



Kennesaw State University

The following Annual Education Training Packet includes:

- Confidentiality Agreement
- Standards of Ethical Practice
- Dress Code Acknowledgment
- Key/Badge Policy
- IMPACTS
- Customer Service Agreement
- Code of Conduct
- Social Media Policy
- Camera and Video Surveillance
- Workplace Violence and OSHA
- Personal Cell Phone and Electronics use Guidelines
- Smoking Policy
- Hospital Emergency Codes
- Workplace Harassment
- Patient Rights/Patient Advocate
- Cultural Competency
- Abuse, Neglect and Exploitation
- HIPAA Policy
- Incident Reporting
- Infection Control
- Handwashing
- Group Refusals
- Radio Communication
- Compliance and Conflicts of interest
- Supply Chain

I _____, acknowledge that I have received the above
(PRINT NAME)

documents and I have reviewed the information, and understand my role and responsibilities.

Signature

Date

Department



STUDENT PROFILE

Kennesaw State University

Clinical Rotation

Start Date:

End Date:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

DATE OF BIRTH: _____

NOTIFY IN EMERGENCY: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ MOBILE: _____

Confidentiality Agreement

This Agreement is made between _____ ("Employee") and ("Ridgeview Institute – SMYRNA) on _____ 20__.

Employee will perform services for Ridgeview Institute - Smyrna which may require RIDGEVIEW INSTITUTE - Smyrna to disclose confidential and proprietary information ("Confidential Information") to Employee. (Confidential Information is any information of any kind, nature, or description concerning any matters affecting or relating to Employee's services for RIDGEVIEW INSTITUTE - Smyrna, the business, or operations of RIDGEVIEW INSTITUTE - Smyrna, and/or the products, program services, policies, plans, processes, or other data of RIDGEVIEW INSTITUTE - SMYRNA. Accordingly, to protect RIDGEVIEW INSTITUTE - Smyrna Confidential Information that will be disclosed to Employee, the Employee agrees as follows:

- A. Employee will hold the Confidential Information received from RIDGEVIEW INSTITUTE - Smyrna in strict confidence and shall exercise a reasonable degree of care to prevent disclosure to others.
- B. Employee will not disclose or divulge either directly or indirectly the Confidential Information to others unless first authorized to do so in writing by RIDGEVIEW INSTITUTE - SMYRNA.
- C. Employee will not reproduce the Confidential Information nor use this information commercially or for any purpose other than the performance of his/her duties for RIDGEVIEW INSTITUTE – SMYRNA.
- D. Employee will, upon the request or upon termination of his/her relationship with RIDGEVIEW INSTITUTE - SMYRNA deliver to RIDGEVIEW INSTITUTE - SMYRNA any notes, documents, equipment, and materials received from RIDGEVIEW INSTITUTE - SMYRNA or originating from its activities for RIDGEVIEW INSTITUTE - SMYRNA.
- E. RIDGEVIEW INSTITUTE - SMYRNA shall have the sole right to determine the treatment of any information **that is part or program specifically** received from Employee, including the right to keep the same as a trade secret, to use and disclose the same without prior patent applications, to file copyright registrations in its own name or to follow any other procedure as RIDGEVIEW INSTITUTE - SMYRNA may deem appropriate.
- F. RIDGEVIEW INSTITUTE - SMYRNA reserves the right to take disciplinary action, up to and including termination for violations of this agreement.

The employee represents and warrants that it is not under any preexisting obligations inconsistent with the provisions of this Agreement.

Signing below signifies that the Employee agrees to the terms and conditions of the agreement stated above.

Employee Signature

HR Rep Signature



Ridgeview Institute Smyrna Hospital Policy and Procedure

Department:	Human Resources	Policy Number:	HR - 064
Policy Title:	STANDARDS OF ETHICAL PRACTICE		
Effective Date:	9/2023	Approved by:	Human Resources, Quality/ PI, and Governing Board
Reviewed/ Revised:	Reviewed/ Revised:	Reviewed/ Revised:	Reviewed/ Revised:

POLICY:

Ridgeview Institute Smyrna requires the practice of ethical principles. This is accomplished by:

1. Identifying the areas in which unethical behavior is most likely to occur, or where an ethical practice might appear to the public and the media to be unethical.
2. Expanding Ridgeview Institute Smyrna current policies and written documents on ethical practices to encourage awareness and adherence. Our ethics policy is easy for employees to read, understand and apply; and concise enough to provide an external audience whom we might want to understand our high ethical standards, such as the media, patients and their families, physicians, prospective employees and others;
3. Ensuring that adequate procedures exist for employees to follow to report unethical behavior to management at Ridgeview Institute Smyrna or the corporate level.

PURPOSE:

The purpose of the Policy on Ethical Standards is to help prevent violations of law and to establish standards of conduct so that the facility has a reputation for unquestioned ethical practices. The facility employees, the facilities’ medical staff members, Board members, and other mental health professionals associated with our company are expected to conform their conduct to the principles outlined in the Policy.

DEFINITIONS:

A “personal relationship” is defined as a relationship between individuals who have or have had a continuing relationship of a romantic or intimate nature, including dating or marriage.

Patient is defined as an individual who is currently an in-patient, partial hospitalization patient, an outpatient and/or an individual who has received treatment on the unit at any time within the past two years (24 months).

Undue familiarity is a term used to describe inappropriate, non-professional, social and/or sexual relationships between a staff member and a patient.

SCOPE: This policy applies to all employees employed by the facility.

PROCEDURE:

AREAS IN WHICH UNETHICAL BEHAVIOR IS MOST LIKELY TO OCCUR:

1. Patient Referrals and Admissions
 - a. Patients are referred to Ridgeview Institute Smyrna due to medical need; referral sources are not offered or paid any remuneration to include the referral of patients;
 - a. Physicians/ Providers determine whether patients are admitted to the facility; physicians/ providers are not offered or paid any remuneration to include the referral of patients;
 - b. Intake staff and other clinical employees who have a direct influence over admissions will not be paid bonuses.
2. Marketing and Advertising
 - a. The Intake function operates totally separate from the marketing function (i.e., clinical assessment is not supervised by marketing);
 - b. Advertisements do not encourage unnecessary admissions;
 - c. Hospital programs are established according to bona fide clinical needs in the market place;
 - d. Intake clinical staff shall clearly disclose their affiliation with Ridgeview Institute Smyrna to referral sources at the time of assessment;
 - e. Marketing employees shall not offer or pay any remuneration to any indirect or direct referral sources to induce the referral of patients;
 - f. No employees are paid any remuneration for generating admission.
3. Billing / Charting
 - a. Diagnosis should be determined solely by clinical considerations;
 - b. Clinical must provide accurate documentation and disclosure which reflects the level of care and length of treatment provided;
 - c. Patients are billed only for treatment deemed medically necessary by clinicians;
 - d. Patients are billed only for treatment and ancillaries provided;
 - e. Patients are not billed for universally non-reimbursable therapy sessions;
 - f. It is acceptable for hospital to pay a patient's insurance premium (e.g., a COBRA payment) if the patient cannot otherwise afford to receive treatment and if it increases the patient's access to medically appropriate care;
 - g. At the discretion of the CEO or Controller, patient financial responsibility may be absorbed on a case-by-case basis, when specific documents of financial need is provided.
4. Patient / Family Rights

- a. The rights of patients and their families should be given in writing to every patient at time of admission and signed by the patient;
- b. Hospitals must ensure that the patient's financial obligation is explained at time of admission and signed by the patient;
- c. Voluntary patients will not be held in the hospital against their will;
- d. Except where provided by law, parental approval must be obtained to treat minors;
- e. A comprehensive and accessible grievance process is provided for patients and families;
- f. A copy of the patient's bill is sent to the patient and/or responsible party.

5. Clinical Practices

- a. Patients should be placed in the appropriate level within the continuum of care as dictated by their individual clinical needs;
- b. If an individual presents at this hospital with a medical or psychiatric emergency, they have the right to receive, within the capabilities of this hospital's staff and facilities, an appropriate medical/psychiatric screening examination, first aid, stabilizing treatment, or transfer to another facility;
- c. Admission and length of stay are determined by the attending psychiatrist (in consultation with the patient and/or family), treatment team, and the insurer;
- d. Clinically appropriate patients with financial resources must be treated regardless of limitations on insurance coverages;
- e. Referrals to outpatient practices made by Intake staff must be clinically appropriate;
- f. In areas of conflict of interest, involving the ability to pay for services, the physician/ provider has the authority for determining treatment.

EMPLOYEE RESPONSIBILITIES

- 6. As part of the employment application, all new employees of Ridgeview Institute Smyrna are required to review and sign the Employees' Code of Ethics. Employees are made aware of the Hospital Compliance Hotline, the hospital policy for reporting violations.
- 7. At any time, a concerned individual may request a consultation with the Committee or employees may inform their supervisor about questionable ethical activity in their workplace without fear of jeopardizing their employment with Ridgeview Institute Smyrna; if the problem involves the employee's supervisor or if the employee is not satisfied with the way his/her supervisor has reviewed and handled the problem, then the employee can continue the process with the Compliance Committee, the hospital CEO, the Corporate Compliance Director and the President of the Board.
- 8. It is the policy of Ridgeview Institute Smyrna that no patient is to be mistreated or abused physically, verbally, psychologically or sexually while in our care. Findings of patient abuse are considered a violation of the standards of conduct and subject to immediate termination. Failure to report witnessed patient abuse may also result in discipline up to and including immediate discharge. All instances of witnessed or alleged patient abuse must be immediately reported to your department head or supervisor.

9. It is your responsibility to establish and maintain an appropriate professional, therapeutic relationship with each patient. In a like manner, Ridgeview Institute Smyrna is committed to your safety and well-being and discourages the expression or demonstration by a patient of inappropriate social and/or sexual behavior toward any staff member. You are required to report any such inappropriate behaviors expressed or exhibited by patients toward staff members or by fellow staff members towards patients.
10. Undue familiarity is strictly prohibited by Ridgeview Institute Smyrna policy. Violation of this policy will subject you to disciplinary action up to and including termination.
11. A patient is defined as an individual who is currently an in-patient, partial hospitalization or intensive outpatient program patient, an outpatient and/or an individual who has received treatment on the unit at any time within the past two years (24 months). The time frame begins when the patient is discharged as a patient or from continuing care, whichever applies.
12. If there has been a previous non-professional, social and/or sexual relationship between you and a patient, you must make your supervisor aware of the previous relationship immediately upon learning of the admission of the patient or acceptance of the patient in an outpatient service.

RELATED POLICIES/FORMS: The Employee Handbook

REFERENCES:

Acknowledgment of understanding:

Name: _____ **Date:** _____

Signature: _____

RIDGVIEW INSTITUTE – SMYRNA DRESS CODE GUIDELINES

	MEN	WOMEN
ID BADGE	Must be worn at all times.	Must be worn at all times.
HAIR	<p>YES: A neat, natural haircut. Neatly groomed; if hair worn loose, should not extend below the shirt collar. If worn longer, should be tied back and should not extend below the shoulders.</p> <ul style="list-style-type: none"> • Employees in work areas subject to specific codes, such as health department standards, will follow prescribed regulations or codes. • Long hair shall be worn up and be neatly and securely pinned (i.e. French braid, bun, twist, etc.) • Extreme Ponytails or other hairstyles that allow the hair to hang free are not authorized in patient care or codes, hair must be securely pinned. • Sideburns, if worn, shall be neatly trimmed with the base clean-shaven in a horizontal line not extending below the middle of the ear. <p>NO: Extreme hair styling (mohawks, etc.) and unnatural colors (blue, green, purple, bright red, etc.) and not such that would diminish the professional uniform appearance. Fluorescent or similar dyed hair colors are prohibited. Non-visible hair art is permitted</p>	<p>YES: Should be neatly combed and arranged in a conservative style. If worn longer, should be tied back in bun and should not extend below the middle of back.</p> <ul style="list-style-type: none"> • Employees in work areas subject to specific codes, such as health department standards, will follow prescribed regulations or codes. • Long hair shall be worn up and be neatly and securely pinned (i.e. French braid, bun, twist, etc.) • Extreme Ponytails or other hairstyles that allow the hair to hang free are not authorized in patient care or codes, hair must be securely pinned. <p>NO: Extreme hair styling (mohawks, etc.) and unnatural colors (blue, green, purple, bright red, etc.) and not such that would diminish the professional uniform appearance. Fluorescent or similar dyed hair colors are prohibited. Non-visible hair art is permitted.</p>
BEARDS/ MUSTACHES	Must be neatly trimmed and conform to face.	Not applicable.
FINGERNAILS	<p>Should be neat, clean and trimmed to avoid harm to patients, visitors and employees. Fingernails shall be clean and shall not exceed 1/8 inch beyond the nail bed.</p> <p>NO: Excessively long nails. Extreme styles or unnatural colors, decals, jewels.</p>	<p>YES: Should be neat, clean and trimmed to avoid harm to patients, visitors and employees. If polish is used, it should compliment attire, and in professional good taste. Fingernails shall be clean and shall not exceed 1/8 inch beyond the nail bed.</p> <p>NO: Excessively long nails. Extreme styles or unnatural colors, decals, jewels.</p>
COLOGNE/ PERFUME	May not be worn in patient care areas. Only very light scents in other areas.	May not be worn in patient care areas. Only very light scents in other areas.

JEWELRY	<p>YES: A simple and professional appearance. Patient care employees should ensure that rings are small, not have jagged points that could endanger patients or reduce the integrity of safety gloves. No more than one stud-type earring.</p> <p>NO: Excessive jewelry such as dangling or heavy chains and bracelets. Rings or studs in any body part that is visible and non-visible (ears, nose, tongue, face, lip, eyebrow, neck, etc.).</p> <p>In clinical areas, any jewelry that creates a safety hazard is discouraged.</p>	<p>YES: A simple and professional appearance. Patient care employees should ensure that rings are small, not have jagged points that could endanger patients or reduce the integrity of safety gloves. No more than two earrings in each ear.</p> <p>NO: Excessive jewelry such as dangling or heavy chains and bracelets. Large, dangling or ornate earrings. Rings or studs in any other body part that is visible and non-visible (nose, tongue, face, lip, eyebrow, neck, etc.)</p> <p>In clinical areas, any jewelry that creates a safety hazard is discouraged.</p>
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TATTOOS, BODY ART, BRANDS, IMAGES AND EXPRESSIONS	<p>Every effort should be made to cover visible tattoos.</p> <p>The display of any unprofessional or offensive image, phrase or other expression, or excessive tattoos shall not be tolerated. This includes anything that may become visible during employees’ work activities, and/or is found on any clothing item or accessory worn by the member at any time.</p> <p>“Unprofessional or offensive” shall include but not be limited to:</p> <ul style="list-style-type: none"> • Depictions of nudity, violence or criminal activity; • Sexually explicit/vulgar art, words, profane language; • Symbols likely to incite a strong negative reaction in any group, i.e., swastikas, etc., and initials, symbolism or acronyms that represent criminal or historically oppressive organizations or activities, e.g., street gang names, numbers, and/or symbols. 	<p>Every effort should be made to cover visible tattoos.</p> <p>The display of any unprofessional or offensive image, phrase or other expression, or excessive tattoos shall not be tolerated. This includes anything that may become visible during employees’ work activities, and/or is found on any clothing item or accessory worn by the member at any time.</p> <p>“Unprofessional or offensive” shall include but not be limited to: Depictions of nudity, violence or criminal activity.</p> <p>Sexually explicit/vulgar art, words, profane language.</p> <p>Symbols likely to incite a strong negative reaction in any group, i.e., swastikas, etc., and initials, symbolism or acronyms that represent criminal or historically oppressive organizations or activities, e.g., street gang names, numbers, and/or symbols.</p>
FACIAL MAKE UP	<ul style="list-style-type: none"> • If worn, cosmetics shall be conservative and professional in appearance, understated rather than overwhelming in application and shall blend in with the natural color of the skin. 	<ul style="list-style-type: none"> • If worn, cosmetics shall be conservative and professional in appearance, understated rather than overwhelming in application and shall blend in with the natural color of the skin.

	<ul style="list-style-type: none"> • Facial makeup products, which substantially alter the natural skin tone, are prohibited. • Artificial eyelashes are prohibited, unless for medical purposes. <p>NO: Excessively long artificial eyelashes are prohibited. Extreme styles and unnatural colors</p>	<ul style="list-style-type: none"> • Facial makeup products, which substantially alter the natural skin tone, are prohibited. • Artificial eyelashes should have a neat appearance. <p>NO: Excessively long artificial eyelashes are prohibited. Extreme styles and unnatural colors</p>
UNDERGARMENTS	Undergarments should be supportive; styles should be selected so as to not show through the clothing.	Undergarments should be supportive; styles should be selected so as to not show through the clothing.
BLOUSES, SHIRTS AND TOPS	<p>YES: Dress shirts (with or without ties) or collared casual shirts. Collared shirts with Ridgeview Institute logo.</p> <p>Shirts with distinct tails are to be tucked in. Straight-cut shirts must hang no lower than 8 inches below the waist.</p> <p>NO: Tee-shirts, sleeveless shirts, tank tops, camouflage shirts, denim shirts or shirts with logos or advertising. Scrub tops of any type.</p>	<p>YES: Modest, professional dress blouses/shirts/ tops, loose fitting turtlenecks and sweaters. Sleeveless tops and blouses must be modest and professional in style, so undergarments are not revealed. Collared shirts with Ridgeview Institute logo.</p> <p>Shirts with distinct tails are to be tucked in. All shirts must cover the stomach and back when arms are raised.</p> <p>NO: Tee-shirts, tank tops, camouflage shirts, denim shirts, spaghetti straps, or shirts with logos or advertising. Shirts with low cut necklines and tops that have sheer or clingy material. Scrub tops of any type.</p>

<p>DRESSES/SKIRTS/ PANTS/SLACKS</p>	<p>YES: Dress or dress casual (khakis, corduroy, cotton) slacks/pants. Pants must be worn at the waist.</p> <p>NO: Jeans or jean style pants, sweatpants, leggings, yoga pants, pipe pants, cargo pants, camouflage pants, fatigues or extrême styles. Scrub bottoms of any type.</p> <p>Shorts are allowed only for sports or game activities and are not to be worn outside the recreation area.</p> <p>All denim is prohibited.</p>	<p>YES: Dresses and skirts are to be modest in length (no more than 2 inches above the knee) and professional in style. Clothing above the knee must be worn with hose. Sleeveless dresses are to be professional in style and cut so that undergarments cannot be seen.</p> <p>Dress or dress casual (khakis, corduroy, cotton) slacks/pants.</p> <p>NO: Jeans or jeans-style pants, dresses or skirts. Lycra stretch pants, leggings, sweat pants, jogging suits, capris, shorts, pipe pants, cargo pants, painter/carpenter pants, camouflage pants, fatigues or any pants above the ankle. Mini-skirts, skirts or dresses with extreme slits and tight, form-fitting styles. Scrub bottoms of any type.</p> <p>Shorts are allowed only for sports or game activities and are not to be worn outside the recreation area.</p> <p>All denim is prohibited.</p>
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<p>SHOES/HOSIERY</p>	<p>YES: Dress or dress casual shoes must be worn at all times. In patient care areas, neat and clean athletic shoes may be worn. Shoes must be leather or synthetic leather with closed heels and toes and non-skid soles.</p> <p>NO: Sandals, clogs, crocs, flip-flops, slip in sandals or shoes, or shoes without socks.</p> <p>In patient care areas, any shoes that impede ability to run or respond to codes. Must be safety sensitive shoes.</p>	<p>YES: Dress or casual shoes, including sandals, must be worn at all times. In patient care areas, neat and clean athletic shoes may be worn. Shoes must be leather or synthetic leather with closed heels and toes and non-skid soles.</p> <p>NO: Platform shoes, clogs, crocs, flip-flops, slip in sandals or shoes, or excessively high-heels.</p> <p>In patient care areas, any shoes that impede ability to run or respond to codes. Must be safety sensitive shoes.</p>
<p>ACCESSORIES</p>	<p>YES: Simple accessories, such as pins, belts, ties, etc., as long as they are in good taste and appropriate for the clothing being worn.</p> <p>Hats may be worn if required as part of a uniform, or for safety/protective reasons when working inside or outside the building.</p> <p>NO: Hats, head-coverings, berets, or scarves on head. Decorative items such as fur, sequins, rhinestones, etc.</p>	<p>YES: Simple accessories, such as pins, belts, scarves, etc., as long as they are in good taste and appropriate for the clothing being worn.</p> <p>Hats may be worn if required as part of a uniform, or for safety/protective reasons when working inside or outside the building.</p>

	<p>Non-Ridgeview, personal pagers or personal cell phones, unless approved by manager for work-related purposes ONLY.</p>	<p>NO: Hats, head-coverings, berets, or scarves on head. Decorative items such as fur, sequins, rhinestones, etc.</p> <p>Non-Ridgeview, personal pagers or personal cell phones, unless approved by manager for work-related purposes ONLY.</p>
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CASUAL DAY GUIDELINES

Employee Casual Day is every Friday, unless otherwise instructed.

In addition to the general dress code guidelines above, employees may also add:

Denim dresses and skirts, appropriate fit and length.
 Solid-colored jeans that are clean, neat and not tight. No holes, frays, bleached, stone-washed, patterned, low rise, hip-huggers, baggies, cargoes, carpenter/painter jeans or overalls.

T-shirts with the Ridgeview Institute logo only. No wording or pictures, especially depicting tobacco/ alcohol/drug and music, vacation/college/sports shirts. No wrinkled, faded, tie-dyed, frayed or cut off shirts. NO political slogan shirts or t-shirts.

Dress Code by Department/Position:

- RN’s and LPN’s: Navy blue Scrubs, Neutral color gym shoes/nursing shoes (no jeans)
- MHT’s: Maroon Scrubs, Neutral Color gym shoes (no jeans)
- Access Center RN’s and Clinicians: Black or Grey Scrubs
- Access Center: Call Center Business casual (no jeans)
- Access Center: Technicians: Maroon scrubs
- Activity Therapy: Brown or Purple Scrubs
- Housekeeping: Green Logo Shirt and Black or Tan pants
- Receptionist: Business casual or RIS Green Logo Shirt and Black/Tan pants
- Maintenance: Grey/Blue Uniform Shirts and Grey pants
- Program Therapists: Business casual
- Administration: Business casual

I acknowledge and agree to comply with the Dress Code Policy Guidelines:

Employee Name:

Date:

Employee Signature:

KEY(s) & BADGE ISSUE POLICY

Key & badge	Employee Name	Department Head Authorization or HR
General Access Key		
Fire Key		
Badge		

KEY ISSUE POLICY: All keys issued by this company become the responsibility of the employee to whom keys are assigned and accepted by. Keys are not to be loaned or utilized by any other employee or non-employee at any time. If keys are misplaced or lost it is the employee’s responsibility to notify the Department Head as soon as possible. Disciplinary action may be assessed at that time. Keys and tags will not contain any marks or wording which identifies the Company or any of its locations. When keys to perimeter doors or storage room doors, or rooms containing valuable assets are not accounted for, management may determine that entry locks must be re-keyed.

BADGE ISSUE POLICY: Badge must be worn at all times while on Ridgeview Institute premises. Your badge must be displayed above your waist and forward facing. Loss or damage of the ID badge should be reported to the HR Department immediately. Employees should not allow anyone to enter the premises who the employee does not know to be an employee of or authorized visitor to Ridgeview Institute. Failure to observe these safety regulations could endanger the safety and security of all other staff and clients and will not be tolerated.

At termination of employment, employees are required to turn in all keys and badge, which have been assigned and issued, to the Human Resources Department. Failure to return keys and badge will result in cost of rekeying areas mentioned above and a charge for the badge will be deducted from the final paycheck.

Note: employees who are absent from work without notice are deemed to have resigned. If issued keys and badge are not turned in within 24-hours of separation, locks will be changed and appropriate charges will be deducted from final paycheck.

EMPLOYEES WHO KNOWINGLY VIOLATE THIS POLICY ARE SUBJECT TO TERMINATION OF EMPLOYMENT

Last Name _____ First _____ MI _____

Phone _____ Date _____

Employee Signature: _____



INDIVIDUALS MAINTAINING POSITIVE ATTITUDE AND COMMITMENT TO SERVICE

We can only build a foundation for great customer service if we work to ensure that every patient, guest, family member, and coworker is greeted with respect, kindness and courtesy each and every time we encounter them and each other.

As a dedicated employee of Ridgeview Institute Smyrna I commit to support the philosophy of superior customer service. I promise to practice these principles each and every day with every individual that I encounter both in person and on the phone. I am dedicated to making customer service my first priority at all times. I understand that if I do not follow the philosophy there will be accountability for my actions. At RIS, we promote “Making a difference in the lives of people is what we are all about” and this starts with me.

I pledge to make positive IMPACTS!

Employee Signature

Date

Roger Smyth III

CEO



RIDGEVIEW INSTITUTE- SMYRNA

Customer Service Commitment

As you know, you never get a second chance to make a first impression, so it needs to be done correctly every single time. Ridgeview Institute – SMYRNA holds its employees to the highest standards of customer service both internally and externally on the phone as well as in person. RIDGEVIEW INSTITUTE - SMYRNA has developed a customer service initiative called **Project IMPACTS**, which stands for "**Individuals Maintaining Positive Attitude and Commitment to Service.**" All employees are expected to adhere to our customer service expectations.

Effective immediately, we are instituting **three** key customer service initiatives:

1. **Telephone Etiquette** – When the phone rings, it will need to be picked up by the 3rd ring. Anyone on the unit near the phone should answer it. When you answer the phone, please identify yourself by name, the hospital name and unit. Ask how you can help the caller. An example of this would be *"Thank you for calling RIDGEVIEW INSTITUTE - SMYRNA, this is Toni, how can I help you?"* If it is an internal call to a unit, please identify the unit *"Adolescent unit, this is Toni, How can I help you?"* This is how the phone is required to be answered every time it rings.
2. **Customer Greeting**- Greet each guest (patient, family member, service provider) with a smile and courtesy each and every time you pass them in the hall, on the unit or when you see them in the lobby. Anticipate that the guest needs assistance finding their way before they ask. Communicate in a way that is respectful and courteous. When a fellow co-worker is passing you in the hall or unit please say hello to them, make eye contact and be kind. Treat every individual the way that you would like to be treated.
3. **Team Member Commitment** – It is not acceptable to be rude or unkind to patients, co-workers, new coworkers, family members, guests, visitors, or anyone else that is on the Ridgeview Institute – SMYRA premises. It is the expectation that coworkers ensure new coworkers feel welcome and supported as they learn their role at the facility. It is not acceptable for any coworker to gossip, talk negatively, or share personal information about another coworker. The Ridgeview Team is only as strong and committed as its staff members. It takes everyone to working at Ridgeview Institute Smyrna to make a difference!

We can only build a foundation for great customer service if we work to ensure that every patient, guest, family member and coworker is greeted with respect, kindness and courtesy each and every time we encounter them and each other.

As a dedicated employee of Ridgeview Institute - SMYRNA, I commit to support the philosophy of excellent customer service. I promise to practice these principles each and every day with every individual that I encounter both in person and on the phone. I am dedicated to making customer service my first priority from this day forward. I understand that if I do not follow the philosophy that corrective action will be taken up to including termination. **Ridgeview Institute Smyrna**



RIDGEVIEW INSTITUTE- SMYRNA

has a zero tolerance in 2024 for anyone not following the customer service philosophy at the facility. At Ridgeview Institute-Smyrna, we promote that "Making a difference in the lives of people is what we are all about" and this starts with me.

Staff Signature

Staff Printed Name

Title: Date:

Ridgeview Behavioral Hospital

Compliance Program Code of Conduct

Ridgeview Behavioral Hospital is engaged in the business of providing services in a safe, compassionate treatment environment for each patient and developing individualized and multi-disciplinary treatment plans to meet specific clinical needs of each patient.

Ridgeview Behavioral Hospital and (1) Ridgeview Behavioral Hospital employees; (2) Ridgeview Behavioral Hospital managers and officers; and (3) independent contractors, consultants, and vendors who perform functions, on behalf of Ridgeview Behavioral Hospital, associated with the authorization, monitoring or provision of Ridgeview Behavioral Hospital health items or services, including billing and coding contractors ((1), (2) and (3) collectively referred to as “Associates”), constantly strive to ensure that all activity by, on behalf of or with the organization is in compliance with applicable laws, rules, regulations and other directives of federal, state and local governments, departments and agencies (collectively, “Laws, Rules and Regulations”).

The general principles articulated in this Code of Conduct are intended to provide guidance to individuals in their obligation to comply with Laws, Rules and Regulations. However, the general principles contained herein are neither exclusive nor complete. Associates are expected to refer to Ridgeview Behavioral Hospital’s compliance program policies and procedures (the “Compliance Manual” or the “Manual”) and Ridgeview Behavioral Hospital’s overall compliance program (the “Compliance Program”) (which includes, without limitation, procedures regarding billing, payments, medical necessity, quality of services, governance, mandatory reporting, credentialing, and other risk areas) for further guidance. It is important for all Associates to recognize that they are required to comply with all Laws, Rules and Regulations, as well as Ridgeview Behavioral Hospital’s Compliance Manual and overall Compliance Program, whether or not specifically addressed in this Code of Conduct. If questions regarding the existence of, interpretation or application of any law, regulation, rule, standard, policy and/or procedure arise, they should be directed to Ridgeview Behavioral Hospital’s CO. Requests for access to the Compliance Manual should also be directed to Ridgeview Behavioral Hospital’s CO.

Ridgeview Behavioral Hospital expects each individual to whom this Code of Conduct applies to abide by the principles in this Code of Conduct and to conduct the business and affairs of the organization in a manner consistent with the general policies set forth herein.

Nothing in this Code of Conduct is intended to, nor shall be construed as, providing any additional employment or contractual rights to employees and contractors or other persons.

A. TREATMENT

Each patient deserves to be treated as an individual

Professionals associated with facilities develop individualized treatment plans to meet the specific clinical needs of every patient, utilizing a multi-disciplinary approach. Treatment is provided for inpatient care, residential care, partial hospitalization, outpatient care and/or other behavioral healthcare services. The Company is committed to creating a safe, compassionate treatment environment where patients and their families begin to understand their individual illnesses as well as the recovery process.

Patient and family information and education

As soon as possible, information is provided on the anticipated treatment plan as well as financial and insurance information. Discharge planning begins at the time of admission and continues throughout the treatment process. The patient, patient's family, and the clinical team may be involved in the discharge planning process. Patients are discharged with an aftercare or follow-up plan, which includes interaction with community organizations, and support groups whenever appropriate. The Company does not admit or discharge patients on the basis of their insurance coverage, or lack thereof, but, in non-emergency cases, an individuals' financial situation is taken into account as part of the treatment process.

B. LEGAL COMPLIANCE

Ridgeview Behavioral Hospital and its Associates shall refrain from any illegal conduct including, but not limited to:

1. Fraud, Waste & Abuse/False Claims. Ridgeview Behavioral Hospital expects its Associates to refrain from conduct which may violate any federal and state laws relating to health care fraud and abuse. Without limiting the foregoing, each Associate is expected to: a) maintain honest and accurate records of services provided; b) follow current and applicable laws, regulations and guidelines to facilitate proper documentation of services and proper claims development and submission; and c) take necessary steps to prevent the submission of claims for payment and reimbursement of any kind that are fraudulent, abusive, inaccurate or medically unnecessary.

Ridgeview Behavioral Hospital intends to fully comply with the federal False Claims Act ("FCA") and any similar state laws that fight fraud, waste and abuse in government healthcare programs. Examples of fraud, waste and abuse that can be considered to be false claims include billing for services not rendered or goods not provided, falsifying records to obtain payment or a higher rate of reimbursement or unlawfully giving health care providers inducements in exchange for referrals for service. The FCA and similar state laws contain a qui tam or whistleblower provision, which permits a private person with knowledge of a false claim to file a lawsuit on behalf of the government and to receive a portion of the recovery. Under both the FCA and similar state laws, Associates are protected against retaliation for good faith reporting of false claims and fraud, waste or abuse.

2. Licensure/Certification. Ridgeview Behavioral Hospital may operate programs that from time to time are licensed and/or certified by state and federal agencies. All Associates must comply with all licensure and certification laws applicable to Ridgeview Behavioral Hospital's operation. Associates are expected to participate in educational "in-services" offered by Ridgeview Behavioral Hospital and by various professional groups and associations, and to be familiar with the laws that affect their specific job responsibilities. Certain Associates are required to hold professional licenses or other certifications by state and federal regulating authorities. Associates must notify their supervisor immediately upon the loss, revocation, suspension, or limitation of the Associate's license, or upon a known or suspected violation of law, rule or regulation.
3. Tax. Ridgeview Behavioral Hospital and its Associates will accurately report payments to appropriate taxing authorities and will file all tax returns and other information in a manner consistent with applicable laws.
4. Discrimination. It is Ridgeview Behavioral Hospital's policy to treat patients, employees, and contractors, etc. without regard to race, color, religion, sex, gender identity, ethnic origin, age, disability, or any other classification protected by law. Ridgeview Behavioral Hospital recruits, hires, trains, promotes, assigns, transfers, lays off, recalls, and terminates employees and contractors based on their ability, achievement, experience and conduct without regard to race, color, religion, sex, gender identity, ethnic origin, age, disability or any other classification protected by law. No form of harassment or discrimination on the basis of sex, race, color, disability, age, religion or ethnic origin or disability or any other classification protected by law will be permitted. Each allegation of harassment or discrimination should be promptly reported to the CO so that it can be investigated, and appropriate action can be taken.
5. Lobbying/Political Activity. Neither Ridgeview Behavioral Hospital nor any Associate shall make any agreement to contribute any money, property, or services at Ridgeview Behavioral Hospital's expense to any political candidate, party, organization, committee or individual in violation of any applicable law. Associates may personally participate in and contribute to political organizations or campaigns, but they must do so as individuals, not as representatives of Ridgeview Behavioral Hospital, and they must use their own funds. Any attempt to influence the decision-making process of governmental bodies or officials by an improper offer of any benefit is absolutely prohibited.
6. Kickbacks, Inducement, and Self-Referrals. Ridgeview Behavioral Hospital and its Associates shall comply with all laws relating to kickbacks, inducements, and self-referrals. Ridgeview Behavioral Hospital and its Associates shall not knowingly offer, pay, solicit, or receive bribes, kickbacks, or other improper remuneration in order to induce health care business, recommendations, or referrals.

Ridgeview Behavioral Hospital and its Associates shall not submit any claim to Medicare or Medicaid for certain services classified as "designated health services," if the order or referral comes from a physician with whom Ridgeview Behavioral Hospital has a prohibited financial relationship, as defined in the Stark physician self-referral law and regulations (the "Stark Law"). Ridgeview Behavioral Hospital shall ensure that all financial relationships (including gifts) with referring physicians meet an applicable Stark Law exception.

7. Excluded Individuals. Ridgeview Behavioral Hospital will not employ or contract with an individual or do business with any person or entity that has been excluded in the OIG or General Service Administration's federal databases or otherwise debarred or excluded from any governmental healthcare program.
8. Antitrust. Ridgeview Behavioral Hospital and its Associates shall comply with antitrust laws, which aim to protect competition by prohibiting price fixing, monopolies and other practices that restrain trade. Associates must never discuss pricing, strategies, suppliers, or territories with competitors. Associates must never make agreements (formal or informal) with competitors about allocating markets, boycotting third parties, or other competitive issues. If such discussions arise, Associates should immediately end the discussion, and report it to the CO.

C. BUSINESS ETHICS

Associates shall perform their duties in good faith and to the best of their ability and shall not obtain any improper personal benefit by virtue of their relationship with Ridgeview Behavioral Hospital.

1. Honest Communication. Ridgeview Behavioral Hospital requires honesty from individuals in the performance of their responsibilities and in communication with Ridgeview Behavioral Hospital's attorneys and auditors. No Associate shall make false or misleading statements to any state or federal officials; investigator; or person/entity doing business with Ridgeview Behavioral Hospital. Associates shall not destroy or alter Ridgeview Behavioral Hospital information or documents in anticipation of or in response to a request for documents by any applicable government agency or from any court.
2. Proprietary Information. Ridgeview Behavioral Hospital Associates shall not steal information belonging to another person or entity, including from Ridgeview Behavioral Hospital, or use any publication, document, computer program, information, or product in violation of a third party's interest in such product. All Associates are responsible for ensuring that they do not improperly copy documents or computer programs in violation of applicable copyright laws or licensing agreements for their own use. Associates shall not use confidential business information obtained from competitors or pre-employment agreements, in violation of a covenant not to compete, or in any other manner likely to provide an unfair competitive advantage to Ridgeview Behavioral Hospital. Associates shall not use confidential or proprietary information about Ridgeview Behavioral Hospital for their own personal benefit or for the benefit of any other person or entity, except Ridgeview Behavioral Hospital
3. Marketing.

The Ridgeview Behavioral Hospital's best advertisement is the Ridgeview Behavioral Hospital itself

Ridgeview Behavioral Hospital facilities do not use advertisements or marketing programs, which cause confusion between our services and those

of our competitors. We do not disparage the service or business of competitors.

Ridgeview Behavioral Hospital's advertising is truthful and not misleading

Ridgeview Behavioral Hospital complies with all state and federal requirements concerning advertising. All advertising and marketing materials will be submitted to the President for approval prior to distribution. Specific claims about the quality of the Ridgeview Behavioral Hospital's services will be supported by evidence substantiating such claims. All price advertising will accurately reflect the true charge for services provided to our patients.

4. Business Relationships/Conflict of Interests. Associates shall not engage in any business practice intended to unlawfully obtain favorable treatment or business from any person or organization. All business relations with customers, vendors or contractors of Ridgeview Behavioral Hospital must be conducted at arm's length and be commercially reasonable, both in fact and in appearance, and in compliance with Ridgeview Behavioral Hospital's Compliance Program. Associates shall not use their position at Ridgeview Behavioral Hospital to profit personally or to assist others in profiting in any way at the expense of Ridgeview Behavioral Hospital. Associates shall disclose to the CO any financial interest, ownership interest, or any other relationship they (or a member of their immediate family) have with Ridgeview Behavioral Hospital's vendors, customers or competitors, as well as personal relationships and business activities that may be construed by an impartial observer as influencing the Associate's performance or duties or otherwise as a conflict of interest. Associates have a responsibility to obtain clarification from management on questionable issues that may arise.

It is illegal to purchase and sell securities of a publicly traded company based on material non-public information. While Ridgeview Behavioral Hospital is not a publicly traded company, many of its vendors, customers and business partners are. Associates shall not use non-public, material information about Ridgeview Behavioral Hospital or any other company for any business activity conducted by or on behalf of Ridgeview Behavioral Hospital or for Associate's own purposes, nor shall Associates discuss or divulge such non-public information with others.

5. Financial Reporting. All financial reports, cost reports, accounting records, research reports, expense accounts, time sheets and other documents must accurately and clearly represent the relevant facts or the true nature of a transaction.
6. Travel and Entertainment. Travel and entertainment expenses should be consistent with the Associate's job duties. Associates are expected to exercise reasonable judgment in the use of Ridgeview Behavioral Hospital's assets. Associates must also comply with Ridgeview Behavioral Hospital policies relating to travel and entertainment expense.
7. Personal Use of Corporate Assets. All Associates are expected to refrain from converting assets of Ridgeview Behavioral Hospital to personal use. All business of Ridgeview

Behavioral Hospital shall be conducted, and Ridgeview Behavioral Hospital property utilized, in a manner designed to further Ridgeview Behavioral Hospital's interest rather than the personal interest of an individual Associate. Associates are prohibited from the unauthorized use or taking of Ridgeview Behavioral Hospital's equipment, supplies, materials or services.

8. Courtesies, Gifts and Entertainment. Except as expressly allowed by Ridgeview Behavioral Hospital's Policy on Courtesies, Gifts and Entertainment with Business Referral Sources, Ridgeview Behavioral Hospital and its Associates shall not offer entertainment, gifts or tokens of appreciation to, or receive the same from, a Referral Partner. "Referral Partner" means a person or organization that is in a position to refer business to, purchase services from, or recommend the services of the provider of the gift. Note that, depending on the situation, Ridgeview Behavioral Hospital may be the Referral Partner to whom gifts are offered, or the offeror of gifts to the Referral Partner. Under no circumstance shall Associates accept from, or offer or give to, a Referral Partner cash or cash-equivalents (e.g., gift certificates, financial instruments such as checks or stocks). If an Associate is approached by a Referral Partner seeking to exchange gifts or payment for business, the Associate should politely but firmly decline such an offer and report the incident to the CO immediately.
9. Services for Competitors or Vendors. No Associate shall perform work or render services for any competitor of Ridgeview Behavioral Hospital or for any organization with which Ridgeview Behavioral Hospital does business or which seeks to do business with Ridgeview Behavioral Hospital, without the approval of a member of Ridgeview Behavioral Hospital's CO. No Associate shall be a director, officer, or consultant of an outside organization, nor permit his/her name to be used in any fashion that would tend to indicate a business connection with such organization without the prior approval of a member of the CO. The prohibitions in this section apply only when such work or services are substantially related to the work or services being performed by the Associate for Ridgeview Behavioral Hospital.

D. CONFIDENTIALITY

Ridgeview Behavioral Hospital and its Associates are in possession of and have access to a broad variety of confidential, sensitive and proprietary information. Every Ridgeview Behavioral Hospital Associate has an obligation to actively protect and safeguard confidential, sensitive and proprietary information in a manner designed to prevent the unauthorized disclosure of information.

1. Protected Health Information. Associates can only use and disclose protected health information as permitted by all applicable Laws, Rules and Regulations and Ridgeview Behavioral Hospital's Compliance Program.
2. Ridgeview Behavioral Hospital Information. Information pertaining to Ridgeview Behavioral Hospital's competitive position or business strategies should be protected and shared only with Associates having a need to know such information in order to perform their job responsibilities. Such information may include, but is not limited to, payment and reimbursement information, information relating to negotiations with employees and

contractors or third parties, quality assurance materials, trade secrets, and protocols and documentation developed in order to operate Ridgeview Behavioral Hospital.

3. Personnel Information. Salary, benefits, and other personal information relating to Associates shall be treated as confidential. Personnel files, payroll information, disciplinary matters and similar information shall be maintained in a manner designed to ensure confidentiality in accordance with applicable laws. Associates must exercise due care to prevent the release or sharing of information beyond those persons or outside entities that may need such information to fulfill their job function or duties under the law.

E. VENDOR/CUSTOMER RELATIONSHIPS

Ridgeview Behavioral Hospital and its Associates shall not enter into any financial relationships with any vendor or customer that would violate the prohibitions of the federal Fraud and Abuse Statutes, physician self-referral prohibitions, Internal Revenue Service rules/regulations or any other related Laws, Rules and Regulations.

F. ACKNOWLEDGEMENT AND ANNUAL DISCLOSURE STATEMENT

Ridgeview Behavioral Hospital requires that its Associates sign an acknowledgement confirming that they have received and read this Code of Conduct, have been given access to the Compliance Manual and that they understand it and will comply with them ("Acknowledgement").

Additionally, all Associates are required to complete an Annual Disclosure Statement regarding conflicts or potential conflicts of interest they may have and to continuously update the information in the statement, as necessary. Failure to complete the Annual Disclosure Statement or failure to provide complete and accurate information may result in disciplinary action, including in certain circumstances, termination of employment. In addition to the information requested of all employees and contractors, Ridgeview Behavioral Hospital may from time to time ask certain Associates in very senior level or sensitive positions to provide additional information.

G. OVERSIGHT BY CO

The Ridgeview Behavioral Hospital CO will report to the Chief Executive Officer. The CO shall review all material issues of interpretation of this Code of Conduct with the Board or appropriate committee of the Board and each of the relevant Ridgeview Behavioral Hospital companies.

H. REPORTING OF VIOLATIONS

1. Illegal acts or improper conduct may subject Ridgeview Behavioral Hospital to severe civil and criminal penalties, including large fines and being barred from certain types of business. In many cases, if Ridgeview Behavioral Hospital discovers and reports illegal acts to the appropriate governmental authorities, Ridgeview Behavioral Hospital may be subject to lesser penalties.

Therefore, any Associate who believes or becomes aware of any actual or suspected violation of this Code of Conduct, Laws, Rules and Regulations, or Compliance Manual or Program by any employee or another person acting on Ridgeview Behavioral Hospital's behalf shall promptly report the violation or illegal activity in person, by phone, or in writing, to the Associate's direct supervisor, the CO, via Ridgeview Behavioral Hospital's Compliance Hotline or the Corporate Compliance email.

2. It is a violation of this Code for Associates, including management, employees, and contractors, not to report actual or suspected violations of the Code of Conduct, Laws, Rules and Regulations, or Compliance Manual or Program. If you have a question about whether particular acts or conduct may be illegal or violate the Code, you should contact the CO. It is a violation of this Code for Associates to whom a potential illegal act or violation of the Code is reported to not ensure that the illegal act or violation of the Code comes to the attention of those responsible for investigating such reports.
3. It is Ridgeview Behavioral Hospital's policy to investigate reports of actual or suspected violations of this Code of Conduct, Laws, Rules, and Regulations, or Compliance Manual or Program promptly and thoroughly. Associates must cooperate with these investigations and shall not take any action to prevent, hinder, or delay discovery and full investigation of illegal acts or violations of this Code.

Associates may anonymously report actual or suspected violations of this Code of Conduct, Laws, Rules and Regulations, or Compliance Manual or Program, via the Compliance Hotline outlined in Paragraph two (2) above. To the extent permitted by law, reasonable precautions will be taken to maintain the confidentiality of those individuals who report illegal activity or violations of this Code, whether or not it turns out that improper acts occurred.

4. No reprisals, retaliation or disciplinary action will be taken or permitted against an Associate for good faith reporting of, or cooperating with the investigation of, actual or suspected violations of this Code of Conduct, Laws, Rules and Regulations or Compliance Manual or Program.
5. Associates who violate this Code or commit illegal acts are subject to discipline up to and including dismissal. Associates who report their own illegal acts or improper conduct, however, will have self-reporting taken into account in determining the appropriate disciplinary action.

I. CONCLUSION

This Code of Conduct reflects standards that Ridgeview Behavioral Hospital believes to be in the best interest of its employees, contractors, patients, vendors, and others with whom it does business. However, in addition to the specific directives set forth in this Code of Conduct, each Associate's own individual judgment is critical in determining the correct course of action for a particular situation. As each Associate contemplates a situation, the Associate should consider

whether the proposed action or inaction is consistent with Ridgeview Behavioral Hospital practices and whether it conforms to the letter and the spirit of this Code of Conduct. Additionally, whenever an Associate sees a situation in which the purpose of this Code of Conduct does not appear to be served, the employee or contractor must bring the concern to the attention of the CO.

Ridgeview Behavioral Hospital thanks you for your cooperation with this Code of Conduct and for upholding the high standards of Ridgeview Behavioral Hospital.

Ridgeview Institute- Smyrna

Associate Acknowledgement – Code of Conduct

I certify by my signature below, that I have received, read and understand Ridgeview Institute Smyrna’s Code of Conduct. I understand I have an obligation to help Ridgeview Institute Smyrna prevent and detect fraud, waste and abuse and to comply with all Laws, Rules and Regulations.

I hereby certify my intention to act in complete accordance with the Code of Conduct, Compliance Manual, overall Compliance Program, and all Laws, Rules and Regulations.

I understand that my continued employment, engagement or continued business relationship with Ridgeview Institute Smyrna depends on my full compliance with the Code of Conduct, Compliance Manual, overall Compliance Program, and all Laws, Rules and Regulations.

I agree to report all suspected or actual violations of the Code of Conduct, Laws, Rules and Regulations, Compliance Manual or Compliance Program (including suspected fraud, waste and abuse) to either my immediate supervisor, the CO. Corporate Compliance hotline or Corporate Compliance email

Failure to report questionable conduct or practices, and actual or suspected violations of the Code of Conduct, Laws, Rules and Regulations, Compliance Manual or Compliance Program may lead to discipline, up to and including discharge or termination of any contractual arrangement with Ridgeview Institute Smyrna.

I understand that I can make good faith reports to the immediate supervisor, the CO or the Compliance Hotline without fear of retribution, retaliation or discipline.

Associate Name (printed) Date _____

Associate Name (signature)

RIDGEVIEW INSTITUTE SMYRNA POLICY AND PROCEDURE MANUAL

TITLE: SOCIAL MEDIA

REVISED:

EFFECTIVE DATE: 2/18

REVIEWED: 2/2024

PURPOSE

To provide guidelines outlining how Ridgeview Institute supports institutional communication goals through social media platforms as directed by US Healthvest, LLC or the 'Corporation.'

I. POLICY

The Corporation offers support of institutional communication goals, as well as provides social computing guidelines for Ridgeview staff engaging in online discourse and identifying themselves with Ridgeview Institute or discussing Ridgeview.

This policy is intended for internet activities that associate or identify a Ridgeview staff member with Ridgeview Institute, use Ridgeview email addresses, or discuss Ridgeview Institute. In keeping with policy, Ridgeview email addresses should not be used in conjunction with unofficial or personal social media accounts and profiles. This policy is not intended to guide online communications when employees do not associate or identify themselves with Ridgeview Institute or discuss Ridgeview.

II. DEFINITIONS

Content Owners, for the purpose of this policy, are those assigned the responsibility of maintaining, monitoring, and moderating a Ridgeview social media platform. Official communications refer to those done in Ridgeview's name, (e.g., Ridgeview Institute's Facebook page).

- A. Content Owner – Vice President responsible for monitoring, maintaining, and overseeing moderation of web content as assigned by the Corporation's CEO.
- B. Moderator – Assigned by Content Owner or by the Corporation CEO as the individual for moderating comments and postings by internal and external users, including deleting comments and postings that do not meet the criteria set forth in this policy.
- C. Social Media Platforms – Technology tools and online spaces for integrating and sharing user-generated content in order to engage constituencies in conversations and allow them to participate in content and community creation. Examples are Facebook, Twitter, LinkedIn, and YouTube.

IV. SPECIFIC INFORMATION

- A. Official Institutional Social Media Communications:
 1. Because of the evolving nature of social media platforms, these guidelines do not attempt to name every current and emerging platform. Rather, they apply to those cited and any other online platform available and emerging, including social networking sites and sites with user-generated content. Examples include, but are not limited to the following:

Google	LinkedIn	Facebook
Yelp	Twitter	

Social media content that is hosted internally and protected by Ridgeview ID/Password

2. Institutional representation via online social media platforms can only be initiated and authorized through efforts of the corporate business development department. Any sites or pages existing without prior authorization as required above are subject to review when discovered and may be amended or removed.
3. Content Owners, as named by the Corporation's CEO, are responsible for posting and using content and maintaining compliance with Ridgeview Policies and Procedures, HIPAA (Health Insurance

Portability and Accountability Act) and policies related to Conflict of Interest, Privacy, Security, Safety and Human Resources. Content Owners are also required to keep abreast of changes in policies or functionality of the social media platforms in use and maintain compliance with terms of service.

4. Content Owners are responsible for monitoring, maintaining and moderating web content as follows:

- a. Content is current and accurate.
- b. Content Owners engage in communications that are acceptable in the Ridgeview workplace and respect copyrights and disclosures. Proprietary financial, intellectual property, patient care or similar sensitive or private content may not be revealed.
- c. Content Owners are responsible for gaining the expressed consent of all involved parties for the right to distribution or publication of recordings, photos, images, video, text, slideshow presentations, artwork, and advertisements whether those rights are purchased or obtained without compensation.
- d. Content Owners are responsible for consistently monitoring postings and comments to social media sites, and for deleting postings that do not adhere to our policies.

5. Content Owners and/or Moderators sign the Participation Guidelines Form, Attachment A of the policy. This form is renewable annually and is monitored by the Vice President responsible for social media and presented to the Corporation CEO for approval.

B. Guidelines for Online Professional or Personal Activity:

Online social media allows staff to engage in professional and personal conversations. These guidelines apply to staff who identify themselves with Ridgeview Institute in social media venues such as professional society blogs, LinkedIn, and/or Facebook, for deliberate professional engagement or casual conversation or discuss Ridgeview.

1. Follow the same Ridgeview Policies and Procedures, HIPAA, Conflict of Interest policy, Privacy and general civil behavior guidelines cited above including respecting copyrights and disclosures, and not revealing proprietary financial, intellectual property, patient care, or similar sensitive or private content.
2. If Ridgeview staff identify themselves as a member of Ridgeview staff in any online forum, staff make it clear that they are not speaking for Ridgeview, and what they say is representative of their individual personal views and opinions and not necessarily the views and opinions of Ridgeview.
3. Ridgeview staff are thoughtful about how they present themselves as a Ridgeview staff member in online networks. By virtue of identifying oneself as a part of Ridgeview in such a network, staff connect themselves to, and reflect upon, Ridgeview colleagues, managers, and even Ridgeview patients and families.
4. Remember that all content contributed on all platforms becomes immediately searchable and can be immediately shared. This content immediately leaves the contributing individual 'staff members' control forever.
5. If someone or some group offers to pay staff for participating in an online forum in their Ridgeview role, offers advertising for pay and/or for endorsement, this could constitute conflict of interest, and Ridgeview policies and guidelines apply.
6. If someone from the media or press contacts faculty or staff about posts made in online forums that relate to Ridgeview in any way, staff alert their manager/leadership and contact the CEO before responding. Ridgeview staff are not permitted to speak to members of media or press.
7. If a patient or family member posts complaints about service or other issues, review and follow the *SOP for Online Reviews*. Content Owners as assigned by the Corporation CEO or Moderators assigned by the Content Owners or by the Corporation CEO are the only staff permitted to respond to posts made by patients or patient's family members.
8. Job postings follow Ridgeview's Human Resources (HR) established policies and procedures. Social Media may not be used in place of HR processes.
9. The Vice President responsible for social media as assigned by the Corporation CEO provide official Ridgeview related information that may be appended to official Ridgeview social media sites.

Participation Guidelines

Thank you for participating with Ridgeview Institutes in social networking communities.

We ask that you treat others with respect, even if disagreements occur.

Ridgeview Institute reserves the right to delete postings, or block users, that it deems to be slanderous, unlawful, obscene, hateful, soliciting, threatening, abusive, harassing or an infringement of another's rights, including but not limited to intellectual property, privacy, or publicity rights. Ridgeview Institute also may remove from discussion threads any comments that are off topic, repetitive or "spam."

Remember that these are public forums and whatever information you share will be viewed by others and may be archived by various third parties. Consider this carefully before posting detailed personal information. Ridgeview Institute has no control over the policies and practices of third parties.

The information provided by Ridgeview Institute on these platforms is intended for educational purposes only. It is not intended as an endorsement or a substitute for professional medical advice, diagnosis, or treatment.

If you are an employee of Ridgeview Institute, all laws and Ridgeview Institute policies apply to your online activity. These include but are not limited to RI's social media policy as well as HIPAA, compliance, conflict of interest, security, and safety. You are responsible for reading and following these policies. Consult your manager if you have questions about your social media activity.

By participating with Ridgeview Institute in social networking communities, you agree to indemnify Ridgeview Institute against any damages, losses, liabilities, judgments, costs, or expenses arising out of a claim by a third party relating to any posts, comments, likes, shares, or other social media activity you have undertaken.

By signing this online participation guideline, I am aware of the policies and procedures related to online participation as a RI employee.

Staff Signature

Date

Staff Printed Name

Date



Camera and Video Surveillance

Ridgeview Institute-Smyrna uses camera and video surveillance in public areas. This excludes bathrooms, patient bedrooms, and exam rooms to monitor safety.

1. During the admission process, potential patients are notified of the use of cameras and Ridgeview Institute-Smyrna's video surveillance for safety.
 - a. The consent to treatment includes consent to be photographed (which becomes part of the medical record) for identification purposes. See Patient Identification Picture Procedure for more information.
 - b. The consent to treatment includes consent for video surveillance of all areas excluding bathrooms, patient bedrooms and exam rooms.
2. Bathrooms and patient bedrooms are not under camera or video surveillance. If individuals require monitoring in these areas, monitoring will be provided by the organization's trained employees, such as: MHT's, LPN's or RN's.
3. All video surveillance is treated as protected health information.
4. Patients, visitors and contract workers are not allowed to have or use personal audio or video recording devices of any kind at Ridgeview Institute-Smyrna.
5. Staff, contract staff, interns, students, volunteers, etc. are not allowed to use personal audio or video recording devices of any kind in patient areas.
6. A monitor is located at the nursing station in each inpatient unit that shows live camera views for that unit. The cameras may be viewed intermittently by staff assigned to the unit and as needed by the Charge RN of the unit to aid in milieu management.
7. Designated individuals in the organization (e.g. CEO, CNO, CFO, Risk Manager, IT staff) have access to view live cameras and view recorded videos.
8. Camera/video views are usually retained approximately 3 weeks.

EMPLOYEE ACKNOWLEDGMENT:

Signing below signifies that the Employee has read and understands the terms stated above.

Employee Signature

Date

PRINT NAME

RIDGEVIEW INSTITUTE- SMYRNA HOSPITAL POLICY AND PROCEDURE MANUAL

TITLE: Violence in the Workplace **REVISED:** February 2022

EFFECTIVE DATE: November 2014 **REVIEWED:** March 2023

APPROVED BY: _____ **DATE:** _____
MEDICAL DIRECTOR

I. POLICY

The RIDGEVIEW INSTITUTE- SMYRNA Hospital is committed to providing a safe and secure workplace for employees. It shall be the policy of RIS to provide, to the greatest degree as is possible, a workplace for its employees that is violence free.

II. DEFINITIONS

- A. Workplace violence is any physical assault, threatening behavior, or verbal abuse occurring in the work setting.
- B. A workplace may be any location either permanent or temporary where an employee performs any work-related duty.
 - 1. This includes, but is not limited to, the buildings and the surrounding perimeters, including the parking lots, field locations, clients' homes and traveling to and from work assignments.

III. MANAGEMENT COMMITMENT AND RESPONSIBILITIES

RIDGEVIEW INSTITUTE- SMYRNA shall comply with federal and state statutes, rules, regulations and or guidelines in making reasonable efforts to:

- A. Organizational concern for employee emotional and physical safety and health.
- B. Equal commitment to worker safety and health and patient/client safety.
- C. System of accountability for involved managers and employees.
- D. Create and disseminate a clear policy of zero tolerance for workplace violence.
- E. Ensure no reprisals are taken against employees who report incidents.
- F. Encourage employees to promptly report incidents and suggest ways to reduce or eliminate risks.
- G. Outline a comprehensive plan for maintaining security in the workplace.
- H. Assign responsibility and authority for program to individuals with appropriate training and skills.
- I. Affirm management commitment to worker supportive environment.
- J. Setup company briefings as part of the initial effort to address safety issues.

IV. EMPLOYEE RESPONSIBILITIES

- A. Understand and comply with the workplace violence prevention program and other safety and security measures.
- B. Participate in employee complaints or suggestion procedures covering safety and security concerns.
- C. Prompt and accurate reporting of violent incidents.

V. WORKPLACE ANALYSIS

- A. Step-by-step look at the workplace, to find existing or potential hazards for workplace violence.
- B. A "Threat Assessment Team", Patient Assault Team, or similar task force may assess the vulnerability to workplace violence and determine appropriate actions.
- C. Worksite Analysis Recommended Program
 - 1. Analyzing and tracking records
 - 2. Monitoring trends and analyzing incidents

3. Screening surveys
4. Analyzing workplace security

VI. HAZARD PREVENTION AND CONTROL

- A. Engineering controls and workplace adaptations remove the hazard from the workplace or create a barrier between the worker and the hazard.
- B. Administrative and work practice controls.
- C. Post Incident Response.

VII. TRAINING AND EDUCATION

- A. Ensure that all staff are aware of potential security hazards and ways of protecting themselves.
- B. Employees should understand concept of “Universal Precautions of Violence”, i.e., that violence should be expected but can be avoided or mitigated through preparation.
- C. Employees should be instructed to limit physical interventions in workplace altercations unless designated emergency response team or security personnel are available,
- D. Training program should involve all employees, including supervisors and managers.
- E. Workplace violence prevention policy.
- F. Risk factors that cause or contribute to assaults.
- G. Early recognition of escalating behavior or warning signs.
- H. Ways to prevent volatile situations.
- I. Standard response action plan for violent situations.
- J. Location and operation of safety devices

VIII. RECORDKEEPING

- A. Recordkeeping and evaluation of the violence prevention program are necessary to determine overall effectiveness and identify deficiencies or changes that should be made
 1. OSHA Log of Injury and Illness (OSHA 300)
 2. Medical reports of work injuries assaults
 3. Incidents of abuse, verbal attacks, or aggressive behavior
 4. Information on patients with history of violence
 5. Minutes of safety meetings, records of hazard analyses, and corrective actions
 6. Records of all training programs

IX. EVALUATION

- A. Establish uniform violence reporting system and regular review of reports.
- B. Review report of minutes from staff meeting on safety issues.
- C. Analyze trends and rates in illness/injury or fatalities caused by violence.
- D. Measure improvement based on lowering frequency and severity of workplace violence.

X. COMMUNICATION

- A. To maintain a safe, healthy and secure workplace, we must have open communication among employees, including all levels of supervision. The open communication process includes, but is not limited to:
 1. Discussions of violence in the workplace during scheduled safety meetings.
 2. Posting or distributing information on violence in the workplace.
 3. Establish procedures to inform supervisors about violence in the workplace, hazards, or threats of violence.
- B. RIS shall provide an appropriate place for employees to discuss security concerns with assurance that necessary confidences will be maintained.

XI. TRAINING AND EDUCATION

- A. All employees, including all levels of supervision, will have training and instruction on general, job-specific, and work site-specific safety and security practices.
- B. Training and instruction will be on-going.

C. Training will be included as part of orientation of new employees.

D. General violence in the workplace training and instruction shall address at a minimum the following:


1. Explanation of the violence in the workplace policy as established.
2. Measures for reporting any violent acts or threats of violence.
3. Procedures to prevent workplace violence, including procedures for reporting workplace hazards or threats.
4. Ways to defuse hostile or threatening situations.
5. Measures to summon others for assistance.
6. Routes of escapes available to employees.
7. Procedures for notification of law enforcement authorities when a criminal act may have occurred.
8. Procedures for obtaining emergency medical care in the event of a violent act upon an employee.
9. Information on securing post-event trauma counseling for those employees desiring or needing such assistance.

Acknowledge and Agree:

Employee Signature: _____

Print name: _____

Date: _____

		Policy Number:	HR-048-1
		Policy Title:	Personal Cell Phone and Cameras
		Scope:	Hospital Wide
Approved by:	Governing Board	Effective date:	04/01/2024
		Last Reviewed:	
Date Approved:		Revised Date:	

Personal cellular phone usage is prohibited during work hours. Employees may check personal cellular phones **during breaks and meal breaks only**. Preferably, these items should be kept in a locker or with the employees' personal belongings off the unit.

Employees whose job responsibilities include regular driving and accepting business calls are expected to refrain from using their phone while driving. Ridgeview Institute prohibits employee possession or use of cameras in the workplace, including camera phones as a preventative step that is necessary to secure patient and employee privacy.

Cell phones and cameras are prohibited from being out in view when employees are working on the unit or other patient areas. Preferably, these items should be kept in a locker or with the employees' personal belongings off the unit.

Personal cell phones are also prohibited from being used through headphones, air pods etc. for verbal phone calls, FaceTime/video calls or to listen to media while employees are working on the unit or other patient areas.

Staff, contract staff, students and interns are not allowed to use personal audio or video recording of any kind in patient areas. Violations of the cell phone and camera policy will result with the following:

- 1st violation of an employee having an unauthorized personal cell phone in plain view on the unit or patient areas will result in a final written warning.
- 2nd violation of an employee having an unauthorized personal cell phone in plain view on the unit or patient areas will result in termination of employment.

Acknowledge & Agreed:

Employee Print Name: _____

Employee Signature: _____ Date: _____

Ridgeview Institute - Smyrna
POLICY AND PROCEDURE MANUAL

TITLE: SMOKING POLICY

REVISED:

EFFECTIVE DATE: 12/2018

SPP NUMBER: 1-10

REVIEWED: 1/5/24

POLICY

The Hospital is a non-smoking facility. Due to the acknowledged health and fire hazards, the facility adopts the policy of "Smoke Free Environment". The intention is to restrict smoking for the following reasons:

- To reduce the risks to patients associated with smoking.
- To reduce the risks to non-smoking patients and staff associated with secondhand smoke.
- To reduce the risk of fire in the facility.

PROCEDURE

1. The Hospital is a "Smoke Free Facility". Smoking is not allowed inside the building or in any of the facility transportation vehicles.
2. Patients, visitors, and staff may smoke, Chew of tobacco less products and vape only in designated areas outside the building.
3. Patients who have been approved to smoke by the medical staff will be permitted to smoke in designated smoking areas.
4. Where clinically approved, smoking materials will be managed and stored in designated safe areas and distributed by staff.
5. Staff should not smoke around Patients
6. Adolescent patients are not permitted to smoke.
7. All smoking areas will be located appropriately and may not be located in the direct path of entrances or breezeways into the buildings.
8. Combustible ashtrays or waste receptacles are not to be used in smoking areas and will be fire safety approved. Waste receptacles for smoking materials shall have covers or be enclosed to further reduce the risk of fire.
9. Designated smoking areas will receive increased surveillance and oversight to ensure ash materials and smoking debris are safely and appropriately disposed.

I acknowledge and agree to comply with the Smoking Policy:

Employee Name:

Date:

Employee Signature:



To: All RIS Employees, Contractors, and Interns

From: Shawn Hicks, Safety Officer

Please review below our hospital emergency /disaster management codes, guidelines, and procedures for any threatening calls. It is important for all staff to know and understand our emergency codes and to respond to potential threats.

As a reminder, it is important to always wear your badges at work. On the back of each badge are the hospital emergency codes.

As part of our safety, we have brought back the metal detector to the lobby and the front door lock is being fixed and replaced.

DISASTER PLAN-EMERGENCY CODES

PURPOSE:

Emergency codes define, describe, and communicate an emergency for the Hospital.

GUIDELINES:

1. The Hospital utilizes codes.
2. It is the responsibility of all staff members to know all emergency codes and to respond when indicated.
3. To overhead page a code situation, dial *00; wait for signal, then state the following three times: "Code" _____ (name) and _____ (location).
4. The codes are as follows:

CODE RED Indicates that there is a fire. Refer to event policy in this section (Emergency Management) of the EOC Manual for appropriate procedures.

CODE BLUE Indicates a cardiac, respiratory, or medical emergency. The emergency bag is to be brought to the code site.

CODE 22 **Psychiatric Emergency**

CODE GREEN Additional therapist support needed to Access or specific area.

Dr. HUSH **Show of Force**



CODE Yellow

Bioterrorism

CODE ORANGE

BUILDING UNSAFE: Event causing the building to be unsafe such as bomb/gas threat.

CODE 22-R

AWOL/Patient Elopement

CODE GREY

Workplace Violence Threat/Active Shooter

GUIDELINES:

The following procedure is designed to protect the Hospital against a real or potential threats.

When the Hospital is victimized by receipt of a **“bomb threat” “shooting” or “warning”**, our objectives are:

1. Maintain the Safety of patients and staff.
2. Prevent panic.
3. To have the facility searched and the situation eliminated as soon as possible.
4. To prevent/minimize publicity, since publicity could lead to additional crank calls.

The great majority of bomb threats and shooter threats are hoaxes. However, the problem is deciding which is a hoax and which is real. Therefore, each threat, until proven otherwise, must be handled as though it were the real thing.

Receipt of a Threat

The first line of a defense against a threat is the person receiving the threat, which is usually made by telephone. Should a threat be received by mail, the Hospital Administrator should be notified immediately, and document retained.

Should anyone receive a telephone threat, they will follow the procedure outlined below in securing the information from the caller.

The person receiving the threat must **REMAIN CALM**. Much can depend on the information which can be secured even from a short call.

PROCEDURE: for Person Receiving Threatening Calls

1. Be calm, courteous and listen. Do not interrupt the caller. If at all possible, notify another person. This person should call the Police dial 911. Also, if possible, have someone call the telephone company to request a trace of the call.
2. The person receiving the call should prolong the conversation as long as possible. Ask the caller to repeat the message. Note the exact time the call was received.



3. Ask specific question:
 - a. **Ask the caller's name?**
 - b. **Ask for additional information.**
4. Be alert for distinguishing background noises (music, traffic, voices, etc.).
5. Listen closely to the voice to determine sex, race, accent, voice quality.
6. When the caller hangs up, the person receiving the threat will immediately notify the Administrator (or his/her designee), and the Shawn Hicks, Safety Officer.
7. **PUTTING POTENTIAL THREAT PLAN INTO ACTION.**
 - A. Notify the Administration Office, Safety Officer, Administrator and/or Administrator on call (AOC).
 - B. Pass all information that was received in reference to the threat to the Administration Office
 - C. Remember to state only the facts and details of the call to the Administration Office
8. The person receiving the threat will write a complete report of the conversation.

PROCEDURE:

- A. During Business Hours, the Administrator will designate someone to immediately notify each Program Administrator and Leaders of the situation. During off-shift hours, the Nursing Supervisor will notify all staff of the situation.
- B. The Administrator or AOC in charge will assign someone to meet the Police Department upon arrival and direct them to the Administration Offices, and/or the person in charge. During regular business hours, the Director of Risk/PI (Shalette Lawton) will be the point person.
- C. Do not divulge to patients that a threat has been received.
- D. Wait for specific instructions from Administration, AOC, or Nurse Supervisor if threat is deemed a credible threat.
- E. When the "all clear" is given, return to normal operations.



Should you have any additional questions or concerns with the DISASTER PLAN-Guidelines, Procedures and the EMERGENCY CODES you can reach me directly at my office **extension 4011**.

Thank you for your cooperation and attention to this matter.

Acknowledge and Understand

Print Name _____

Signature _____

Date _____

Department _____



Unlawful Harassment

It is the policy of Ridgeview Institute that, as an employee, you and your work environment shall be free from all forms of unlawful harassment.

Conduct prohibited by this policy includes any conduct that denigrates or shows hostility toward another because of race, color, religion, sex, national origin, citizenship, age, disability, sexual orientation, veteran status, ancestry, marital status, victim of sexual or domestic violence, genetic information, and any category covered by applicable federal, state, or local law.

Prohibited behavior may include, but is not limited to, epithets, slurs, jokes, abusive language, negative stereotyping, intimidating or hostile acts, display or circulation of written or graphic material (including through e-mail), or any other verbal or physical conduct that relates to the protected characteristics covered by federal, state or local law. Conduct is also prohibited if it is based on a protected characteristic and has the purpose or effect of creating an intimidating, hostile or offensive work environment; has the purpose or effect of unreasonably interfering with an individual's work performance; or otherwise adversely affects an individual's employment opportunities. Unwanted verbal and physical conduct of a sexual nature by any employee, supervisor, manager or vendor, including sexual advances, requests for sexual favors or other such conduct is illegal and strictly prohibited.

What is Sexual Harassment?

Sexual Harassment refers to behavior that is not welcome, that is personally offensive, that fails to respect the rights of others, and therefore, interferes with our work effectiveness.

Sexual harassment is unwelcome sexual advances, request for sexual favors and other verbal or physical conduct of a sexual nature that either implies or clearly states that your employment is dependent on submission to such conduct or behavior. It also includes employment decisions that are made concerning you based on your submission to or rejection of such conduct and conduct that has the purpose or effect to create sexually intimidating, hostile or offensive work environment.

Sexual harassment may be overt or subtle. Whatever form it takes – verbal, non-verbal, or physical – sexual harassment is insulting and demeaning to the recipient and will not be tolerated in the workplace. The prohibition against sexual harassment applies not only to the workplace during normal business hours but also to all work-related social functions, whether on company property or not, and to business-related travel.



Examples of prohibited conduct:

- Unwanted touching
- Sexual innuendos, comments and remarks
- The use of profanity
- Unwanted comments or compliments about one's appearance or body
- Pictures, posters and gestures of a sexual nature

Reporting:

It is imperative that you be aware of the avenues for reporting harassment that are available to you. If you feel you are being subjected to sexual harassment in the workplace by a co-worker, manager, supervisor or other individual (whether employed by the Company or not), or if you believe your employment is being adversely affected by such conduct, you should report the alleged act immediately to your supervisor or Human Resources. Ridgeview Institute Ethics Line is also available to you as a reporting resource if you are uncomfortable raising the issue within Ridgeview Institute.

Investigation Process:

All complaints will be handled in a timely and confidential manner to the extent of practical in order to protect you, encourage the reporting of any incidents of sexual harassment, and protect the reputation of any employee wrongfully charged with sexual harassment.

All employees, managers and supervisors are expected to comply with this policy and cooperate in any investigation surrounding allegations of sexual harassment. Investigation of a complaint normally includes conferring with the parties involved and any named or apparent witnesses. You will not be subject to coercion, intimidation, retaliation, interference or discrimination for filing a complaint or assisting in an investigation.

Disciplinary Action:

Appropriate disciplinary action, up to and including termination, will be taken based on the outcome of the investigation and the seriousness of the offense.

Employee Name (please print)

Date

Employee Signature

Date



Committed to Quality Care

"Our Patients are Important!"



Stacey H.

Patient Advocate

770-434-4567 Ext. 2014

RIDGEVIEW INSTITUTE SMYRNA POLICY AND PROCEDURE MANUAL

TITLE: PATIENT RIGHTS

REVISED:

EFFECTIVE DATE: 1/17

REVIEWED: 11/2023

POLICY NUMBER: PR # 12

I. POLICY

It is the policy of Ridgeview Institute Smyrna (RIS) to ensure that all patients receive a copy of the Patient's Bill of Rights & Responsibilities form, as well as an oral explanation of those rights, both in their primary language and in simple non-technical terms. We will strive to abide by and respect all patient rights without regard to race, religion, creed, ethnicity, gender, age, sexual orientation, or handicap shall support and protect the fundamental human, civil, constitutional and statutory rights of the individual patient and recognize and respect personal dignity of the patient at all times.

II: PROCEDURE

1. Prior to admission, each individual shall be provided with a copy of the Patient's Bill of Rights form and a verbal explanation of those rights in their primary language in simple non-technical language. The minor's parent, managing conservator or legal guardian will be given the patient's Bill of Rights form. The information is provided in a manner tailored to the patient's age, language and ability to understand.
2. If the individual's primary language is not English, an interpreter shall be obtained, per hospital policy, to explain the Patient's Bill of Rights in the patient's primary language. If the patient is hearing impaired, an interpreter shall be obtained, per hospital policy, to explain the Patient's Bill of Rights in sign language or other appropriate mode of communications.
3. The method used to communicate the information is designed for effective communication, tailored to meet each person's ability to comprehend and respond to any visual or hearing impairment.
4. When the individual receiving services is unable or unwilling to sign the document which confirms that rights have been orally communicated, a brief explanation of the reason should be entered onto that document along with the signatures of the person who explained the rights and a third-party witness, preferably by a family member, legal guardian or friend (if available) or by another staff member.
5. A copy of the Patient's Bill of Rights form shall be displayed prominently at all times in each of the following locations: waiting room and lobby areas, cafeteria, dayrooms, recreational rooms, and any other areas frequented by persons receiving services. Copies shall also be available at these locations to anyone requesting a copy.
6. Patient Rights include the following rights:
 - a. to participate in all decisions involving the patient's care or treatment,
 - b. to be informed about whether the hospital is participating in teaching programs, and to provide

- c. informed consent prior to being included in any clinical trials relating to the patient's care.
- d. to refuse any drug test, procedure, or treatment and to be informed of risks and benefits of this action
- e. to care and treatment that is respectful, recognizes a person's dignity, cultural value and religious beliefs, and provides for personal privacy to the extent possible during the course of treatment
- f. to know the names, professional status, and experience of the staff that are providing care or treatment to the patient;
- g. to receive , upon request:
 - (i) prior to initiation of care or treatment, the estimated average charge to the patient for non-emergent care.
 - (2) the general billing procedure.
 - (3) an itemized bill that identifies treatment and services by date.
- h. to give informed consent for all treatment and procedures.
- i. to register complaints with the hospital and to the Georgia Department of Public Health and Environment ("Department") and to be informed of the procedure for registering complaints including contact information.
- j. to be free of abuse and neglect.
- k. to be free of the inappropriate use of restraints.
- l. except in emergency situations , patients are only accepted for care and services when the hospital can meet their identified and reasonable anticipated care, treatment and service needs.
- m. care delivered by the health care entity in accordance with the needs of the patient.
- n. confidentiality of medical records.
- o. to receive care in a safe setting.
- p. disclosure as to whether referrals to other providers are entities in which the hospital has a financial interest
- q. to formulate advance directives and have the health care entity comply with such directives, as applicable and in compliance with applicable state status.
- r. for effective communication. Interpretation services are available. Hearing/vision accessory devices are available. The patient has the right to access to people outside the hospital by means of visitors and by verbal and writ-ten communication.
- s. to be informed of the hospital rules and regulations applicable to the patient's conduct.

7. Patient responsibilities include:

- a. to provide , to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to the patient's health.
- b. to report unexpected changes in his/her condition to the responsible practitioner.
- c. to report whether he/she clearly comprehends the proposed treatment course and what the expectations are.
- d. to follow the treatment plan.
- e. to follow instructions of the nurses and allied health professionals as they carry out the treatment plan, physician's orders, and enforce the applicable hospital rules and regulations.
- f. the patient is responsible for the outcomes of refusing treatment or not following the treatment plan.
- g. for assuring that the financial obligations of his/her health care are fulfilled as promptly as possible.
- h. for following hospital rules and regulations affecting patient care and conduct.
- i. for being considerate of the rights of other patients and hospital personnel. The patient is responsible for being respectful of the property of other patients and the hospital.

8. The patient shall receive upon admission the patient's rights & responsibilities, when possible.
9. There will be a posting of a clear and unambiguous notice in a public location of the hospital specifying that complaints may be registered at the hospital, the Department, and with the appropriate oversight board. Upon request, the hospital will provide the patient and any interested person with contact information for registering complaints.
10. Patient rights are guaranteed. However, under special circumstances, certain rights may be limited or restricted as part of emergency and non-emergency interventions. Rights may be limited:
 - a. Only to the extent that the limitation necessary to maintain the patient's physical and/or emotional well-being or to protect another person.
 - b. The physician's order which will specify the right, being restricted, clinical justification for the restriction and the time limit for the restriction. The time limits will not exceed:
 - (1) Line of sight and one to one require daily justification for order;
 - (2) Order for search requires new order for every search;
 - (3) Restriction to access to outside areas requires order every other day;
 - (4) Restriction to personal property every other day;
 - (5) Restriction on telephone use every other day;
 - (6) Restriction from having visitors every other day;
 - (7) Any other restriction every other day.
 - (8) Any restriction renewal must be in writing.
 - c. Any limitation of rights will be included in the patient's Master Treatment Plan.
 - d. The patient will be informed of what he/she has to do to be removed from the restriction.
 - e. It is prohibited for limitation on rights to be used:
 - (1) in retribution, as punishment, or as a means of controlling an individual by eliciting Fear;
 - (2) for the convenience of staff or as a consequence of insufficient staff; or
 - (3) as a substitute for a master treatment plan.
 - f. The patient's therapist will be responsible (with consent) for notifying the family, guardian (with-out consent) or other significant other of the restriction, as appropriate.
 - g. The physician and treatment team must review all restrictions placed on patients.
 - h. Any limitation or right will not:
 - (1) Deprive an individual of a basic human need (food, clothing, etc.).
 - (2) Use techniques that could result in failure to provide a nutritiously adequate diet. Foods used as edible reinforcement within a behavior intervention program are evaluated by the treatment team, including the dietician and physician, with consideration of the patient's nutritional status, needs and preferences.

11. Rights which may not be limited:

- a. The right to have unrestricted visits from attorneys, internal advocates, or private physicians with the consent of the patient.
- b. To communicate by sealed mail with the state department, own legal counsel and with any court which has jurisdiction over the patient.
- c. To humane care.
- d. To the extent that the hospital's equipment and personnel are available, the right to medical care and treatment in accordance with accepted medical practice standards.
- e. To safe and sanitary housing.
- f. To not participate in manual labor.
- g. To receive prompt evaluation and care, treatment, and rehabilitation which the patient is informed, as much as the patient is capable of understanding.
- h. To be treated with respect and dignity.
- i. To not be the subject of experimental research without prior written and informed consent.
- j. To have access to consultation with a private physician at the patient's own expense.
- k. To be evaluated and treated in the least restrictive environment.
- l. To not be subjected to any hazardous treatment without consent, unless treatment or procedure is ordered by a court.
- m. To a nourishing well-balanced and varied diet.
- n. To be free from abuse, neglect and/or exploitation.

12. Alleged Violation of Patient Rights:


- a. The patient and/or legal guardian alleging that any right has been violated will follow the grievance procedure.
- b. The patient and/or legal guardian may contact the state department and /or the Joint Commission if he/she believes there has been abuse or neglect.

By signing below, I hereby acknowledge and confirm that I have read and understand the Policy and Procedure of Patient Rights as described above:

Employee Signature: _____ Date: _____

HEALTHCARE EQUITY

NEW JOINT COMMISSION STANDARDS




NEW JOINT COMMISSION STANDARDS


- As of 2023 Joint Commission has added new standards around healthcare equity, focusing on social determinants of health, equity, and diversity
- Today however, health care quality and health outcomes are often worse for racial/ethnic minorities, women, people living in rural communities, people with disabilities, those living in poverty, people with lower educational attainment, and other historically marginalized groups. And although health care equity is often viewed through a social justice lens, we understand it to be first and foremost a quality-of-care problem. Which means to achieve sustainable improvement we need to approach health care equity in the same way we approach other crucial patient safety priorities — by understanding the root causes and implementing targeted standards of care.

DEFINITIONS

- RACE** – a socially constructed way of grouping people, based on skin color and other apparent physical differences
- Disproportionate** – over or under representation of a particular group or race in a public system
- Isms** – systems of privilege and oppression based on social identities, including race (racism), sex (sexism), age (ageism), ability (ableism) and sexual identity (heterosexism).





HEALTH DISPARITY/HEALTH INEQUITY



- Health Disparity** – differences in presence of disease, health outcomes, or access to health care between groups
- Health Inequity** – differences in health that are systemically rooted that are unnecessary and avoidable


Health Inequities

Social determinants of health, such as working and living conditions and quality healthcare access, aren't the same for everyone. Health inequities pose a serious challenge to the healthcare community.



HEALTH EQUITY

- When all people and communities have the opportunity to attain their full potential and highest level of health.
- EQUALITY DOES NOT EQUAL EQUITY



HEALTH EQUITY

- In order to achieve health equity we need to implement health in all policies, strengthen community ties, expand understanding of health

The Need for Cultural Competence in Healthcare

- Differences between healthcare providers and patients can affect communication. This can, in turn, impact both clinicians' and patients' decisions with regard to treatment. When healthcare providers fail to recognize the differences between them and their patients, they may inadvertently deliver low-quality care.





LANGUAGE

Language accessibility is also key. Language barriers keep patients from accurately describing their symptoms and providers from explaining diagnoses. Language barriers can also create unsafe and inappropriate situations.




Cultural Humility

Healthcare professionals must focus on building cultural competence and cultural humility. Cultural humility recognizes the limits of people's knowledge of others. It also acknowledges that even people who have cultivated their cultural awareness can still have unintentional, unconscious biases about cultures other than their own. Cultural humility involves an ongoing process of self-evaluation. Through exploration of and reflecting on your own beliefs and behaviors, you can improve your awareness of implicit biases and foster an approach to patients characterized by openness and curiosity about each new patient.



IMPORTANCE OF CULTURAL COMPETENCE

Cultural competence significantly benefits healthcare organizations and patients alike. It results in more patient participation and engagement, fostering respect and improved understanding, which can lead to:

- Increased patient safety
- Reduced inefficiencies
- Reduced care disparities
- Decreased costs




Improved Outcomes/Experiences

- Cultural competence improves communication, which keeps patients safer. Clear communication allows healthcare team members to collect accurate medical information. It also encourages active dialogues in which patients and staff can ask questions, correct misunderstandings, and build trust.
- Healthcare environments that show an awareness of and respect for differences create more satisfying experiences for patients. When treatment team members adjust treatments to meet patient needs and preferences, patients notice, and their overall experience improves.

Ridgeview Institute- Smyrna

Cultural Competency Quiz

Name: _____

Date: _____

1. Social determinates of health are the same for everyone.
True False
2. Children can serve as interpreters.
True False
3. Cultural humility recognizes the limits of people's knowledge of others.
True False
4. Cultural competence leads to:
 - a. Increased patient safety
 - b. Reduced inefficiencies
 - c. Reduced care disparities
 - d. Decreased costs
 - e. All of the above
5. The absence of culturally competent care can lead to preventable mistakes and adverse events.
True False
6. Cultural competence:
 - a. Builds trust
 - b. Causes a loss of trust
 - c. Has no impact on trust
 - d. None of the above
7. All people within a particular culture hold the same beliefs, practices, behaviors, and attitudes.

True False
8. Patients can feel unsafe when they don't understand the language being spoken by the healthcare team member.

True False
9. A diverse team within the workplace with a wide cultural knowledge base, is more likely to respond with empathy to the unique cultural needs of patients.

True False
10. Cultural competence training is a one and done training.

True False

Improved Outcomes/Experiences

- If a treatment team member uses medical jargon unfamiliar to a patient or makes assumptions about a patient because they use public health insurance, the patient may likely feel frustrated. Conversely, if staff show nonjudgmental openness in response to differences, actively listen, and make efforts to verify patients have understood them, their patients are more likely to feel satisfied with their care.



Promoting Awareness

- Staff at LBH need to identify their beliefs and build an awareness of their culture. This gives them a basis to improve their cross-cultural awareness. This makes staff more open to unfamiliar attitudes, practices, or behaviors.



Putting It Into Action

- Cultural competence demands an ongoing commitment and multipronged approach. LBH is currently working to support activities and protocols that ensure culturally competent practices.



QUESTIONS



ABUSE AND NEGLECT TEST

Employee Name _____

Date _____

Score _____

MATCHING:

- _____ 1. Emotional/Psychological Abuse
- _____ 2. Physical Abuse
- _____ 3. Sexual Abuse
- _____ 4. Self-Neglect
- _____ 5. Neglect
- _____ 6. Financial Exploitation
- _____ 7. Domestic Violence
- _____ 8. Abandonment

- A. Using physical force that may result in injury, pain, or impairment
- B. Non-consensual sexual contact of any kind
- C. Infliction of distress through verbal/non-verbal acts
- D. Failure of caretaker to provide the goods, services, or care necessary to maintain health and safety of a child/vulnerable adult
- E. Behavior by a person that jeopardizes his/her own well-being and threatens health or safety
- F. Improper/illegal use of funds, property, or assets, typically by family, friend, or caregiver
- G. Desertion of child/vulnerable adult by someone who is responsible for care or physical custody
- H. Control of one partner of the other in a dating, marital, or live-in relationship

MULTIPLE CHOICE:

- _____ 9. Which of these is not possibly physical abuse?
 - A. An act or failure to act, which caused or may have caused physical injury.
 - B. Excessive force or corporal punishment
 - C. Using chemical or bodily restraints not in compliance with federal and state laws and regulations.
 - D. Using an approved restraint hold.

- _____ 10. Which of these are examples of sexual abuse of a patient?
 - A. Allowing coercive peer sexual interactions.
 - B. Flirting and sexual harassment.
 - C. Kissing and inappropriate touching of patients.
 - D. All are examples of sexual abuse of a patient.

- _____ 11. Withholding patient's food or not opening a bathroom for them because you are too busy charting, is an example of neglect:
 - A. True
 - B. False

- _____ 12. Which instance described below is either abuse or neglect?
- A. An employee forces a patient to clean several bathrooms as a punishment for cursing.
 - B. An employee uses an approved CPI technique to restrain a patient and the patient strains her elbow.
 - C. An employee shoves a patient out of the way causing the patient to bump his shoulder in the hallway.
 - D. An employee fails to complete documented 15-minute checks – as per policy.
 - E. A, C and D.
- _____ 13. The State Agency that is contacted regarding suspected abuse or neglect of a minor in a psychiatric hospital is:
- A. Department of Child Services.
 - B. The Attorney General's Office
 - C. Department of Social and Health Services
 - D. None of the above.
- _____ 14. Within what time frame should abuse and neglect be reported to a Supervisor?
- A. 3 Hours
 - B. Immediately
 - C. Doesn't matter, as long as it is reported.
 - D. 24 Hours
- _____ 15. If a patient reports abuse, but you do not believe them, when should you tell your supervisor?
- A. 3 Hours
 - B. Immediately
 - C. Doesn't matter, as long as it is reported.
 - D. 24 Hours
- _____ 16. Which of the actions below are not considered abuse?
- A. Proper use of restraint or seclusion, including CPI.
 - B. Actions taken in accordance with the hospital policies.
 - C. Approved behavior management plans written and signed by the physician.
 - D. All of the above.
- _____ 17. Acting or failing to act in such a way that leads to physical or emotional harm is an example of:
- A. Exploitation
 - B. Negligence
 - C. Sexual Abuse
 - D. None of the above
- _____ 18. Which is not abuse or neglect?
- A. Shoving and pushing a patient or using excessive force.
 - B. Cursing and name-calling directed towards a patient.
 - C. Failing to supervise patients as per policy (15-minute checks, etc.)
 - D. All are types of abuse and neglect.

_____ 19. Which one is not an example of an indicator of possible abuse or neglect?

- A. Verbal allegations.
- B. Bruises or burns in an unusual pattern.
- C. Injuries that the person cannot explain.
- D. All the above are indicators of possible abuse or neglect.

_____ 20. Incident reports are written:

- A. When abuse or neglect allegations are made by a patient or other person.
- B. When an unusual situation occurs in the milieu or during therapy activities.
- C. When a patient is transferred out of the hospital unexpectedly due to medical issues.
- D. For the purpose of tracking and learning from the situations to improve patient care.
- E. All the above.

Health Information Management / HIPAA Test

Name: _____ Date: _____

1. HIPAA stands for:
 - a. Health Information Portability and Accountability Act
 - b. Health Insurance Portability and Accountability Act

2. PHI stands for
 - a. Protected Health Information
 - b. Personal Health Information

3. A HIPAA violation can lead to civil and/or criminal penalties including fines and jail time.
 - a. True
 - b. False

4. The Notice of Privacy Practices informs patients of their rights to:
 - a. Inspect their medical record
 - b. Request amendments to their medical record
 - c. View a list of disclosures of their medical record
 - d. All of the above

5. Ridgeview Institute is required to make any changes to a medical record requested by a patient.
 - a. True
 - b. False

6. Under HIPAA, which information is protected?
 - a. PHI
 - b. Electronic records
 - c. Medical records
 - d. All of the above

7. The Privacy Officer of Ridgeview Institute is the:
 - a. Chief Nursing Officer
 - b. Director of Plant Operations
 - c. Director of Health Information
 - d. Chief Executive Officer

8. Where should you throw away a patient's face sheet?
 - a. Any trash can
 - b. A shred bin

9. Organizations must respond to written requests for records within 30 days if on-site and 60 days if off-site.
 - a. True
 - b. False

10. Patient names, date of birth, social security number, medications are considered part of the individual identifying information.
 - a. True
 - b. False

Update 11/14/22 Score: _____

Incident Reporting
Post-Test

Name: _____

Date: _____

1. What constitutes an incident?
 - a. Any unexpected event that occurs within the facility or on facility grounds that involves a patient, employee, or visitor.
 - b. A life-threatening event ONLY that involves a patient.
 - c. A fall ONLY that involves a patient and results in injury.
 - d. Any event, based on clinical judgement

2. Incidents can involve:
 - a. Patients
 - b. Employees
 - c. Visitors
 - d. All of the above

3. Why are incident reports important? (Select all that apply)
 - a. Refresh your memory of the event
 - b. Trigger rapid response of staff and leadership
 - c. Facilitate decisions regarding repayment for lost belongings or property
 - d. Helps determine who was at fault

4. Whose responsibility is it to complete an incident report?
 - a. Only the Supervisor
 - b. Only the Nurse
 - c. Everyone's
 - d. Human Resources

5. What should NOT be included in an incident report? (Select all that apply)
 - a. Assumptions
 - b. Blame-Placing
 - c. Opinions
 - d. False Information
 - e. Objective Information and direct patient quotes

MATCHING:

- | | |
|---|--|
| 6. Adverse Drug Reaction Form _____ | A: Completed when a medication order is incorrect. |
| 7. Incident Report – Patients _____ | B: Completed, in addition to an Incident Report, when a patient sustains a fall. |
| 8. Incident Report – Staff/Visitors _____ | C: Completed when a patient suffers an allergic reaction to a medication |
| 9. Medication Incident _____ | D: Completed when an employee is bitten by a patient. |
| 10. Falls Progress Note _____ | E: Completed when a patient injures themselves |

7. Standard precautions are used when in contact with blood, body fluid and non-intact skin of which patients?

- A. HIV patients
- B. Patients with C Diff
- C. Patients infected with MRSA
- D. All patients

8. Factors such as age, environment, and disease can interfere with your body's natural defenses; thus, increasing your body's susceptibility to infection.

- A. True
- B. False

9. Everything and everyone you come into contact with are potential sources of infection.

- A. True
- B. False

10. The single most effective way to prevent the spread of disease through direct contact is good hand washing.

- A. True
- B. False

11. Healthcare workers exhibiting signs and symptoms of the flu or any other contagious illness should not report to work.

- A. True
- B. False

RIDGEVIEW INSTITUTE – SMYRNA

Infection Control Test

Name: _____ Date: _____ Score: _____

1. Personal Protective Equipment (PPE) includes:
 - A. Gloves
 - B. Gown
 - C. Mask
 - D. All of the above

2. For how long should one wash their hands when using soap & water?
 - A. Under 10 seconds
 - B. At least 20 seconds
 - C. 40-60 seconds
 - D. It doesn't matter as long as your hands appear clean

3. What isolation required for MRSA?
 - A. No isolation required
 - B. Contact isolation
 - C. Droplet Isolation
 - D. All of the above

4. The human body is the ideal place for bacteria to thrive.
 - A. True
 - B. False

5. What's your action when you get NEEDLE STICK INJURY?
 - A. Wash the wound using running water and plenty of soap
 - B. Encourage the wound to gently bleed
 - C. Dry the wound and cover it with a waterproof dressing
 - D. Seek urgent medical advice, Report the injury to the House Supervisor
 - E. Complete an incident report
 - F. All of the above

6. Soap and water should be used to wash one's hands after caring for a patient with C. Difficile or other spore-producing bacteria.
 - A. True
 - B. False

Ridgeview Institute
HANDWASHING DEMONSTRATION CHECKLIST

Employee Name Printed: _____

Date: _____

Dept.: _____

Checklist: (all points must be done correctly to pass)

Place checkmark in "Passed" column if step is done correctly:

Handwashing Procedure	Met	Note Met
1. Wet hands and lower forearms under warm water.		
2. With hands lower than elbows, apply soap.		
3. Use friction to clean forearms, wrists, back of hands, palm, fingers, between fingers, under fingernails for at least 10 seconds.		
4. Rinse with fingertips down for at least 10 seconds.		
5. Blot hands dry with paper towel.		
6. Use paper towel to turn off faucet and not touch any surfaces.		
7. Describe use and location of alcohol-based hand rub.		
8. States reason for use of lotion as part of hand skin care.		

Evaluator Signature: _____

Employee Signature: _____



Date: April 4, 2024
To: Social Services Department
From: Kaleb Gilmer, Director of Clinical Services
Subject: Group Refusals – Alternative Activities

In compliance with The Joint Commission Standard PC.01.03.01, “The written plan of care includes the following:

- Documentation to justify the diagnosis and the treatment and rehabilitation activities carried out.
- Documentation that demonstrates all active therapeutic efforts.
- The specific treatment modality used to treat the patient.

Ridgeview Institute-Smyrna utilizes a multi-disciplinary approach to group facilitation. We recognize that on occasion, patients may refuse to participate in these sessions due to various reasons. In such cases, the group facilitator will provide the patient with an alternative activity as a demonstration of therapeutic efforts. The responsible staff will document evidence of such attempt by adhering to the procedure below.

Procedure:

Assigned Group Facilitator will:

- Engage the patient to explore reason for group refusal.
- Provide an alternative activity.
- Document the clinical goal associated with the activity provided.
- Document patient’s response to alternative activity.
- Encourage future participation.

My signature below attest that I have been educated on the compliance standards for Group Refusals and Alternative Activities.

Employee Name Printed: _____

Employee Signature: _____

Date: _____



Radio Communication Acknowledgement

It is the expectation of Ridgeview Institute – Smyrna staff to adhere to the following guidelines surrounding Walkie-Talkie radios:

1. When stepping away from the Nursing Station or view/hearing of other staff, the staff member will **carry in hand a Walkie-Talkie at all times** to allow for communication in the event of an emergency.
2. The Walkie-Talkie radio channel for all staff members involved in direct patient care will always be set **Channel One (1)** and is not to be changed to any other channel.
3. Staff will test the Walkie-Talkie with a communication test signal to ensure proper functioning **before** stepping away from the Nursing Station.
4. Staff will ensure the Walkie-Talkie is set to Channel One (1) **before** stepping away from the Nursing Station.
5. Staff will report any damaged Walkie-Talkie to their immediate Supervisor for escalation.
6. Staff will ensure the Walkie Talkie is returned to its charging base after use and is actively being charged once they have returned to the Nursing Station.
7. In the event a Walkie-Talkie is not functioning, a staff member is **not** permitted to leave the Nursing Station.
8. Under **no circumstances** should Walkie-Talkie communication be utilized in lieu of the telephone intercom system when announcing an Emergency Code.

Note: **The telephone intercom system will always be utilized when announcing an Emergency Code**

By signing below, I attest that I have read, understand, and have been educated on the proper use and expectations of Radio Communication at Ridgeview Institute – Smyrna. Furthermore, my signature attests to my commitment to compliance with all the guidelines identified in this document. I understand that disciplinary action will be taken, up to and including termination from employment at this facility if I do not follow the procedures outlined above or report any barriers that prevent me from abiding by this document.

Employee Name (please print)

Initials

Date

Employee Signature

Initials

Date

**ANNUAL COMPLIANCE AND CONFLICTS OF INTEREST
DISCLOSURE STATEMENT**

Name: (please print) _____ **Date:** _____

Position: (please print) _____

1. Conflict of Interest Policy

The Conflict of Interest Policy of Ridgeview Institute Smyrna requires each Associate to disclose annually his or her affiliations and to execute an acknowledgement confirming that he or she has complied with Ridgeview Institute Smyrna’s Code of Conduct. For purposes of this Disclosure Statement, “Ridgeview Institute Smyrna” means _____ and each of its direct and indirect subsidiaries.

Disclosure of an Associate’s affiliations is intended to assist Ridgeview Institute Smyrna in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that an unacceptable conflict of interest exists or that the affiliation would unduly influence the Associate.

2. Instructions:

Please answer all of the questions in Section 3 to the best of your knowledge. If you answer “yes” to any question on this form, please respond fully to the information requested or identify whether the position or relationship is compensated, involves equity (*i.e.*, stock, or other beneficial ownership interest), or involves another financial interest. Use additional sheets if necessary to fully answer any question.

3. Disclosure Statement

3.1 Do you or, to your knowledge, any member of your family have any interest in any entity which conducts business with Ridgeview Institute Smyrna?

_____ No _____ Yes if yes, please explain

3.2 Do you or, to your knowledge, any member of your family hold any position as a director, officer, partner, trustee, employee, agent or consultant of any entity which conducts business with Ridgeview Institute Smyrna?

_____ No _____ Yes if yes, please explain

3.3 Have you or, to your knowledge, any member of your family given, directly or indirectly, any gift, entertainment, compensation, reward or other benefit during the past twelve (12) months to any entity which conducts business with Ridgeview Institute Smyrna?

____No____Yes if yes, please explain

3.4 Have you or, to your knowledge, any member of your family received, directly or indirectly, any gift, entertainment, compensation, reward or other benefit of more than nominal value during the past twelve (12) months from any entity which conducts business with Ridgeview Institute Smyrna?

____No____Yes if yes, please explain

3.5 Are you a member of the governing body or an officer, trustee, employee, agent or consultant of, any other healthcare provider or supplier other than Ridgeview Institute Smyrna?

____No____Yes if yes, please explain

3.6 Please indicate whether you are currently debarred, suspended, excluded or otherwise ineligible to participate in any federal program.

____No, I am NOT currently debarred, suspended, excluded or otherwise ineligible to participate in any federal program

____Yes, I am currently debarred, suspended, excluded or otherwise ineligible to participate in any federal program; please provide details of debarment, suspension or exclusion.

3.7 Please indicate whether you have ever been convicted of a criminal offense related to the provision of health care items or services.

_____ No, I have never been convicted of a criminal offense related to the provision of health care items or services.

_____ Yes, I have been convicted of the following criminal offense related to the provision of health care items or services; please explain and include: offense, date of conviction and state where offense occurred.

3.8 Please indicate whether you have entered into or been a party to any agreement or settlement with any governmental body or agency relating to an allegation of non-compliance with, or violation of, any healthcare laws.

_____ No _____ Yes if yes, please explain the nature of the settlement and include: violation, date of settlement and state where the violation occurred

3.9 Please indicate your knowledge of whether or not Ridgeview Institute Smyrna is currently noncompliant with any applicable healthcare laws or regulations or under investigation, audit or review for any alleged noncompliance with healthcare laws.

_____ No, I have NO knowledge of any non-compliance with applicable healthcare laws by Ridgeview Institute Smyrna or knowledge of any investigation, audit or review of alleged noncompliance with healthcare laws by Ridgeview Institute Smyrna.

_____ Yes, I am aware of and have knowledge of noncompliance with healthcare laws by Ridgeview Institute Smyrna or I have knowledge of an investigation, audit or review of alleged noncompliance with healthcare laws. Please explain, in detail, what you have knowledge of by providing a complete explanation and all relevant facts and circumstances.

Acknowledgement

I hereby certify that I have carefully read and understand all of instructions, questions and disclosures in this Annual Disclosure Statement. I agree to immediately update the information provided in this Annual Disclosure Statement in writing to the Ridgeview Institute Smyrna CO in the event of any changes.

I further certify that the information contained on this form is true and correct to the best of my knowledge and I have made reasonable efforts to assure that accurate and complete information has been provided.

Additionally, I certify that it is my responsibility to read, understand and abide by the Ridgeview Institute Smyrna Code of Conduct and agree to comply with my obligations under the Code of Conduct.

Signature: _____ **Date:** _____



Supply Chain Ordering Process for Socks - Attestation

Our goal as leaders are to ensure staff have what they need to do their jobs well, and to provide adequate patient care. This attestation is to ensure everyone understands our process for ordering socks across the hospital. See process details below:

What are the standard supply stock days for Purchasing?

- **Cottage E & F** supplies are stocked on **Mondays** and **Thursdays**
- **Cottage A, B, and C** are stocked on **Tuesdays** and **Fridays**

When should I put my sock supply orders in?

- Supply orders should be placed the **evening before** or by **6:00AM** on the day of stocking

How should I request/order socks?

- Unit Clerks/Program Managers/Milieu Managers are required to submit a medical supply order form to Purchaser Linda Barber. This request is to be submitted to email: purchasing@ridgeviewinstitute.com. Please see order request form attached.

If I am running low on socks during a non- supply stocking day what should I do?

- If you are running low on socks at any time, please escalate to the unit clerk, program manager and/or milieu manager.
- They will then engage with Linda Barber at Ext. 2303 to have supplies delivered. Linda is available Monday – Friday from 7am – 2:45PM.
- Please do not wait until socks are completely gone to escalate your request.

How are supply needs addressed during nights and weekends?

- Our security is the point of contact for socks on nights and weekends.

If you run into an issue with ordering socks, please follow the escalation pathway to have your issues addressed.

By signing below, I attest that I have read, understand, and have been educated on the proper process of ordering and escalating the need for socks.

Employee Name (please print)

Initials

Date

Employee Signature

Initials

Date