statute, which prohibits individuals and entities from knowingly offering, paying, soliciting or receiving remuneration (anything of value, or “kickbacks”) to induce or reward referrals of items or services paid for by federally funded programs. If a vendor’s gift causes concern, talk with your manager and local [Corporate Responsibility Officer](#) to review the facts and circumstances of the situation.

### Relevant CommonSpirit Policies

- [Gifts and Gratuities To and From Business Sources Policy](#) (includes a FAQ)

## Outside Activities and Employment

If you own or have any type of employment or consulting arrangement with an outside entity (including vendors), the arrangement must be disclosed to your manager for review and approval. If your manager approves, any consulting or other business activities must be conducted on your personal time (not work time) using non-CommonSpirit resources, and must not conflict with or affect your work performance.

### Relevant CommonSpirit Policies

- [Payments and Arrangements Between Business Sources and Employees Policy](#)

## Vendor Relations

Business relationships with vendors must be conducted fairly and in the best interests of CommonSpirit, without inappropriate personal ties to or bias toward vendors. Employees must disclose to their manager any personal relationships and business activities with contractors, vendors and referral sources or referral recipients. Use the CommonSpirit Reporting Process to:

- Ask questions if you are concerned about a contractor relationship.
- Report attempts by contractors to inappropriately influence business activities.

## Participation on Outside Boards of Trustees/ Directors

CommonSpirit encourages employees to be active in their communities. This may include serving on the boards of charitable, community and civic organizations. You must not accept a position on a board if that participation conflicts, or may conflict, with the interests of CommonSpirit. If you choose to accept such a position when there is or may be a conflict of interest and appropriate steps are not taken to mitigate or manage the conflict, such action will be treated as a violation of the Conflicts of Interest Policy. If you have any questions as to whether such a conflict exists, check with your manager or your local [Corporate Responsibility Officer](#).

When serving on outside boards:

- Do not participate in actions on matters that might affect the interests of CommonSpirit.
- Do not identify yourself as speaking on behalf of CommonSpirit unless permitted to do so by the conflict of interest management plan.
- Conduct outside board service on your personal time, not work time, using non-CommonSpirit resources. Outside board service must not conflict with or affect your work performance.

### Relevant CommonSpirit Policies

- [Conflicts of Interest Policy](#)

## Endorsement and Testimonial Guidance

Employees may not provide endorsements, testimonials or other forms of external communications on behalf of CommonSpirit or your local organization unless you have written approval in accordance with applicable CommonSpirit policies. You may not provide statements, testimonials or endorsements for use by a vendor, contractor, the media or other third parties except as allowed by CommonSpirit's Endorsements/Advertisement Policy (see link below).

**Q** I have been asked to serve on a speaker panel at a vendor-sponsored event, what do I need to do?

**A** You must:

- Obtain the written approval of your manager, the CommonSpirit Senior Vice President of Marketing and Communications Officer and the Senior Vice President of Brand, or their respective designees.
- Confirm your participation in the event is not an explicit endorsement, but a collaborative partnership that improves patient care, operational performance, community health or environmental sustainability.
- Verify your presentation slide deck is branded as CommonSpirit and not co-branded.

### Relevant CommonSpirit Policies

- [Endorsements/Advertisement Policy](#)

***Employees may not provide endorsements or testimonials on behalf of CommonSpirit unless you have written approval.***



# Standard 8

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Foster a Diverse and Inclusive  
Work Environment in Reverence  
to Our Employees, Partners  
and Those We Serve

## Diversity, Equity, Inclusion and Belonging

CommonSpirit's commitment to Diversity, Equity, Inclusion and Belonging (DEIB) strengthens our ministry's values. We work to embed DEIB best practices in every aspect of our ministry – from the delivery of quality health services to employee and physician engagement, patient experience, clinical quality and safety, leadership development and culture. Our key goals include:

- Valuing and acknowledging the diversity of our employees, patients and the communities we serve.
- Acting with inclusion by creating a welcoming and kind engagement of those who share in the work of our health care ministry, celebrating everyone's gifts and voice.
- Ensuring fair and equitable health care practices for all people.
- Striving to create a sense of belonging by connecting our shared experiences as community, patients and employees for a safe and trusting environment.
- Sharing our collective commitment to health equity by removing barriers to a fair and just opportunity to be as healthy as possible.



# Conclusion

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CommonSpirit's values and standards of conduct, as found in this guide, serve as guiding principles for ethical behavior. It is our responsibility to understand and follow these standards of conduct. Contact your manager, [Corporate Responsibility Officer](#) or call the reporting hotline number: 1 (800) 845-4310 with questions or concerns. No retaliatory action will be taken against anyone who makes a good-faith report of a potential violation of the standards, guidelines and policies outlined in this guide. By promoting our values and ethics, we can strengthen our organization and live out the mission of CommonSpirit.

## Appendix A: Acknowledgement and Certification

I acknowledge I have received an electronic or physical copy of the CommonSpirit Standards of Conduct: Our Values in Action Policy and Reference Guide.

- I agree to read it completely.
- I agree to discuss any questions or concerns regarding this guide with my manager or other appropriate CommonSpirit leader.
- As a policy document, I certify that I will comply with the standards and guidelines in this guide and any other standards or applicable policies set by CommonSpirit.
- I understand:
  - It is my responsibility to report any concerns regarding possible violations of these standards, guidelines or policies.
  - I may be asked to cooperate in an investigation of matters that may affect or relate to compliance with applicable standards, guidelines or policies and agree to do so.
  - Neither CommonSpirit nor the local organization I serve will retaliate against me for making a report in good faith.
  - CommonSpirit or the local organization I serve will conduct an excluded provider background check prior to my employment or association and periodically thereafter. CommonSpirit reserves the right to terminate my employment or other association if I am an excluded provider/individual.
  - This guide contains standards of conduct within CommonSpirit and is not a contract for employment or other services.
  - These standards may be amended, modified or clarified at any time, and I will receive periodic updates to these standards.

### PLEASE PRINT

Name

Department, Board, Board Committee or Other Affiliation

Organization

Signature

Date

Your acknowledgment and certification above will be collected and retained. Consult with Human Resources or your local [Corporate Responsibility Officer](#) if you have any questions about this process.

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# Clinical A-018 Auxiliary Aids and Services

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## COMMONSPIRIT HEALTH ADMINISTRATIVE POLICY

**SUBJECT:** Auxiliary Aids and Services**POLICY NUMBER:** Clinical A-0**EFFECTIVE DATE:** April 2, 2023**ORIGINAL EFFECTIVE DATE:** April 2, 2023☒ National/System Offices☒ Acute Care Facilities☒ Non-Acute Care Fa

Share Feedback

### POLICY

It is the policy of CommonSpirit Health to providing effective communication through the use of Auxiliary Aids and Services in accordance with Title III of the Americans with Disabilities Act of 1990 and its implementing regulations, Section 504 of the Rehabilitation Act of 1973 and applicable state laws (collectively, the "ADA"). The purpose of this Policy is to achieve compliance with the ADA, to address requests by patients and visitors for Auxiliary Aids and Services, to provide effective communication with Persons during treatment, and to facilitate access to the services and benefits offered by CommonSpirit Facilities.

The ability to communicate effectively is critical to enable patients to understand and participate in their care and treatment at CommonSpirit Facilities. In order to overcome communication barriers, CommonSpirit Facilities will provide, at no cost to the patient, Auxiliary Aids and Services to Persons with Sensory or Communication Disabilities, including persons who are Deaf or Hearing-Impaired or who have impaired vision, speaking or manual skills. Each patient must be treated as a unique person of incomparable worth,



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with the same right to access to health care possessed by all other persons. Auxiliary Aids and Services help promote access to health care and other services offered at CommonSpirit Facilities.

CommonSpirit Facilities shall notify Persons with Sensory or Communication Disabilities of the availability of Auxiliary Aids and Services in accordance with this Policy. CommonSpirit expects that Facility Staff will consult with Persons with Sensory or Communication Disabilities and consider carefully their self- assessed communication needs before utilizing or acquiring particular Auxiliary Aids and Services. Facility Staff shall consider the nature, length, complexity, and context of the communication as well as the person's normal method(s) of communication in deciding what aid or service is appropriate for the Person with a Sensory or Communication Disability.

For overcoming communication barriers with Limited English Proficient (LEP) Patients and Companions, please refer to CommonSpirit Administrative Policy and Procedure Clinical A-020, *Language Access for Limited English Proficient (LEP) Patients and Companions*.

### AFFECTED AREAS OR DEPARTMENTS

This Policy applies to CommonSpirit and its Direct Affiliates<sup>[1]</sup> and Subsidiaries<sup>[2]</sup>, as well as any other related entity whose governing documents expressly require or provide for such entity(ies) to comply with CommonSpirit's policies and procedures (Conforming Entity).

### ASSOCIATED PROCEDURE

CommonSpirit Administrative Procedure

Clinical A-018P, *Auxiliary Aids and Services for Effective Communication with Persons with Disabilities*

### REFERENCES

28 CFR §36.303. (2016, July 1). Auxiliary aids and services. Retrieved from <https://www.govinfo.gov/app/details/CFR-2016-title28-vol1/CFR-2016-title28-vol1-sec36-303>

National Association of the Deaf Law Center. (n.d.). Title III of the ADA: Provision of Auxiliary Aids. Retrieved from <https://www.sc-deaf.org/uploads/1/1/9/4/119452553/provisionofauxiliaryaids.pdf>

Patient Protection and Affordable Care Act, Section 1557. Retrieved from <https://www.federalregister.gov/documents/2022/08/04/2022-16217/nondiscrimination-in-health-programs-and-activities>, and <https://www.hhs.gov/sites/default/files/2016-06-07-section-1557-final-rule-summary-508.pdf>

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U.S. Department of Justice. (2022, January 4). Justice Department secures agreement with hospital to ensure effective communication with deaf patients and companions. Retrieved from <https://www.justice.gov/opa/pr/justice-department-secures-agreement-hospital-ensure-effective-communication-deaf-patients>

U.S. Department of Justice. (2000, August 11). Executive Order 13166: Improving Access to Services for Persons with Limited English Proficiency. Retrieved from <https://www.justice.gov/crt/executive-order-13166>

U.S. Department of Labor. (n.d.). Americans with Disabilities Act. Retrieved from <https://www.dol.gov/general/topic/disability/ada>

#### STATUTORY/REGULATORY AUTHORITIES

1. Americans with Disabilities Act of 1990
2. Americans with Disabilities Act, Title III (42 U.S.C. § 12181 et seq.)
3. Americans with Disabilities Act, Title III Regulations (28 CFR pt. 36)
4. Comprehensive Accreditation Manual for Hospitals (2000)
5. Kopp Act - California Health & Safety Code § 1259
6. Section 1557 of the Patient Protection and Affordable Care Act (ACA) (42 CFR pt. 92)
7. Nondiscrimination in Health Programs and Activities; Final Rule (42 CFR Part 92)
8. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794 et seq.)
9. U.S. Department of Health and Human Services Regulations Implementing Section 504 of the Rehabilitation Act of 1973 (45 C.F.R. Part 84)

### COMMONSPIRIT HEALTH ADMINISTRATIVE PROCEDURE

**SUBJECT:** Auxiliary Aids and Services

**PROCEDURE NUMBER:** A-018P **EFFECTIVE DATE:** April 2, 2023

☒ National/System Offices ☒ Acute Care Facilities ☒ Non-Acute Care Facilities

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CommonSpirit Health Policy

Clinical A-018, *Care of Persons with Disabilities: Auxiliary Aids and Services***AFFECTED AREAS OR DEPARTMENTS**

This Procedure applies to CommonSpirit and its Direct Affiliates<sup>[1]</sup> and Subsidiaries<sup>[2]</sup>, as well as any other related entity whose governing documents expressly require or provide for such entity(ies) to comply with CommonSpirit's policies and procedures (Conforming Entity).

Any CommonSpirit Health departments, units or areas where health care personnel, patients and visitors are allowed to go. This includes patient rooms and other public areas of inpatient and outpatient units, mental health units (including locked mental health facilities).

**PROCEDURE OR PROCESS:**

The procedures outlined below are intended to facilitate effective communication with patients/visitors involving their medical conditions, treatment, services and benefits. The procedures also apply to, among other types of communication, communication of information contained in important documents, including waivers of rights, consent to treatment forms, financial and insurance benefits forms, etc. All necessary auxiliary aids and services shall be provided without cost to the person being served.

**A. General Considerations**

1. All staff will be provided written notice of this Policy and Procedure, and staff that may have direct contact with individuals with disabilities will be trained in effective communication techniques, including the effective use of interpreters, auxiliary aids and services.
2. Opportunities shall be provided for individuals with disabilities to request auxiliary aids and services free of charge.
3. Each CommonSpirit facility will provide notice informing patients and visitors of the availability of and procedure for requesting auxiliary aids and services free of charge.
  - a. The Notice shall, at a minimum, be posted at the entrance to the facility, in emergency rooms, all admitting areas and in outpatient areas.
  - b. Sample text of the Notice:

*For persons with sensory or communications disabilities, this facility provides free, qualified sign language and oral interpreters, TTYs/TDDs, assistive listening devices, and other auxiliary aids and services. For assistance, please contact any staff member at this facility.*

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c. The Notice shall also include the contact information for the 504/1557 Coordinator, a State Relay Services number, the international symbols for interpreters, and TTYs/TDDs. The Notice shall also include information about where to direct complaints concerning interpreter services as required by law.

#### B. Identification and assessment of need:

1. When an individual self-identifies as a person with a disability that affects the ability to communicate, to access or manipulate written materials, or requests an auxiliary aid or service, or staff recognizes or has any reason to believe a patient or companion is a person with sensory or communication disabilities (including being hearing-Impaired or visually-Impaired), staff will consult with the individual to determine what aids or services are necessary to provide effective communication in particular situations.
  - a. Advise/inform the person of the availability of auxiliary aids and services.
  - b. Offer to provide appropriate auxiliary aids and services at no cost to facilitate effective communication with the patient or companion.
  - c. This advice and offer must likewise be made in response to any expressed request for a Qualified/Certified Sign Language Interpreter or for any other auxiliary aids and service.
  - d. Any determination and offer as to auxiliary aids and services shall be documented in the patient's medical record.
2. Facility staff shall perform and document an Effective Communication determination as part of each initial patient assessment. All Effective Communication determinations for the patient or the patient's companion, including copies of any determination form used, shall be documented and maintained in the patient's medical record.
3. Physicians and other providers shall contact facility staff for assistance, as needed.

#### C. Effective Communication and Provision of Auxiliary Aids and Services:

1. CommonSpirit facilities shall provide services or auxiliary aids to achieve effective communication with Persons with Disabilities (See **Attachment A** for examples of auxiliary aids and services that may be offered). (See **Attachment B** for local offerings).
2. Any identified patient or companion with sensory or communication disabilities who is participating in treatment discussions and decision-making shall be informed in writing of the availability of auxiliary aids and services at no cost to meet their communication needs. Such notice shall be provided at the time of admission, appointment



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scheduling, or arrival at a CommonSpirit facility, including arrival at the Emergency Department.

3. Auxiliary aids and services shall be used for effective communication during:

a. Scheduled Admissions and Appointments: For scheduled admissions and appointments, if the admitting office is made aware of the need for auxiliary aids and services (e.g., interpreter services for limited English Proficiency), arrangements shall be made in advance so a Qualified Medical Interpreter (QMI) can present when the person arrives for treatment.

b. Medical and Psychiatric Evaluations or Discussions: All medical and psychiatric treatment (including individual and group psychotherapy), diagnosis, progress and prognosis must be communicated through the use of a Qualified Medical Interpreter, unless refused by the patient and a signed Written Waiver obtained and documented in the patient's medical record.

c. Assessment, Consent, Education and Discharge: A Qualified Medical Interpreter shall be required for patient assessment, consent, education and discharge, including but not limited to the following circumstances:

1. Determining a patient's history or description of ailment or injury;
2. Obtaining informed consent or permission for treatment;
3. Providing patient's rights;
4. Explaining living wills or powers of attorney (or their availability);
5. Explaining diagnosis or prognosis of ailments or injuries;
6. Explaining procedures, tests, treatment, treatment options or surgery;
7. Explaining the administration and side effects of medications, including side effects and food or drug interactions;
8. Providing discharge instructions or discussing plans;
9. Explaining and discussing advance directives;
10. Explaining blood donations or apheresis;
11. Explaining follow-up treatment, test results, or recovery;
12. Discussing billing and insurance issues;
13. Providing educational presentations, such as classes concerning birthing, nutrition, CPR and weight management;
14. Filing administrative complaints or grievances against a CommonSpirit facility or facility staff; and
15. Any other circumstance in which a Qualified Sign Language Interpreter is necessary to support the rights provided by law.

4. Administrative, routine or follow-up care may not require a Qualified Medical Interpreter. For example, for conversations such as providing admission forms, scheduling an appointment or making a purchase in the hospital gift shop, the use of written notes may be sufficient.



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## D. Qualified Medical Interpreters and Qualified Sign Language interpreters

1. Qualified Medical Interpreters provide services using over the phone interpretation (OPI), via video remote interpretation (VRI), or in person. Qualified Sign Language Interpreters may provide services in person or via video remote interpreting.
2. Family members, friends, and others who are not qualified medical interpreters, regardless of their sign language or other communication abilities, are not be used in place of appropriate auxiliary aids and services. Asking such persons to interpret denies the patient the support needed and compromises the accuracy and effectiveness of communications with the patient. See CommonSpirit Administrative Policy A-020, *Limited English Proficiency (LEP): Language Access for Patients and Companions*, for criteria to be qualified as a medical interpreter.
  - a. Some persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the person will not be used as interpreters unless specifically requested by that individual and after an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file.

## E. Refusal of Offer for QMI, Auxiliary Aids or Services; Written Waiver

1. If a Person with Sensory or Communication Disabilities refuses the offer of a free Qualified Medical Interpreter or other auxiliary aids or services, facility staff shall:
  - a. Use their best effort to secure a Written Waiver.
    1. Staff shall document the patient's refusal to use a free Qualified/Certified Medical Interpreter or other auxiliary aids and services in the patient's medical record.
    2. The completed Written Waiver shall be sent to the Medical Records/Health Information Management (HIM) Department for inclusion in the patient's medical record.
  - b. If the person refuses the offer of a QMI, auxiliary aids or services and chooses to use a family member or friend as an interpreter, issues of competency, accuracy of interpretation, confidentiality, privacy and conflict of interest will be considered. Staff shall utilize a Qualified Medical Interpreter to confirm the accuracy of interpretation provided by a family member or friend.
  - c. No payment will be made by CommonSpirit or a CommonSpirit facility to an individual who volunteers their own resources for purposes of communication
  - d. **NOTE: Children and other residents will not be used to interpret, in order to maintain confidentiality of information and**

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e. **Emergency Exception:** In an emergency involving imminent threat to the safety or welfare of an individual or the public where there is no interpreter available, the staff may use an adult family member or companion accompanying a Hearing-Impaired individual to interpret.

## **F. Redetermination Process Where Communication Not Effective**

1. Facility staff shall document any instances where patients or companions express concern or complain that the auxiliary aids and services provided to them by the facility failed to provide effective communication.
  - a. Facility staff, in consultation with the patient or companion, shall then reassess the auxiliary aids and services determination. Staff shall document this reassessment process and the auxiliary aids and services determination that results from the reassessment in the patient's medical record.
  - b. If the concern or complaint cannot be immediately resolved by staff at the time the issue is raised, the complaint shall be reported to the 504/1557 Coordinator and the facility grievance process followed.
  - c. Communications, all reassessments, and all determinations involving the provision of auxiliary aids and services to a patient or companion shall be documented in the patient's medical record.
2. Denial of Specifically Requested Auxiliary Aids and Services
  - a. There may be times when facility staff are unable to provide auxiliary aids or services as requested. Staff will document unsuccessful attempts to provide requested auxiliary aids or services, including the aids or services requested, the attempts made and by whom, including date and time.
  - b. While reasonable efforts are to be made to provide the auxiliary aids and services specifically requested by the patient or companion, a facility may decline the request if that aid or service would result in an undue burden to the facility or fundamentally alter any services provided by the facility.
    1. If, after conducting an Effective Communication determination, facility staff determine that the circumstances do not warrant providing specifically requested auxiliary aids and services, facility staff shall notify the person requesting the auxiliary aids and services, and document the date and time of the denial, the name and title of the facility staff member making the determination, and the basis for the determination.
      - a. An example of circumstances where a specific auxiliary aid might be appropriately denied is if an in-person interpreter is requested when Video Remote Interpreting (VRI) is available, functioning appropriately, and allows for Effective Communication.
      - b. There is no inherent right to an in-person interpreter when another method of communication, such as VRI,

provides Effective Communication. However, any determination to provide an interpreter through a VRI service when a patient or companion has requested an in-person interpreter shall be documented in the patient's medical record. Similarly, facility staff shall separately document the date and time of the denial, the name and title of the facility staff member making the determination, and the basis for the determination.

## G. Documentation

### 1. General Requirements

#### a. Document in the patient's medical record:

1. that assistance or services have been provided and by whom, or
2. that the patient or companion requested specific auxiliary aids or services and whether they were provided. If unable to provide, then staff will document the attempts made to accommodate the request, including the name of the person making the attempt, what actions were taken, as well as the date and time of the attempts to provide the auxiliary aid or service requested.
3. that assistance was offered and the patient refused the service(s). In the case of a companion in need of auxiliary aids and services, document the offer and provision, or the refusal of auxiliary aids and in the medical record of the patient accompanied by the companion.

### 2. Offer and Waiver of Auxiliary Aids and Services

- a. CommonSpirit facilities shall use the Written Waiver form to document the offer and refusal of auxiliary aids and services by patients and companions in accordance with this Procedure.

### 3. Maintenance of Documentation

- a. A copy of all documentation related to a waiver of auxiliary aids and services, a decision not to provide particular auxiliary aids and services, a redetermination of appropriate auxiliary aids and services for Effective Communication, or a complaint that particular auxiliary aids and services are ineffective shall be maintained in accordance with this Procedure.
- b. Complaints shall also be forwarded to the 504/1557 Coordinator for information and resolution, as necessary.

## H. Communication of and Access to the Procedure: Education / Training

### 1. Communication

- a. The information in this Procedure shall be communicated to every Person with Sensory or Communication Disabilities seeking access to a CommonSpirit facility in a way that such persons understand that the facility will provide auxiliary aids and services free of charge to qualified

persons with disabilities, including persons who are deaf or hearing-impaired, visually-impaired, speech-impaired or manually-impaired.

## 2. Alternative Formats: Auxiliary Aids

a. If an individual seeking access to a facility has a sensory or communication disability, this Procedure shall be communicated in the requested accessible format, such as audio, large print format, sign language, or other appropriate method, in accordance with this Procedure, it's associated Policy or any successor policy.

## 3. Facility Staff Training/Education

a. Each facility shall also conduct employee training during new employee orientation and annually thereafter so its employees are familiar with this Procedure and its associated Policy.

b. Each facility shall also train facility staff who have direct contact with patients and their companions on appropriate measures to access available auxiliary aids and services, including the use of Qualified Medical Interpreters.

### DEFINITIONS:

Auxiliary Aids and Services: Communication aids and services used to communicate with Persons with Sensory or Communication Disabilities. The term "Auxiliary Aids and Services" includes but is not limited to:

- a. Qualified Sign Language Interpreters; note takers; real-time computer-aided transcription services; written materials; exchange of written notes; telephone handset amplifiers; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning, including real-time captioning; voice, text, and video-based telecommunications products and systems, including Text Telephones (TTYs) and Telecommunication Devices for the Deaf (TDDs), videophones, and captioned telephones, or equally effective telecommunication devices; videotext displays; accessible electronic and information technology; or other effective methods of making orally-delivered information available to individuals who are Deaf or Hearing-Impaired;
- b. Qualified Readers; taped texts; audio recordings; Braille materials and displays; screen reader software; magnification software; optical readers; secondary auditory programs (SAP); large print materials; accessible electronic and information technology; or other effective methods of making visually-delivered materials available to individuals who are blind or Visually-Impaired;
- c. Acquisition or modification of equipment or devices; and
- d. Other similar services and actions.

Companion: A family member, friend, or associate of the patient who, along with the patient, is an appropriate person with whom facility staff can communicate regarding the care and treatment of the patient and who meets one of the following requirements: A



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person whom the patient authorizes to:

- a. Communicate with facility staff about the patient;
- b. Participate in any treatment decision;
- c. Communicate the patient's needs, conditions, history, or symptoms to facility staff;
- d. Act on the information, advice, or instructions provided by facility staff; or
- e. A person legally authorized to make healthcare decisions on behalf of the patient; or
- f. Such other persons with whom facility staff would ordinarily and regularly communicate concerning the patient's medical condition including, but not limited to the patient's next of kin, or healthcare surrogate, subject to but not limited to applicable privacy law requirements.

**Deaf:** A person who is unable to hear normal conversation. A deaf person is Hearing-Impaired.

**Effective Communication:** Any form of communication (for example, writing or speech) that leads to understanding, is appropriate for the nature, complexity, and length of communication, and facilitates communication with people with disabilities is as effective as it is for people who do not have disabilities.

**Facility or Facilities:** All CommonSpirit owned or operated sites where care and treatment are provided to patients, including, but not limited to, hospitals, ambulatory surgery centers, home health agencies and CommonSpirit-affiliated clinics.

**Facility Staff:** All employees and independent contractors who have contracts to work on a full-time, part-time, or per diem basis for a CommonSpirit facility, including clinical, non-clinical, and volunteers, who will have direct contact with patients or companions.

**Hearing-Impaired:** A person who has difficulty hearing normal conversation.

**Hearing Impairment:** Conditions that affect the frequency or intensity of one's hearing.

**Individuals with disabilities:** The American with Disabilities Act, a federal law, defines individuals with disabilities as those who have impairments that substantially limit a major life activity, have a record (history) of a substantially limiting impairment, or are regarded as having a disability.

**Interpretation/Interpreting:** The process of ensuring that the listeners can understand the message of the speaker. Interpreting works on oral communication; its mode of delivery is to deliver a message or to communicate verbally.



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**Manually-Impaired:** A person with a physical impairment that affects the ability to communicate.

**Over-the-Phone Interpreting (OPI):** A remote interpretation service that involves a three-way call. The interpreter facilitates the conversation between two parties (e.g., Patient and clinical care provider) who are speaking different languages. The interpreter could be within the same building as the patient/visitor/companion, or in a remote location.

**Persons with Sensory or Communication Disabilities:** Persons who are Deaf or Hearing-Impaired, are blind or vision impaired, or have difficulties with speech or manual/mobility skills.

**Qualified Reader:** A person who is able to read effectively, accurately, and impartially using any necessary specialized vocabulary.

**Qualified / Certified Sign Language Interpreter:** An interpreter who, via Video Remote Interpreting (VRI) or an on-site appearance, is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Qualified Sign Language Interpreters include, for example, sign language interpreters, oral transliterators, and cued-language transliterators.

**Relay Services:** A free nationwide service that provides telephone services for persons who are Deaf and Hearing-Impaired. This service is useful for calling or receiving calls from a person who is Deaf and uses a TTY/TDD at home.

**Speech-Impaired:** A person who has difficulty with vocal communication. A non-speaking person is Speech-Impaired.

**Translation:** Translation handles the conversion of written texts from one language to another. The mode of delivery is written whereas the mode of delivery for interpretation is oral/verbal.

**TTY/TDD:** A **TTY** (TeleTYpe), a device like a typewriter that has a small readout, **TDD** (Telecommunications Device for the Deaf) and **TT** (Text Telephone) refer to any type of text-based telecommunications device used by a person who does not have enough functional hearing to understand speech, even with amplification.

**Video Remote Interpreting (VRI):** A video phone or network connection service that provides video transmission to a video capable device such as a video monitor, laptop, tablet, smartphone, or computer, and that enables a person to view and sign with a remote interpreter (i.e., a live interpreter in another location). It is a video-telecommunications service to provide sign language or spoken language interpreting services.

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Visually-Impaired: A person who has difficulty seeing or reading. A blind person is Visually-Impaired.

Written Waiver: The form contained in the Electronic Health Record for patients or available in print for patients and companions, which shall be used to document any refusal by a patient or companion to accept a facility's offer of one or more auxiliary aids and services.

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### STATUTORY/REGULATORY AUTHORITIES

1. Americans with Disabilities Act of 1990
2. Americans with Disabilities Act, Title III (42 U.S.C. § 12181 et seq.)
3. Americans with Disabilities Act, Title III Regulations (28 CFR pt. 36)
4. Kopp Act - California Health & Safety Code § 1259
5. Nondiscrimination in Health Programs and Activities; Final Rule (42 CFR Part 92)
6. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794 et seq.)
7. Section 1557 of the Patient Protection and Affordable Care Act (ACA) (42 CFR pt. 92)
8. The Joint Commission - Comprehensive Accreditation Manual for Hospitals (2022)
9. U.S. Department of Health and Human Services Regulations Implementing Section 504 of the Rehabilitation Act of 1973 (45 C.F.R. Part 84)

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1. Assistive listening devices; Assistive devices
2. Audio recordings
3. Braille materials and displays
4. Large print materials
5. Note-takers
6. Open and Closed Captioning
7. Qualified Medical Interpreters (QMI); Qualified Sign Language Interpreters
8. Real-time computer-aided transcription services
9. Screen reader software
10. Telephone handset amplifiers
11. Telephone compatible hearing aids
12. Voice, text and video-based telecommunications products and services including Text Telephones (TTYs), and Telecommunication Devices for the Deaf (TDDs), videophones
13. Written Materials

**ATTACHMENT B****Auxiliary Aids and Services Available [Template]**

Facility: \_\_\_\_\_

**I. Communicating by Telephone with Persons Who Are Deaf or Hard of Hearing**

- ☐ **(Insert name of facility)** utilizes a Telecommunication Device for the Deaf (TDD) for external communication. The telephone number for the TDD is **(insert number)**. The TDD and instructions on how to operate it are located **(insert location)** in the facility;
- ☐ **(Insert name of provider)** has made arrangements to share a TDD. When it is determined by staff that a TDD is needed, we contact **(identify the entity e.g., library, school or university, provide address and telephone numbers)**; OR
- ☐ **(Insert name of facility)** utilizes relay services for external telephone with TTY users. We accept and make calls through a relay service. The state relay service number is **(insert telephone for your State Relay)**.

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For the following auxiliary aids and services, staff will contact (***Insert name of responsible staff person or position and telephone number***), who is responsible to provide the aids and services in a timely manner:

- ☐ Assistive listening devices
- ☐ Assistive listening systems
- ☐ Closed caption decoders
- ☐ Open and closed captioning
- ☐ Computer-aided transcription services
- ☐ Note-takers
- ☐ Telecommunications devices for deaf persons (TDDs)
- ☐ Telephones compatible with hearing aids
- ☐ Telephone handset amplifiers
- ☐ Videotext displays
- ☐ Written copies of oral communications
- ☐ Other \_\_\_\_\_

## II. For Persons Who are Blind or Who Have Low Vision

Staff will communicate information contained in written materials concerning treatment, benefits, services, waivers of rights, and consent to treatment forms by reading out loud and explaining these forms to persons who are blind or who have low vision. In addition, staff are available to assist persons who are blind or who have low vision in filling out forms and in otherwise providing information in a written format.

For the following auxiliary aids and services, staff will contact (***responsible staff person or position and telephone number***), who is responsible to provide the aids and services in a timely manner:

- ☐ Audio Taping or recording of print materials not available in alternate format
- ☐ Braille materials and displays
- ☐ Large print materials
- ☐ Magnification software
- ☐ Optical readers
- ☐ Qualified readers
- ☐ Reformatting into large print
- ☐ Screen reader software
- ☐ Secondary auditory programs
- ☐ Taped texts
- ☐ Other \_\_\_\_\_

## III. For Persons With Speech Impairments



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To ensure effective communication with persons with speech impairments, staff will contact **(responsible staff person or position and telephone number)**, who is responsible to provide the aids and services in a timely manner: **(include those aids applicable to your facility)**

- ☐ Alphabet boards
- ☐ Computers
- ☐ Communication board
- ☐ Flashcards
- ☐ TDDs
- ☐ Typewriters
- ☐ Writing materials
- ☐ Other \_\_\_\_\_

#### IV. For Persons With Manual Impairments

A person with a manual impairment may need an accessible call button that does not require squeezing or grabbing, or a person with a manual impairment may also require assistance in completing written instruments such as intake forms. Auxiliary aids and services may include the provision of facility staff to write information provided by the patient onto the forms. Staff may assist those who have difficulty in manipulating print materials by holding the materials and turning pages as needed, or by providing one or more of the following. For these and other auxiliary aids and services, staff will contact **(responsible staff person or position and telephone number)** who is responsible to provide the aids and services in a timely manner.

- ☐ Computer-aided transcription services
- ☐ Note-takers
- ☐ Speaker phones
- ☐ Other \_\_\_\_\_

[1] A Direct Affiliate is any corporation of which CommonSpirit Health is the sole corporate member or sole shareholder, as well as Dignity Community Care, a Colorado nonprofit corporation.

[2] A Subsidiary refers to either an organization, whether nonprofit or for-profit, in which a Direct Affiliate holds the power to appoint fifty percent by membership powers or securities conferring certain decision-making authority on the Direct Affiliate) or any organization in which a Subsidiary holds such power or voting rights.

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# Clinical A-022 Service Animals

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KB1512414

## COMMONSPIRIT HEALTH ADMINISTRATIVE POLICY

**SUBJECT:** Service Animals**POLICY NUMBER:** Clinical A-022**EFFECTIVE DATE:** April 2, 2023**ORIGINAL EFFECTIVE DATE:** April 2, 2023☒ National/System Offices☒ Acute Care Facilities☒ Non-Acute Care Fa

### PURPOSE

The purpose of this Policy is to provide persons with disabilities who use service animals with access to services and public spaces at CommonSpirit Health facilities, in compliance with federal and state regulations regarding Service Animals.

Title III of the Americans with Disabilities Act of 1990, its implementing regulations, and applicable state laws (collectively, the "ADA") require health-care facilities and other "public accommodations" to provide access to Persons with Disabilities and their Service Animals. CommonSpirit will implement policies, practices, and procedures to adhere to the ADA and permit the use of Service Animals by its patients and visitors with disabilities. This Service Animals for Persons with Disabilities Policy (the "Policy") shall apply to all inpatients, outpatients, and visitors using a Service Animal at CommonSpirit Health facilities.

### POLICY

1. CommonSpirit permits service animals to accompany people with disabilities in all areas where members of the public are allowed to go, unless the service animal's presence or behavior creates a fundamental

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alteration in the nature of a facility's services in a particular area or a direct threat to other persons in a particular area.

- a. Service animals may be excluded from limited access areas where general infection-control measures, such as operating rooms and burn units are employed or where the animal's presence may compromise a sterile field environment. The presence of the Service Dog cannot violate standards that are in place for patient or staff safety and are medically necessary.
2. A Service Animal must be under the control of its handler. CommonSpirit employees, staff, volunteers and providers are not responsible for the care or supervision of a service animal.
3. Under the ADA, service animals must be harnessed, leashed or tethered, unless the individual's disability prevents using these devices or these devices interfere with the service animal's safe, effective performance of tasks. In that case, the individual must maintain control of the animal through voice, signal, or other effective controls.
4. Staff cannot ask about the person's disability, require medical documentation, require a special identification card or training documentation for the dog, or ask that the dog demonstrate its ability to perform the work or task. When it is not obvious what service an animal provides, only limited inquiries are allowed. Staff may ask two questions:
  - a. Is the dog a service animal required because of a disability, and
  - b. What work or task has the dog been trained to perform.
5. The dog must be trained to take a specific action when needed to assist the person with a disability.
6. While miniature horses are not defined as Service Animals, federal regulations require that if a miniature horse has been individually trained to do work or perform tasks for the benefit of a Person with a Disability, the facility is to make reasonable accommodations to allow for its use. In many states, Service Animals in training are entitled to the same protections and rights as Service Animals. Please follow your chain of command to confirm how to proceed.
7. Emotional support, therapy, comfort, or companion animals are not considered service animals under the ADA because they are not trained to perform a specific job or task. However, some State or local governments have laws that allow people to take emotional support animals into public places (e.g., California).

#### AFFECTED AREAS OR DEPARTMENTS

This Policy applies to CommonSpirit and its Direct Affiliates<sup>[1]</sup> and Subsidiaries<sup>[2]</sup> as well as any other related entity whose governing documents expressly require or provide for such entity(ies) to comply with CommonSpirit's policies and procedures (Conforming Entity).

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Any CommonSpirit departments, units or areas where health care personnel, patients and visitors are allowed to go. This includes patient rooms and other public areas of inpatient and outpatient units, mental health units (including locked mental health facilities).

## ASSOCIATED PROCEDURE

CommonSpirit Administrative Procedure

Clinical A-022P, *Care of Persons with Disabilities: Service Animals*

## DEFINITIONS:

Direct Threat is defined as a significant risk to the health or safety of others that cannot be mitigated or eliminated by modifying policies, practices, or procedures.

Emotional Support Animal (ESA), comfort animals, and therapy dogs are not service animals under Title II and Title III of the ADA. Other species of animals, whether wild or domestic, trained or untrained, are not considered service animals either. These support animals provide companionship, relieve loneliness, and sometimes help with depression, anxiety, and certain phobias, but do not have special training to perform tasks that assist people with disabilities.

Handler: An individual with control over a Service Animal. Handlers may be: (i) inpatients; (ii) outpatients; (iii) visitors; or (iv) other persons who have been delegated responsibility for and control of a Service Animal by a patient or visitor with disabilities that is in a CommonSpirit Health facility.

Miniature Horse generally ranges in height from 24 inches to 34 inches measured at the shoulders and generally weighs between 70 and 100 pounds. The ADA regulations contain a specific provision that businesses must make reasonable accommodations to permit the use of a miniature horse by an individual with a disability if the miniature horse has been individually trained to do work or perform tasks for the benefit of the individual with a disability. The miniature horse must be (i) housebroken, (ii) under the owner's control, (iii) the facility can accommodate the miniature horse's type, size and weight, and (iv) the miniature horse's presence will not compromise legitimate safety requirements necessary for the safe operations of the facility.

Person with a Disability: An individual who has a physical or mental impairment that substantially limits one or more of the individual's major life activities has a history or record of such an impairment, or is regarded as having an impairment. Examples include, but are not limited to, a person who is visually impaired, deaf-blind, visually impaired, deaf, hard of hearing, mobility impaired, including wheelchair users, or who has seizures.

Service Animal is defined, under ADA regulations, "as a dog that is individually trained to do work or perform tasks for an individual with a disability." Dogs that are considered service animals are treated as working animals, not pets under federal law. The work or task a dog has been trained to provide must be directly related to the person's disability. Dogs whose sole function is to provide comfort or emotional support do not qualify as service animals under the ADA.



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## STATUTORY/REGULATORY AUTHORITIES

- 28 CFR § 35.136 – Service Animals  
<https://www.law.cornell.edu/cfr/text/28/35.136>
- Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. §794) provides similar protections for federal agencies such as the U.S. Postal Services, and for state and local government programs and private organizations including schools and universities that receive federal financial assistance. <https://www.hhs.gov/civil-rights/for-individuals/disability/index.html>

3. Title II of the ADA (42 U.S.C. §12131-12165) prohibits discrimination against people with disabilities by “public entities.”

[https://www.ada.gov/regs2010/titleII\\_2010/titleII\\_2010\\_regulations.htm](https://www.ada.gov/regs2010/titleII_2010/titleII_2010_regulations.htm)

4. Title III (42 U.S.C. §12181-12189) prohibits disability discrimination by “public accommodations.” [https://www.ada.gov/ada\\_title\\_III.htm](https://www.ada.gov/ada_title_III.htm)

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- a. [2] A Subsidiary refers to *either* an organization, whether nonprofit or for-profit, in which a Direct Affiliate holds the power to appoint fifty percent (50%) or more of the voting members of the governing body of such organization or holds fifty percent (50%) or more of the voting rights in such organization (as evidenced by membership powers or securities conferring certain decision-making authority on the Direct Affiliate) or any organization in which a Subsidiary holds such power or voting rights.

## COMMONSPIRIT HEALTH ADMINISTRATIVE PROCEDURE

**SUBJECT:** Service Animals

**PROCEDURE NUMBER:** Clinical A-022P **EFFECTIVE DATE:** April 2, 2023

☒ National/System Offices      ☒ Acute Care Facilities      ☒ Non-Acute  
Care Facilities

### ASSOCIATED DOCUMENTS:

CommonSpirit Administrative Policy      Clinical A-022, *Care of Persons with Disabilities: Service Animals*

### AFFECTED AREAS OR DEPARTMENTS

This Procedure applies to CommonSpirit Health and its Direct Affiliates<sup>[1]</sup> and Subsidiaries<sup>[2]</sup>, as well as any other related entity whose governing documents expressly require or provide for such entity(ies) to comply with CommonSpirit's policies and procedures (Conforming Entity).

Any CommonSpirit departments, units or areas where health care personnel, patients and visitors are allowed to go. This includes patient rooms and other public areas of inpatient and outpatient units, and mental health units (including

locked mental health facilities).

## PROCEDURE OR PROCESS:

### A. Identification of a Service Animal.

1. A Service Animal is a dog that is individually trained to do work or perform tasks for the benefit of a Person with a Disability. Emotional support animals ("ESA"s), comfort animals, therapy dogs, and pets are not Service Animals under Title II and Title III of the ADA. Other species of animals, whether wild or domestic, trained or untrained, are not considered Service Animals (See Attachment A).
2. If the need for a Service Animal is not obvious, the designated CommonSpirit Section 504/1557 Coordinator or an employee accompanied by their supervisor **may only** ask two specific questions:
  - a. "Is this Service Animal required because of a disability?"
  - b. "What work or task has the Service Animal been trained to perform?"
3. Prohibited Questions. Employees may **not** ask:
  - a. About the nature or extent of an individual's disability;
  - b. For proof that the animal has been certified, trained or licensed as a service animal;
  - c. That the animal wear an identifying vest or tag; or
  - d. The Service Animal to demonstrate its ability to perform the task or work.
4. Documentation/Identifiers
  - a. Documentation that the animal has been certified, trained or licensed as a service animal is NOT required as a condition to permit entry into a CommonSpirit facility by an individual accompanied by a Service Animal.
  - b. Service Animals do not always have a sign or symbol indicating they are Service Animals. The ADA does not require service animals to wear a vest, ID tag, or specific harness.
5. Cleanliness/Good Health
  - a. All Service Animals must be clean and appear to be free of communicable diseases or illnesses, including but not limited to fleas, parasites or open wounds before being allowed into a CommonSpirit facility.
  - b. If a Service Animal demonstrates any of these observable signs, the facility may request, at the Handler's expense, a veterinarian's certificate of health. If the Handler refuses to provide a certificate of health for the Service Animal, the Service Animal shall be removed from the facility.
6. In many states, Service Animals in training are entitled to the same protections and rights as Service Animals. Please contact your immediate supervisor to confirm how to proceed.

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## B. Care and Supervision of a Service Animal

### 1. Notification

- a. When the Handler is an inpatient, the nurse or care provider in charge of the patient's care, the Unit/Department Leader, and attending physician where the patient is located shall be notified of the presence of a Service Animal by the Admitting Department at the time the Handler is admitted or after being moved to a different unit within the facility.
- b. Facilities may consider posting a temporary sign, or note, on or near the door of a hospital room occupied by a Handler indicating the presence and type of Service Animal.

### 2. Documentation in the Medical Record

- a. The presence and use of a Service Animal shall be documented in the patient's medical record upon admission by the nurse
- b. or provider in charge of the patient's care. This documentation shall include information regarding the Restricted Access Areas to which the Service Animal has been granted access, and the contact information for the individual designated by a patient to care for the Service Animal in case the Handler is unable or there is an emergency.

## C. Communication and Planning

1. A patient shall not be separated from his or her Service Animal unless the patient must be treated in a Restricted Access Area to which the Service Animal has not been granted access or as otherwise described in this Procedure.
2. The nurse or care provider in charge of the care of a patient utilizing a Service Animal shall discuss with the patient a plan in the event the Service Animal needs to be separated from the patient during episodes of care (such as during surgery) and the need for the patient to identify another individual to care for the Service Animal in the event the patient is unable to control or care for the Service Animal during such episodes of care. This plan might include:
  - a. Family members or friends taking the Service Animal out of the facility several times a day for exercise and elimination of waste,
  - b. The Service Animal staying with relatives or friends, or
  - c. Boarding the Service Animal offsite.
3. This plan shall be documented in the Medical Record, and communicated to the care team.

## D. Evacuation

1. In the case of an evacuation of a CommonSpirit facility, the Service Animal shall be evacuated with its Handler.



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## E. Restrictions on Facility Staff Interaction with Service Animals

1. Facility staff are not required to provide care, food or a special location for the Service Animal.

### 2. No Contact

a. When a Service Animal is on duty, staff are not interfere with the work performed by the Service Animal by talking to, petting, or otherwise initiating contact with the Service Animal.

b. A Service Animal is not be touched by anyone other than the Handler when the Service Animal is working. In the rare event that a staff member is asked to temporarily assist the Handler with a Service Animal, that staff member is to hold the leash and not the harness.

3. Staff are not to deliberately startle a Service Animal.

## F. Patient Care Areas Open to Patients and Visitors

### 1. General Rules

a. A Service Animal may NOT be excluded from a CommonSpirit facility on the grounds that staff are able to perform the same services that the Service Animal does (e.g., retrieving dropped items and guiding an otherwise ambulatory person to the restroom). A Service Animal also may NOT be excluded from a CommonSpirit facility on the grounds that staff perceive a lack of need for the Service Animal.

b. Upon admission to a CommonSpirit facility, a patient who relies on a Service Animal is to designate an individual (e.g., a friend or family member) to care for the Service Animal in the event of a medical emergency causing the patient to be unable to care for the Service Animal.

i. The designated individual's name and contact information shall be recorded in the patient's medical record by the nurse or care provider in charge of the patient's care and on the Care Board.

c. Where patients and visitors are permitted unrestricted access to enter patient care areas (e.g., inpatient rooms, some ICUs, outpatient areas, and public areas) without taking additional precautions to prevent transmission of infectious agents (e.g., donning gloves, gowns, or masks), a Service Animal that does not pose a Direct Threat shall also be allowed access to those areas with its Handler.

d. Any decision to exclude a Service Animal from a particular area of a CommonSpirit facility shall be made by the Unit/Department Leader based on an individualized assessment of whether the Service Animal poses a Direct Threat if allowed access to that area.

### 2. Inpatient Rooms

a. If a determination is made that the Service Animal cannot remain in a particular room assigned to a patient because the Service Animal poses a Direct Threat, the patient shall be moved to another comparable room, if available.



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i. In the event that another comparable room is not available, staff are to consider using other nondiscriminatory methods so that the presence of the Service Animal would not pose a Direct Threat and would not require a fundamental alteration in CommonSpirit's policies, practices, or procedures.

a. For example, if a patient with a Service Animal shares an inpatient room with another patient who is allergic to the Service Animal, staff shall switch the room assignment of the patient who is allergic to the Service Animal with that of a patient who is not allergic to the Service Animal so that the Service Animal may remain with the patient during the patient's inpatient treatment at the facility.

b. In the event a Service Animal is not permitted in an inpatient room with its patient Handler, staff shall, upon a patient's request, arrange for visits between a Service Animal and its Handler in an area of equivalent privacy and amenities.

### 3. Other Inpatient and Outpatient Areas

a. If a determination is made that the Service Animal cannot remain in an inpatient or outpatient area because it poses a Direct Threat, the patient Handler shall be offered the option of removing the Service Animal or having family, friends, or accompanying persons remove the Service Animal so the patient may continue with treatment.

## G. Restricted Access Areas Open to Service Animals

### 1. No Direct Threat

a. A Service Animal shall generally not be permitted access to Restricted Access Areas. However, in circumstances where the Service Animal does not pose a Direct Threat and can be accommodated without undermining the protections required in the Restricted Access Area, the Service Animal may be allowed in the Restricted Access Area at the discretion of the care team.

i. For example, if immuno- compromised patients are able to receive visitors without the visitors using protective garments or equipment, exclusion of Service Animals from such an area based on infection concerns would NOT be justified.

### 2. Questionable Circumstances

a. The Chief Nursing Officer (CNO) or Administrator on Call shall make all decisions concerning Service Animal access to Restricted Access Areas and shall decide on a case-by-case basis those situations not clearly covered by this Policy.

i. Any decisions shall be documented in the patient's medical record by the nurse or care provider in charge of the patient's care.

ii. Non-medical administrators, security personnel, and admissions staff shall not make such decisions, but may

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participate in implementing the decisions reached by appropriate clinical personnel.

iii. If the CNO or Administrator on Call has any questions regarding whether a Service Animal is to be permitted in Restricted Access Areas at a CommonSpirit facility, that person shall contact CommonSpirit's Legal Team H. for guidance.

## H. Responsibilities of the Handler

1. Care and supervision of a Service Animal is the responsibility of the Handler. This responsibility includes ensuring the Service Animal is provided with food, water and other necessary care.
2. The Handler is to accompany the Service Animal at all times unless the Handler is in a Restricted Access Area to which the Service Animal has not been granted access, or as otherwise provided in this Procedure. In situations where the Service Animal may not accompany the Handler into a Restricted Access Area, temporary supervision must be turned over to another individual to assume the Handler's responsibilities.
3. Separation
  - a. If a Service Animal must be separated from its Handler for any reason, it is the responsibility of the Handler to arrange for the care and supervision of the Service Animal during the period of separation except in the case of a medical emergency.
4. Waste and Clean-up
  - a. The Handler is responsible for cleaning up the Service Animal's waste whenever the Service Animal is at a CommonSpirit facility.
  - b. The Handler is responsible for taking the Service Animal outside of the facility to allow it to eliminate waste and promptly cleaning up after the Service Animal by properly bagging the Service Animal's waste and disposing of it in a trash receptacle, or having a family member, friend, or accompanying person do so.
  - c. Handlers with disabilities who physically cannot clean up after their own Service Animal are responsible for having a friend or family member present who is able to do so at all times.
  - d. If a CommonSpirit facility maintains designated animal waste areas or receptacles, staff shall alert the Handler to the existence of those areas or receptacles.
  - e. In the event that animal waste occurs inside the facility, the Handler is expected to immediately notify a staff member. Facility staff shall contact the Environmental Services Department to assist with any clean-up within the facility.

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f. In consultation with a supervisor, and after following the chain of command, the Chief Nursing Officer (CNO) or Administrator on Call may request that a Service Animal be removed from the facility if the Service Animal repeatedly eliminates within the facility. The decision and action taken shall be documented in the patient's medical record.

#### 5. Control of Service Animal

- a. The Handler may be held liable for injuries to staff, property or visitors resulting from the Service Animal's behavior.
- b. A Service Animal must be harnessed, leashed, or tethered at all times, unless these devices interfere with the Service Animal's work or the Handler's disability prevents use of these devices. In such an instance, the Handler must maintain control of the Service Animal through voice, signal, or other effective means. In such circumstances, the Administrator on Call or the CNO may require the Handler to demonstrate the effectiveness of the Handler's control of the Service Animal before authorizing the Service Animal to enter or remain at the CommonSpirit facility. A Service Animal need not be muzzled.

c. Loss of Control: If a Service Animal becomes out of control and the Handler has not brought the Service Animal under control within a reasonable amount of time, the Administrator on Call or the CNO may direct the Handler to immediately remove the Service Animal from the facility or have family members, friends, or accompanying persons do so. If such efforts are not effective, the facility may isolate the Service Animal and contact social services for assistance.

#### 6. Care of Service Animals During Emergency Medical Treatment

##### a. Patient Incapacity or Death

- i. In the case of a Handler who experiences a medical emergency, every reasonable effort shall be made to keep the Service Animal with its Handler.
- ii. When care of the Handler or other conditions require staff to take immediate control of a Service Animal to protect the Handler's life (e.g., to administer CPR), it is best to do so in a manner that does not interfere with the Service Animal's relationship with its Handler. However, the care and treatment of the Handler must be the first priority.
- iii. If the designated Handler is unable to control the Service Animal, the Unit/Department Leader shall designate a staff member to temporarily assume control of the Service Animal. The designated staff member shall immediately remove the Service Animal from the emergency situation until an appropriate person (e.g., the patient, a family member, or animal control) is

able to assume control of the Service Animal as set forth in this Procedure.

## 7. Emergency Contact

- a. As soon as practicable after removing the Service Animal from the emergency situation, the designated staff member shall contact the individual designated by the Handler to assume control of the Service Animal.
- b. The staff member shall request that the designated individual report to the facility immediately and assume responsibility for the Service Animal. If the staff member is unable to reach the designated person(s) or that person(s) fails to report to the facility to assume responsibility for the Service Animal within an agreed upon period of time, the staff member shall contact social services to assist with placement of the Service Animal.

## 8. Removal/Return

- a. If a Service Animal is removed from a CommonSpirit facility due to a patient's medical emergency, the Service Animal's return to the CommonSpirit facility will be governed by the provisions of this Procedure.

## I. Complaints

1. Patients, family members, and visitors have the right to make complaints about the improper treatment of individuals with Service Animals or violations of this Policy by calling the CommonSpirit Hotline at 1-800-845-4310, notifying facility staff, reporting a complaint as provided in CommonSpirit Administrative Policy and Procedure Clinical A-019, Grievances Related to Complaints of Discrimination.
2. Patient and Visitor Grievances, or as otherwise may be designated and made available by the facility.
3. The CommonSpirit facility shall promptly investigate and respond to all complaints in accordance with CommonSpirit Administrative Policy and Procedure Clinical A-019, Grievances Related to Complaints of Discrimination.

## J. Communication of and Access to the Policy

1. The policy will follow the CommonSpirit approved policy communication process.
2. This Policy shall be made available upon request to every individual with a Service Animal seeking access to a CommonSpirit facility.

## K. Facility Staff Training / Education

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1. CommonSpirit shall instruct all medical personnel and Facility Staff, including security personnel, and Revenue Cycle staff on the provisions of this Procedure through its normal channels of communicating information to employees, including but not limited to its Intranet site, and at employee orientation.
2. Each facility shall also conduct annual employee training to provide its employees are familiar with this Procedure. Each facility shall also train Facility Staff who have direct contact with patients and visitors on the policies and procedures contained in the procedure.

#### **DEFINITIONS:**

504/1557 Officer: The person designated by CommonSpirit to support the Hospital President and Hospital Management team in their efforts to implement the CommonSpirit Corporate Responsibility Program elements and CommonSpirit's Corporate Responsibility Standards for Business Conduct. Each facility is required to designate a staff member as 504/1557 Officer.

Direct Threat is defined as a significant risk to the health or safety of others that cannot be mitigated or eliminated by modifying policies, practices, or procedures.

Emotional Support Animal (ESA), comfort animals, and therapy dogs are not service animals under Title II and Title III of the ADA. Other species of animals, whether wild or domestic, trained or untrained, are not considered service animals either. These support animals provide companionship, relieve loneliness, and sometimes help with depression, anxiety, and certain phobias, but do not have special training to perform tasks that assist people with disabilities.

Handler is an individual with control over a Service Animal. Handlers may be: (i) inpatients; (ii) outpatients; (iii) visitors; or (iv) other persons who have been delegated responsibility for and control of a Service Animal by a patient or visitor with disabilities that is in a CommonSpirit facility.

Miniature Horse generally ranges in height from 24 inches to 34 inches measured at the shoulders and generally weighs between 70 and 100 pounds. The ADA regulations contain a specific provision that businesses must make reasonable accommodations to permit the use of a miniature horse by an individual with a disability if the miniature horse has been individually trained to do work or perform tasks for the benefit of the individual with a disability. The miniature horse must be (i) housebroken, (ii) under the owner's control, (iii) the facility can accommodate the miniature horse's type, size and weight, and (iv) the miniature horse's presence will not compromise legitimate safety requirements necessary for the safe operations of the facility.



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**Person with a Disability:** An individual who has a physical or mental impairment that substantially limits one or more of the individual's major life activities has a history or record of such an impairment, or is regarded as having an impairment. Examples include, but are not limited to, a person who is visually impaired, deaf-blind, visually impaired, deaf, hard of hearing, mobility impaired, including wheelchair users, or who has seizures.

**Restricted Access Area(s):** Any part of a CommonSpirit facility where patient or visit access is restricted, including but not limited to operating rooms, operating room suite post-anesthesia rooms, burn units, coronary care units, intensive care units, transplant units, and oncology units.

**Service Animal** is defined, under ADA regulations, "as a dog that is individually trained to do work or perform tasks for an individual with a disability." Dogs that are considered service animals are treated as working animals, not pets under federal law. The work or task a dog has been trained to provide must be directly related to the person's disability. Dogs whose sole function is to provide comfort or emotional support do not qualify as service animals under the ADA.

## REFERENCES

- ADA National Network. (2022). Top ADA frequently asked questions. Retrieved from <https://adata.org/top-ada-frequently-asked-questions>
- Centers for Medicare and Medicaid Services. (2022). Getting the care you need. Guide for people with disabilities. Publication #: 12139. Retrieved from <https://www.cms.gov/files/document/getting-care-you-need-guide-people-disabilities.pdf>
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4. Title III (42 U.S.C. §12181-12189) prohibits disability discrimination by “public accommodations.” [https://www.ada.gov/ada\\_title\\_III.htm](https://www.ada.gov/ada_title_III.htm)

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Administration A-003 Transgender &amp; Gender-Nonconforming Patient Non-Discrimination Policy

# Administration A-003 Transgender & Gender-Nonconforming Patient Non-Discrimination Policy

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## COMMONSPIRIT HEALTH ADMINISTRATIVE POLICY

Transgender & Gender-Nonconforming Patient Non-Discrimination Policy **POLICY****NUMBER:** Administration A-003**EFFECTIVE DATE:** September 1, 2021 **ORIGINAL EFFECTIVE DATE:**

September 1, 2021

☒ National/System Offices☒ Acute Care Facilities  
Facilities☒ Non-Acute C

### PURPOSE

CommonSpirit Health respects the dignity of all persons seeking care in its clinical sites and facilities, without regard to gender identity or expression.

### POLICY

It is the policy of CommonSpirit to treat its patients with respect and to comply with all relevant and applicable federal and state laws, statutes, and regulations prohibiting discrimination with respect to patient access to or receipt of health care services. CommonSpirit respects the dignity of all persons, without regard to gender identity or expression.

A. All patients will receive competent, considerate, and respectful care in a safe setting that fosters the patient's comfort and dignity and is free from

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abuse and harassment, including abuse or harassment based on gender identity or gender expression.

B. All patients will be afforded privacy and confidentiality during medical treatment or other rendering of care within the organization.

C. Medical students, residents, and other persons not directly involved in or a member of the care team responsible for, the treatment of a transgender or gender-nonconforming patient are not to be present during the patient's case discussion, consultation, examination, or treatment. This is in accordance with the Conditions of Admission signed by all patients or their surrogate. All members of the care team are expected to be familiar with this Policy and the related Procedures.

D. In all cases, discussion, consultation, examination, and treatment must be conducted discreetly.

E. Transgender and gender-nonconforming patients may refuse to be examined, observed, or treated by medical students, residents, or any other facility staff when the primary purpose is educational or informational rather than therapeutic, without jeopardizing the patient's access to medical care, including psychiatric and psychological care.

## AFFECTED AREAS OR DEPARTMENTS

This Policy applies to all clinical settings of CommonSpirit and its Direct Affiliates<sup>1</sup> and Subsidiaries,<sup>2</sup> as well as any other related entity whose governing documents expressly require or provide for such entity(ies) to comply with CommonSpirit's policies and procedures (Conforming Entity).

<sup>1</sup>A Direct Affiliate is any corporation of which CommonSpirit Health is the sole corporate member or sole shareholder, as well as Dignity Community Care, a Colorado nonprofit corporation.

<sup>2</sup>A Subsidiary refers to *either* an organization, whether nonprofit or for-profit, in which a Direct Affiliate holds the power to appoint fifty percent (50%) or more of the voting members of the governing body of such organization or holds fifty percent (50%) or more of the voting rights in such organization (as evidenced by membership powers or securities conferring certain decision-making authority on the Direct Affiliate) or any organization in which a Subsidiary holds such power or voting rights.

## ASSOCIATED PROCEDURE

CommonSpirit Administrative Procedure **Administration A-003P Transgender & Gender-Nonconforming Patient Non-Discrimination**

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## STATUTORY/REGULATORY AUTHORITIES

Section 1557 of the Patient Protection and Affordable Care Act (42 U.S.C. §18116)

### COMMONSPIRIT HEALTH ADMINISTRATIVE PROCEDURE

**SUBJECT:** Transgender & Gender-Nonconforming Patient Non-Discrimination Procedure

**PROCEDURE NUMBER:** Administration A-003P

**EFFECTIVE DATE:**

August 7, 2023

☒ National/System Offices

☒ Acute Care Facilities

☒ Non-Acute

Facilities

### ASSOCIATED DOCUMENTS:

CommonSpirit Health Administrative Policy Administration A-003 Transgender and Gender-Nonconforming Patient Non-Discrimination Policy

### AFFECTED AREAS OR DEPARTMENTS

This Procedure applies to all clinical settings of CommonSpirit Health and its Direct Affiliates<sup>1</sup> and Subsidiaries,<sup>2</sup> as well as any other related entity whose governing documents expressly require or provide for such entity(ies) to comply with CommonSpirit's policies and procedures (Conforming Entity).

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### PROCEDURE OR PROCESS:

#### I. Admitting Process for Transgender Patients:

- A. If the patient chooses a name other than their legal name, the Admitting Staff will enter the patient's preferred name in the appropriate location in the admitting/registration record. Staff will use the patient's preferred name.
- B. The Admitting Staff are to record the gender identity indicated by the patient, as well as the sex at birth.



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- C. If, upon admission, it is impossible for the patient to inform the staff of their self-identified gender because they are unconscious or incapacitated, then, in the first instance, inferences are to be drawn from the patient's presentation.

## II. Hospital Workforce Interaction with Transgender or Gender-Nonconforming Patients:

- A. A transgender or gender-nonconforming patient is to be addressed and referred to by their self-identified gender, based on their pronouns and name in use, regardless of the patient's appearance, surgical history, legal name, or sex assigned at birth.
- B. A transgender or gender-nonconforming patient's pronouns are determined as follows:
1. If the patient's gender presentation clearly indicates to a reasonable person the gender with which the patient wishes to be identified, the hospital staff member is to refer to the patient using pronouns appropriate to that gender.
  2. If the hospital staff member determines the patient's pronouns by the patient's gender presentation, but is then corrected by the patient, the staff member is to then use the pronouns associated with the gender identity verbally expressed by the patient.
  3. If the patient's gender presentation does not clearly indicate the patient's gender identity, the hospital staff member is to discreetly and politely ask the patient for the pronouns the patient uses.
- C. If the patient's family members suggest that the patient is of a gender different from that with which the patient self-identifies, the patient's view is to be honored.
- D. Hospital staff members are not to use language or tone that a reasonable person would consider to demean, question, or invalidate a patient's actual or perceived gender identity or expression.
- E. Hospital staff members will not ask questions or make statements about a transgender or gender-nonconforming person's genitalia, breasts, other physical characteristics, or surgical status except for professional reasons that can be clearly articulated.
- F. Information about a patient's transgender status or any transition-related services that the patient is seeking or has obtained is protected health information (PHI) and may be more stringently protected under state law and hospital staff members will treat it as such.

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G. A patient is not to be asked about transgender status, sex assigned at birth, or transition-related procedures unless such information is directly relevant to the patient's care. If it is necessary to the patient's care for a health care provider to inquire about such information, the provider will explain to the patient: 1) why the requested information is relevant to the patient's care, 2) that the information will be kept confidential but some disclosures of the information may be permitted or required, and 3) that the patient may consult the hospital's Notice of Privacy Practices.

H. If it is impossible for the patient to inform the staff of their self-identified gender because they are unconscious or incapacitated, then, in the first instance, inferences are to be drawn from the patient's presentation and mode of dress. No investigation of the genitals of the person is to be undertaken unless specifically necessary to carry out treatment.

### III. Room Assignment:

A. A transgender patient is to be assigned to a room based on their self-identified gender, regardless of whether this self-identified gender accords with their physical appearance, surgical history, genitalia, legal sex, sex assigned at birth, or name and sex as it appears in hospital records. That a transgender patient's physical appearance or genitalia differ from other patients who share the same self-identified gender is not a bar to assigning the patient to a room in accordance with the patient's gender identity.

B. No patient is to be denied admission if a gender-appropriate bed is not available. Staff will inform the patient who requests a particular bed assignment if it is not available.

C. Complaints from another patient related to a roommate's gender identity or expression do not constitute grounds for an exception to this room assignment process, as with other patients protected by nondiscrimination policy, standards, or law. If hospital staff receive such complaints, they are to remedy the situation by using curtains or other room dividers to increase the privacy of both patients. A patient making ongoing complaints may be moved to another room so long as relocating the patient would be medically appropriate and safe.

D. If a transgender patient complains that the patient's roommate is subjecting the patient to harassment based on the patient's gender identity or expression, staff will work to relocate the patient's roommate, if possible, to prevent perceived or actual harassment, so long as relocating the roommate would be medically appropriate and safe. If the roommate cannot

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be relocated, the transgender patient can be moved. The transgender patient's health is not to be compromised by an unsafe room assignment. E. When there are questions or concerns related to room assignments, a member of the hospital staff trained in handling patient complaints or LGBTQ+ concerns is to be contacted.

#### IV. Access to Restrooms:

- A. All patients of the hospital may use the restroom that matches their gender identity, regardless of whether they are making a gender transition or appear to be gender-nonconforming.
- B. Transgender and gender-nonconforming patients are not to be asked to show identity documents in order to gain access to a restroom that is consistent with their gender identity.
- C. Harassment of transgender and gender-non-conforming patients for using hospital restrooms in accordance with their gender identity will not be tolerated. Transgender and gender-nonconforming patients who believe they have been harassed in this manner are to be referred to the local patient grievance policy.
- D. Gender-inclusive signage is to be used wherever appropriate.

#### V. Privacy and Confidentiality:

Every physician, hospital employee, and contractor who uses, discloses, or requests patient information, including information regarding a patient's gender identity or expression, transgender status, or other demographic data, on behalf of a CommonSpirit hospital, is expected to make reasonable efforts to limit the use and disclosure to the minimal information allowed or required under HIPAA and other state and federal privacy regulations. Actions appropriate for implementing this Procedure vary based on the intended purpose of the use, disclosure, or request, as provided elsewhere in CommonSpirit's HIPAA Privacy Standards.

#### VI. Seeking Clarification:

If a CommonSpirit facility workforce member has questions or concerns about how to honor **CommonSpirit's Administrative Policy Administration A-003, Transgender and Gender-Nonconforming Patient Non-Discrimination**, or this Procedure with respect to a patient's gender identity or expression, they are directed to use their chain of command or may contact human resources.

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## DEFINITIONS:

A. "Transgender" is defined to include any person whose gender identity, that is, their inner sense of being male, female, or something else, differs from their assigned or presumed sex at birth.

B. "Gender-nonconforming" is defined to include any person who does not meet society's expectations of gender roles.

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 Authored by Laurie Schwartz

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