



## **CODE OF CONDUCT & ETHICS**

**P Peer-Driven**

**E Empowerment**

**E Excellence**

**R Respect**

**S Strength-Based**

**T Therapeutic**

**A Acceptance**

**R Recovery**

## Leadership Statement

From the President and CEO: Dr. Larry J. Nulton, Ph.D.

Peer Support is a unique service with unique challenges. As such, the peers we serve rely on Peerstar for quality care, a compassionate approach to service provision and to trust us to maintain integrity in everything we do. To assist all Peerstar employees, the Board of Managers of Peerstar have adopted this Code of Conduct & Ethics.

The purpose of this Code of Conduct & Ethics is to inform all Peerstar<sup>SM</sup> employees that we are committed to the highest standards of conduct in all activities, especially compliance with all applicable statutes, rules and regulations and preventing waste, fraud, and abuse in all its government funded programs.

This Code of Conduct & Ethics is meant to provide you, our valued employee, with the guidance needed on compliance and ethical issues. This Code of Conduct & Ethics is a critical component of our Compliance Program.

At the same time, I realize it is impossible to cover every situation that you may encounter in your day-to-day work. If you have a question or encounter an issue that concerns you, you should ask for assistance from your Supervisor, Regional Director, and the Compliance Director, HR Director, any Senior Leader, and myself, if needed.

You may contact me: Dr. Larry J. Nulton, Ph.D.

President and CEO

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Johnstown, PA 15904

Phone: 814-262-0025

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You have my personal assurance that no retaliation will ever be taken against you for asking a question or reporting a situation you believe to be unethical, or fraudulent. You will always find an open-door policy when it comes to any compliance issue.

Peerstar<sup>SM</sup> is an industry leader in the provision of Peer Support Services. Peerstar<sup>SM</sup> will continue to be an industry leader if our reputation for honesty, quality service and excellent peer support is beyond question. I know that a sound compliance program is the cornerstone for a stronger company. I encourage you to join me in commitment to these goals so that Peerstar<sup>SM</sup> can continue to be a role model in our industry.

Sincerely,

Larry J. Nulton, Ph.D.

## **Section 1: Mission Statement and Program Purpose:**

Each individual or family member affected by mental illness has his or her own unique history that can affect his or her treatment outcome. Each has the opportunity to be supported by a system of recovery that integrates the provider systems with community or other natural supports in an effort towards independence and individual recovery.

The main purpose of this program is to allow consumers to realize that they have the ability to be a driving force in their own recovery through opportunity with the identification of their desired roles in life. As we have often witnessed in the treatment process, the consumer does not improve until they take an active role in their treatment recovery.

### **A. Recovery Principles:**

1. Self-Direction
2. Individualized and Person-Centered
3. Empowerment
4. Holistic
5. Non-linear
6. Strengths-Based
7. Peer Support
8. Respect
9. Responsibility
10. Hope

### **For Board Certified CPS**

The Pennsylvania Certification Board (PCB) provides certification for Certified Peer Specialists as a way of assuring competence to peers, to the public, and to employers. The PCB is dedicated to the principle that individuals in the field of Peer Support must be held to the highest standards of ethical practice which exist for the protection of peers.

The PCB is committed to investigate and sanction any failure to follow an obligation or prohibition which may result in disciplinary action by the PCB.

Ethical resolution is a critical process and all certified professionals are expected to engage in ethical decision making that includes the evaluation of context of the situation, meaningful values, and the proper ethical standards, is consultative in nature, and includes a credible model for ethical decision making. The PCB, through its Ethics Committee, is available and willing to act in a consultative fashion to answer any questions about ethical conduct or dilemmas faced by certified professionals.

As a Certified Peer Specialist, it is your responsibility to guarantee that the relationship between you and your peer adheres to a clear, strong ethical code.

### **As per the PCB Code of Ethical Conduct-Scope of Practice**

1. A CPS shall meet and follow all terms, conditions, or limitations of a certification or license.
2. A CPS shall not perform services outside their area of training, expertise, competence, or scope of practice.
3. A CPS shall not fail to obtain a proper consultation or make an appropriate referral when the peer support recipients' problem is beyond their area of training, expertise, confidence, or scope of practice.
4. A CPS shall role-model wellness and recovery and develop a support team and resources to stay in recovery.
5. A CPS shall recognize the effect of impairment on professional performance and shall be willing to seek proper treatment for oneself. A CPS who chooses not to seek support for any substance use disorder, psychiatric or psychological impairment, emotional distress, or for any other physical health related adversity that interferes with their professional functioning shall be in violation of their Board Certification. Where any such conditions exist, and impede their ability to function competently, a CPS must request inactive status with the credentialing board for medical reasons for as long as necessary.
6. A CPS shall not use any illicit substances or use any prescribed psychoactive medication in a manner that is contraindicated or not recommended by his/her prescribing professional to the extent that such use impairs his/her ability to provide peer support services safely and competently.

**B: Services:**

Peer Support Services focus on a “non-traditional, hands-on” approach working with the strengths, needs and desires of the consumer. The needs of the consumer drive most services. Current or former consumers provide Peer Support Services, along with a treatment team, with an emphasis on therapeutic flexibility and creativity. The therapeutic services that certified peer specialists provide focus on the strengths and resources afforded to the consumer and possibly their family. “Recovery is facilitated by relationships and environments that provide hope, empowerment, choices and opportunities that promote people reaching their full potential as individuals and community members.” (Pennsylvania Recovery Workgroup, 2004). Peerstar will provide Peer Support Services to the consumer in the home and in community settings. The services provided are, but not limited to:

1. Individual Advocacy
2. Self-Help
3. Self-Improvement
4. System Advocacy
5. Individual Advocacy
6. Crisis Support
7. Housing Assistance
8. Social Networking
9. Educational/Employment Assistance
10. Developing a Recovery Action Plan
11. Developing Community Roles and Natural Supports

### **For Board Certified CPS:**

As per the PCB Code of Ethical Conduct:

1. A CPS shall not discontinue professional services to a peer support recipient nor shall they abandon the peer support recipient without facilitating a suitable closure or transfer of professional services for the peer support recipient.
2. A CPS may not discriminate against an individual receiving services based on race, color, creed, disability, religious affiliation, ancestry, gender, gender identity or expression, sexual orientation, national origin, age, socio-economic status, political belief, and pathway to recovery and shall see all applicable State and/or Federal statutes and regulations.
3. A CPS shall not, **under any circumstances**, refer a peer support recipient to a person that he/she knows is not qualified by training, experience, certification, or license to perform the delegated professional responsibility.

### **Section 2: Purpose of the Code of Conduct & Ethics**

The purpose of the Code of Conduct & Ethics is to help Peerstar employees in carrying out the day-to-day operations of Peerstar in accordance with legal and ethical standards. The Code of Conduct & Ethics is a crucial part of Peerstar's overall Compliance Program because it outlines the proper behavior for all employees. Peerstar is committed to conducting its business in compliance with all applicable Federal, State and Local regulations. Peerstar is committed to conducting its business in compliance with all applicable Federal, State and Local regulations. This code is not intended to cover every situation an employee may encounter, but it does provide guidelines which are reinforced in greater detail by other Peerstar policies and procedures. Employees are expected to consult specific policy and procedure manuals for the details of any Peerstar policy.

#### **A. Duty to Know and Comply:**

It is the duty of every employee to know and understand this Code of Conduct & Ethics and follow all applicable laws, rules, regulations described within this Code of Conduct & Ethics.

#### **B. Duty to Report:**

As a Peerstar employee you must report any and every instance of known or suspected Medicaid waste, fraud, or abuse as well as any other illegal or unethical activity to the Compliance Director, within 72 hours of witnessing such activity. If you fail to report any known or suspected instance of Medicaid waste, fraud, or abuse or any other illegal or

unethical activity within 72 hours of witnessing such activity, you may be subject to discipline up to and including termination. By failing to report, you may be considered to have covered up or engaged in the activity yourself. In addition, if an employee reports something which he or she knows is false to harm another employee, you may be subject to disciplinary action.

All Peerstar employees must cooperate with the Peerstar Compliance Director's investigation of Medicaid waste, fraud, abuse or other illegal or unethical conduct. Employees must answer all questions openly and honestly and produce any documents, computer files or other data requested promptly. The Compliance Department will evaluate and respond to allegations of wrongdoing, concerns and/or inquiries in an impartial manner. The Compliance Director will respect and protect the rights of all employees, including those who may be the subject of an allegation or complaint. All allegations will be thoroughly investigated and verified prior to any action being taken.

Please contact: **Jessica West, Director of Compliance**  
**Peerstar<sup>SM</sup>**  
**400 Lakemont Park Blvd, Suite 300, Altoona, PA 16601**  
**Phone: 814-377-0532, Fax: 814-201-2322**  
**Email: [jwest@peerstarllc.com](mailto:jwest@peerstarllc.com)**

### **C. No Retaliation Policy:**

You are protected by law from retaliation by Peerstar for reporting in good faith that you suspect or have seen Medicaid waste, fraud, abuse or any other illegal or unethical activity. Peerstar will make every effort to keep the identity of anyone reporting a suspected violation confidential to the extent allowed by law, unless doing so would prevent Peerstar from fully and effectively investigating the suspected violation.

### **Section 3: Compliance Program**

The rules and regulations that govern mental health care are complex. An effective Compliance Program helps Peerstar management and staff deal with this complex set of rules and regulations. The following are the eight (8) elements to an effective Compliance Program as outlined in the Federal Regulations (42 CFR):

1. **Written Policies and Procedures:** Peerstar must establish written policies, procedures, and controls to prevent and detect waste, fraud, or abuse, and any illegal or unethical conduct.

2. **Designation of a Compliance Director and Compliance Committee:** The Peerstar Compliance Director serves as the central point of contact for all Peerstar Compliance matters. Along with the Compliance Director, the Compliance Committee has the overall responsibility for developing, reviewing, revising, implementing, and training staff regarding all policies and procedures.
3. **Establishing effective training and education of Peerstar's Compliance Policies and Procedures:** All Peerstar employees are required to receive Compliance training upon initial hire and annually thereafter as a condition of employment. Peerstar Training topics will include, but are not limited to, an overview of the Compliance Program, review of HIPAA regulations regarding the importance of safeguarding protected health information (PHI), how to report a suspected compliance problem or concern, and the review of laws governing waste, fraud, and abuse.
4. **Develop effective lines of communication:** Peerstar will maintain effective lines of communication to receive, document and respond to compliance questions or reports of potential problems, such as waste, fraud, or abuse or any other illegal or unethical activity.
5. **Disciplinary Standards:** Enforcement of policies and procedures is essential to Peerstar's efforts to comply with all laws and regulations. These standards must be consistently enforced.
6. **Auditing and Monitoring:** Auditing is a comprehensive review of internal operations to verify that Peerstar follows the regulations that govern it. An example of a specific audit function is to review peer charts for proper documentation standards as set by the various Managed Care Organizations. Monitoring refers to the task of ensuring once a problem has been detected that systems are in place to prevent repeat occurrences.
7. **Responding to Problems and Developing Corrective Action Plans:** When a report of non-compliance is made, it is the Compliance Department's responsibility to investigate and report promptly the findings. In situations where there is evidence of misconduct, a corrective action plan will be developed.
8. **The Compliance Program must be Effective:** The Peerstar Compliance Program must show that is effective by demonstrating that there is an initiative-taking approach to detecting and preventing waste, fraud, and abuse. The program will be



judged on how much waste, fraud or abuse was identified and how much effort is put forth in preventing future waste, fraud, or abuse.

## **Section 4: Compliance with Laws and Regulations**

### **A. Waste, Fraud & Abuse: (Deficit Reduction Act of 2005, Federal & State False Claims Acts; American Recovery and Reinvestment Act of 2009, Patient Protection and Affordable Care Act of 2010)**

Peerstar is committed to preventing and eliminating waste, fraud, and abuse in all its government-funded Medical Assistance/Medicaid programs. All the Federal and State Laws listed above contain some element of detecting and preventing waste, fraud, and abuse. Peerstar requires strict employee adherence with all these statutes, rules and regulations which govern the Peerstar program. Fraud in government programs is a crime punishable by potential fines and/or imprisonment. Civil penalties can include fines up to \$11,000 for each false claim submitted. Criminal penalties can include jail time up to 5 years. Employees are personally liable to the Pennsylvania Department of Human Services and Peerstar for actions that constitute waste, fraud and abuse, and employees will be held accountable.

#### **1. Definitions:**

**a. Waste:** The over-utilization of services or other practices that result in unnecessary costs.

**Examples of waste:** Providing too many sessions which are not deemed medically necessary.

**b. Fraud:** An intentional misrepresentation made by a person with the knowledge that the misrepresentation could result in an unauthorized benefit to him/her.

**Examples of fraud:** Billing for sessions that were not provided; forging signatures; falsifying progress notes or time sheets; rounding up hours/units to include time not actually worked.

**c. Abuse:** Practices that are not consistent with sound business or medical practices which result in unnecessary costs to government funded programs, such as Medical Assistance, or practices that do not meet professional standards for health care.

**Examples of abuse:** Services that are billed by mistake; not using the correct billing codes, billing for a non-covered service; exceeding

the maximum units of service authorized/allowed; failing to refund an overpayment.

## **2. Consequences for Violation:**

### **a. If intentional (fraud):**

1. Immediate Termination
2. Peerstar reports employee to the PA Department of Human Services Bureau of Program Integrity. Employee may be subject to criminal prosecution including imprisonment and civil penalties of up to \$11,000 per false claim submitted.
3. Peerstar repays monies received to the appropriate government contractor (MCO).

### **b. If unintentional (waste or abuse):**

1. Peerstar repays monies received to the appropriate government contractor (MCO).

Please refer to Section 2 above for guidance on how to report waste, fraud, or abuse.

## **B. HIPAA (Health Insurance Portability and Accountability Act of 1996) and Confidentiality**

The Office for Civil Rights (OCR) enforces the following rules under HIPAA:

- The HIPAA Privacy Rule - protects the privacy of individual identifiable protected health information (PHI).
- The HIPAA Security Rule - sets national standards for the security of electronic protected health information.
- The HIPAA Breach Notification Rule - requires that any breaches of confidentiality be reported to the effected person(s),
- The HIPAA Patient Safety Rule - protects PHI being used to improve patient safety.

### **1. Definitions:**

**A. Protected Health Information (PHI):** Any information, whether oral or recorded in any form that is created or received by any Peerstar employee that would identify or might be used to identify an individual as it relates to an individual's past, present or future physical or mental health condition OR the provision of healthcare to any individual OR for the past, present or future payment for the provision of healthcare to an individual.

b. **Examples of PHI:** Under the HIPAA law, there is a list of 18 identifiers considered to be Protected Health Information (PHI). These identifiers must be treated with exceptional care:

- Name
- Geographical identifiers (Street address, city, county, state, zip code)
- Telephone number (Cell phones and landlines)
- Fax number
- Dates (Birthdate, admission date, discharge date, date of death)
- Email addresses
- Social security numbers
- Medical record numbers
- Health insurance plan numbers
- Account numbers
- Certificate/license numbers
- Vehicle identifiers (including license plate numbers)
- Device identifiers and serial numbers on electronic devices
- URLs (web uniform resource locators)
- IP (Internet Protocol) address numbers
- Biometric identifiers (finger, eye or voice recognition prints, full face photographic images, and any other unique identifying number, characteristic, or code.

c. **Minimum Necessary Standard:** The minimum necessary standard, a key protection of the HIPAA Privacy rule, requires that only the least amount of information **authorized** is released to satisfy a particular purpose or carry out a specific function. For example, if a person or entity requests a current treatment plan (IRP) only that IRP should be released not the entire chart.

d. **Notice of Privacy Practices:** A written document which describes how Peerstar can use and/or share a peer's protected health information. Also, the notice advises a peer how to exercise their privacy rights. The notice is given to the peer on the first date of service.

e. **Business Associates:** Business associates are defined as subcontractors who provide a function or activity for Peerstar. Business associates are not considered employees of Peerstar, but they must use proper safeguards to prevent use or disclosure of any PHI they may encounter while providing Peerstar with their services.

2. **Uses of PHI Requiring Permission:** In most cases, PHI may not be used or disclosed without written authorization (permission) from the peer, and the use or disclosure must be the minimum necessary. (See definition above). There is a limited exception to this rule regarding valid subpoenas or court orders.

**Uses of PHI without Permission:** In general, Peerstar may use PHI for the purpose of treatment, or healthcare operations, referred to as TPO, without the permission of the peer. Healthcare operations are defined as activities such as quality assurance, auditing/ and business planning.

3. **Confidentiality:** Any personal information that a peer reveals to a Peerstar employee while receiving services is confidential. All peer charts and any information contained therein, such as the IRP and the Progress notes are strictly confidential. Even disclosing the fact that a peer is receiving services at Peerstar, has or had a mental illness, or is or was dependent on drugs or alcohol cannot be told to anyone without the expressed written consent of the peer. It is a violation of State and Federal Law to use or disclose this information.

Persons with whom you may discuss confidential information are your Supervisor or Regional Director, another CPS who provides services to the same peer, the peer's doctor or psychologist, any person for whom the peer has provided written authorization (probation/parole officer, family members, friends, social workers, etc.).

When discussing peer information, be sure that it is done in the most secure way possible where others are unable to hear your conversation.

Never discuss your peers with **your** relatives or friends.

Never leave confidential documents or computer files unattended or visible to others. If documents are lost or stolen, promptly report the matter to the Compliance Director. As stated above, a CPS shall not reveal confidential information obtained because of the professional relationship without the prior written consent of the recipient of services, except as authorized by state and/or federal law.

The CPS shall not permit the publication of photographs, disclosure of peer support recipient names or records, or the nature of services being provided without securing all requisite releases from the peer support recipient, parents, or legal guardian of the peer support recipient, or service agencies of the peer support recipient.

#### **4. Reporting Confidentiality Breaches:**

It is imperative and the duty of each employee of Peerstar to report unauthorized uses or disclosures of PHI promptly to the Compliance Director. There are conditions of the HIPAA law that must be followed when a breach has occurred. For example, peers must be notified without unreasonable delay and in no case later than sixty (60) calendar days after discovery of the breach, and further reporting may be required to remain in HIPAA and State Law compliance. In addition, the Compliance Director must report unauthorized uses or disclosures to the President of Peerstar.

#### **5. Examples of Confidentiality Breaches:**

- a. Discussing peer matters on the phone or in a public place which can be overheard by others. Go to the most private place accessible to discuss peer matters whether on the phone or in public.
- b. Discussing peer matters in a Peerstar office that can be overheard by visitors. Go to the most private place, preferably a closed-door office, whether on the phone or with the peer in person.
- c. Discussing peer matters with family or friends.
- d. Looking at confidential information for a peer not assigned to you.
- e. Leaving peer confidential information unattended where it can be viewed by others or stolen.
- f. Discussing a peer's situation with another peer assigned to you.

#### **6. Consequences for Confidentiality Breaches:**

There are significant civil (financial) and criminal penalties for disclosing PHI without written authorization. Fines can range from \$250 to \$25,000 per incident.

#### **7. Duty to Warn (Threats of Violence)**

An exception to confidentiality rules may exist if during a peer support session, a peer makes a **specific and immediate threat** of serious bodily harm to a **specifically identified victim**. Should this situation occur, immediately contact your Regional Director or Supervisor for further guidance. If the Regional Director or Supervisor is unreachable, and a delay would result in immediate serious bodily harm, the CPS may

contact the police immediately at 911. The information reported to the police should be limited to the specific threat, identification of the peer and the victim. Avoid sharing other confidential information to that which is necessary to convey the threat.

**C. Pennsylvania Whistleblower Protection Act:**

It is unlawful for Peerstar to terminate, demote, suspend, threaten, harass, retaliate, or discriminate against any employee because the employee has made, or is about to make a good faith report to Peerstar or to any appropriate authority about an instance of wrongdoing or of waste, fraud or abuse. The Act also makes it unlawful for Peerstar to retaliate against an employee because he or she has been requested by any authority to participate in an investigation, hearing, or inquiry regarding an allegation of alleged employer wrongdoing.

**D. Anti-Kickback Statute (42 U.S. Code):**

The Anti-Kickback Statute is a federal law which is intended to ensure that referrals to Peerstar for Peer Support Services are based solely upon medical need.

The Anti-Kickback law makes it a crime for individuals or entities to knowingly and willfully offer, pay, solicit, or receive something of value to induce (promote) or reward referrals of business under Federal Healthcare Programs.

No Peerstar employee shall offer or accept any financial consideration of any kind for the purpose of referring to or accepting a referral from any provider of mental or physical health service.

As per the PCB Code of Ethical Conduct, a CPS shall not, **under any circumstances**, offer, give, or receive commissions, rebates, or any other forms of remuneration for a peer support recipient referral.

Peerstar's policy is to inform peers of options as to additional healthcare and to promote freedom of choice in selecting any other services that the peer may require.

**E. Stark (Self-Referral) Statute (Social Security Act):**

The Stark Statute is a federal law which prohibits physician referrals for the provision of healthcare service to or from a physician or member of his/her immediate family, who has a financial relationship with the entity that receives the referral.

## **Section 5: Billing Compliance and Record Retention**

### **A. Billing Compliance**

It is Peerstar's policy to only bill for those services that are were provided, medically necessary and properly documented in the peer's chart. Peerstar is committed to compliance with all rules and regulations of the government funded programs it participates within as well as compliance with mandates of the various Managed Care Organizations that pay Peerstar.

Peerstar does not knowingly submit claims for payment that contain false or fraudulent information. No Peerstar employee should submit a progress note, IRP, timesheet, or any other documentation that the employee knows contains false or fraudulent information or submit a claim that the employee knows they are not properly certified to provide.

Per the PCB Code of Ethical Conduct, a CPS shall not, **under any circumstances**, falsify, amend, or knowingly make incorrect entries or fail to make timely essential entries into the peer support recipient record.

Peerstar employees shall **not** rely on informal or oral advice given regarding billing compliance by an MCO or from the Department of Human Services which contradicts written regulations, bulletins, or administrative manuals. Employees should ask for written advice only.

Peerstar will promptly refund any monies not owed the company.

#### **1. Transportation:**

Transportation refers to the Peer Specialist traveling with the peer but not working on goals. Peerstar does not provide transportation of any kind to peers/clients receiving peer support services, and Peerstar does not authorize, direct, or require certified peer support specialists to transport clients for any reason within the scope of their employment with Peerstar. Peer specialists are not permitted to bill Peerstar or the Medical Assistance program for time related to providing transportation that does not include working on a peer's goals. Transportation is not an authorized peer support service, and transportation shall not be included in billable time. You are permitted to document up to a total of 1 hour per peer per week of nonbillable transportation time (at your regular rate) when necessary (i.e., when not safe or appropriate to work on goals in transit)

Working with peer while in Transit: If a Peer Specialist chooses to travel with a peer in furtherance of a goal, this can be included in billable time if it is safe and appropriate and includes goal related activities. The peer's IRP must specify Transit as a service location for the focus area being worked on in transit.

\*\*\*Note – Transit is not an approved service location in Westmoreland, Indiana, Armstrong counties. All transportation in Westmoreland, Indiana, Armstrong counties is considered non-billable and staff must follow the procedure outlined above for Transportation\*\*\*

If you choose to utilize your own vehicle with peers, we would like to remind you that you should not permit a peer to use/drive a personal vehicle.

There are many things to consider when allowing a peer to drive your car. A few examples include, but are not limited to:

- a. Is the peer licensed to drive a car?
- b. Does your car have the appropriate insurance?
- c. Are you supporting your peer in working towards independence?
- d. Is allowing a peer to use your vehicle making it more difficult for you to respect other boundaries?

Peer Specialists and Supervisors should provide support in assisting the peer to locate other means of transportation or community resources that provide transportation. If a peer is interested in learning how to drive, peer specialists can support them in identifying and utilizing driver's education services and schools or locating friends or family members that can help. As peer support providers, we always want to support our peers in gaining independence with realistic and practical supports and services within their own communities.

The Compliance Department will run weekly reports to monitor and ensure compliance with this regulation.



## **B. Record Retention**

It is Peerstar's policy to retain clinical records for a maximum of 10 years and financial records for a minimum of 7 years.

Records are to remain in a locked file room. Charts for peers who have been discharged are maintained in a separate locked room for 90 days. After 90 days, charts are placed in a locked storage facility.

**Definition:** A record is any medium that contains information, made or received by Peerstar that is evidence of its operations and activities. Records take many forms such as spreadsheets, email, paper correspondence, reports, faxes, and any other document that may be stored on paper, email or on personal computers, servers or portable electronic media generated for the sole use and purpose of Peerstar.

## **Section 6: Peer Support Sessions**

### **A. Employee Safety:**

Employee safety is of fundamental concern to Peerstar. Peerstar employees shall practice a "safety first-no heroes" approach to their work. Employees need to be able to identify their risk among individuals and minimize that risk, be able to identify safe and unsafe environments and make an exit from dangerous places or situations. Peerstar employees are entitled to receive respect from program participants.

Peerstar is also concerned that its peer specialists maintain their own recoveries and that employee relapses are prevented.

The CPS should meet with program participants (peers) in safe settings, preferably in public places where others are in the vicinity but not so close that conversations can be overheard. A CPS should enter a peer's home or other secluded area only when invited and completely confident in their own physical and emotional safety.

If at any time a CPS feels uncomfortable, threatened or tempted to engage in unlawful activity or illegal substance use, the CPS is to exit the area as quickly and safely as possible and report the situation to their Supervisor. **If danger is present, the CPS should call 911 and request police assistance.**

The CPS is entitled to relationship safety. A CPS should immediately discourage romantic or sexual overtures and report the incident to their Regional Director and Supervisor. Peerstar employees are forbidden from being involved romantically or sexually with program participants (peers).

## **B. Boundary Issues/Ethics & Integrity:**

**Peer support** is a supportive relationship between peers and peer specialists who assume the role of mentor. Peerstar employees are hired to provide only the services outlined in Peerstar's policies and procedures, service descriptions and applicable PA Department of Human Services bulletins, rules, and regulations. No other services may be provided while working for Peerstar.

The following is guidance of common boundary issues. Please note this is not a list of all situations. Please consult your Regional Director should you require additional support with boundary issues.

### **1. Prior Relationships**

Peer specialists must serve only as a person's peer specialist and shall have no prior relationship with a peer. For example, a CPS should not be the peer specialist for a family member, current or prior friend including significant others, a co-worker, etc.

A CPS must inform the Intake Department about the existence of a prior relationship at the time of case assignment, and if a relationship develops during peer support sessions.

### **As per the PCB Code of Ethical Conduct:**

1. A CPS shall not, **under any circumstances**, engage in romantic/sexual activities or romantic/sexual conduct with individuals that have received peer support services, whether such contact is consensual or forced. This prohibition applies to both in-person and electronic interactions or relationships. If a CPS engages in conduct contrary to this prohibition or claims that an exception to this prohibition is warranted because of extraordinary circumstances, it is the CPS-not the recipient of peer support services who assumes the full burden of demonstrating that the former recipient has not been exploited, coerced, or manipulated, intentionally or unintentionally.

2. A CPS shall not, **under any circumstances**, engage in romantic/sexual activities or romantic/sexual contact with peer support recipients' relatives or other individuals with whom peer support recipients maintain a close personal relationship. This prohibition applies to both in-person and electronic interactions or relationships. If a CPS engages in conduct contrary to this prohibition or claims that an exception to this prohibition is warranted because of extraordinary circumstances, it is the CPS-not the recipient of peer support services –who assumes full burden of demonstrating that the

former recipient has not been exploited, coerced, or manipulated, intentionally or unintentionally.

3. A CPS shall not, **under any circumstances**, provide peer support services to individuals with whom they have had a prior romantic/sexual relationship. This prohibition applies to both in-person and electronic interactions or relationships.

4. A CPS shall not, **under any circumstances**, initiate, develop and/or maintain a friendship with peer support recipients and/or family members of peer support recipients. This prohibition applies to both in-person and electronic interactions or relationships for a period of no less than one year after the recipient no longer receives services from that certified professional.

This policy may be waived on a case-by-case basis by requesting a review by the Regional Director. It may be determined that a prior relationship may be of benefit to a peer.

## **2. Loans/Financial Assistance/Gifts**

As per the PCB Code of Ethical Conduct, a CPS shall not, **under any circumstances**, ask for nor accept gifts or favors from peer support recipients and/or family members of peer support recipients in accordance with the policy of their agency.

Therefore, a CPS or CPS Supervisor is forbidden from loaning money to or borrowing money from a peer. A CPS cannot serve as a peer's representative payee, hold, or have access to any of a peer's financial records such as ATM card, cash, checkbook or holding non-monetary items for a peer.

A CPS or CPS Supervisor cannot give or receive gifts greater than or equal to \$10.00 in a calendar year.

As per the PCB Code of Ethical Conduct, a CPS shall not, **under any circumstances**, enter, facilitate, or maintain a financial relationship with a peer support recipient, a peer support recipients' relative, or other individual with whom the peer support recipients maintain any type of relationship.

## **3. Buying/Selling/Borrowing Items**

The buying/selling/borrowing of items between peers and peer specialists can lead to conflict regarding the reasonable value of the items. Borrowing items between peer specialists and peers is prohibited to avoid disagreements regarding the condition of the item, the terms of the lending period, etc.

Therefore, a CPS or CPS Supervisor is prohibited from buying or borrowing items from peers or selling items to peers, and peers are prohibited from buying or borrowing items from their CPS or CPS Supervisors.

As per the PCB Code of Ethical Conduct, a CPS shall not, **under any circumstances**, misappropriate property from peer support recipients and/or family members of peer support recipients.

Peer specialists should provide support to peers by assisting them in locating community resources available to buy, sell or borrow needed items.

#### **4. Peer Medication**

Peer specialists and supervisors are forbidden to handle a peer's medication in any way including pick-up/drop off a prescription at the pharmacy, picking up or dropping off the actual script for the peer, organizing medication, distributing, etc.

Peers are prohibited from being impaired by any form of alcohol, any narcotic or any controlled substance.

Please refer to the Appendix D for appropriate activities or ways to support a peer in understanding their own medication or linking the peer to a service provider who can assist them with medication adherence.

#### **5. Childcare**

Peer specialists and supervisors are never to provide childcare for a peer's children or other children in the household either while on or off work time. Peers are not to be used to provide childcare for a peer specialist's or supervisor's children.

Please refer to the Appendix D for appropriate activities or ways to support a peer in identifying and linking the peer to childcare services or funding sources available to them within their community.

#### **6. Over-sharing of Personal Information:**

A peer specialist is encouraged to share information regarding their own recovery journey in a way to inspire their peers that recovery is possible. A CPS is a role model for peers and mutual sharing of information is an integral part of the peer support service. However, peer specialists and supervisors are prohibited from "over-sharing"

personal information such as their own current financial difficulties, current relationship issues, current housing problems, etc.

All sharing of personal information should be related to recovery and wellness and based upon the Certified Peer Specialist Certification Training. When sharing information and difficulties that a peer specialist has or has had, it is important to remember that the purpose of sharing this information is to give examples of how these issues were dealt with and overcome.

A peer specialist should never share information about a personal current struggle that may cause a peer to become concerned, or worried about their peer specialist.

If a peer specialist or supervisor is experiencing personal difficulties and needs additional support, they should contact their Supervisor, Regional Director or Director of Recovery for additional support or referral.

## **7. Misc. Ethical Concerns**

### **For Board Certified CPS:**

As per the PCB Code of Ethical Conduct:

1. A CPS, **under no circumstances**, shall use misrepresentation in the procurement of certification or recertification or assist another in the preparation or procurement of certification or recertification through misrepresentation. The term "misrepresentation" includes, but is not limited to, the misrepresentation of professional qualifications, education, certification, accreditation, affiliations, employment experience, the plagiarism of application and recertification materials, or the falsification of references.
2. A CPS, **under no circumstances**, shall use a title designation, credential or license, firm name, letterhead, publication, term, title, or document which states or implies an ability, relationship, or qualification that does not exist and to which they are not entitled.
3. A CPS, **under no circumstances**, shall sign or issue, in their professional capacity, a document or a statement that the professional knows to contain a false or misleading statement.
4. A CPS, **under no circumstances**, shall not knowingly produce, publish, create, or participate in the creation of any false, fraudulent, deceptive, or misleading advertisement.
5. A CPS, **under no circumstances**, shall not, when participating in the writing, editing, or publication of professional papers, media resources, brochures, or books fail

to act to preserve the integrity of the profession by acknowledging and documenting any materials and/or techniques or people (i.e. co-authors, researchers, etc.) used in creating their opinions/papers, books etc.

6. A CPS, **under no circumstances**, shall not promote to a peer support recipient for a certified professional's personal gain any treatment, procedure, product, or service.

#### **D. People Present During Peer Support Sessions**

At Peerstar, all peer support sessions are one peer specialist providing service to one peer at a time. Peerstar does not provide group peer support sessions.

A peer specialist is prohibited from bringing any individual other than a treatment team member to a peer support session. For example, a peer specialist's child, spouse, significant other, family member or friend may not participate in any peer support session.

However, the peer may invite someone to the peer support session. Any persons attending a peer support session must be documented on the progress note. If a peer requests another Peerstar peer to be present during a session, the CPS must obtain advance approval from his/her Regional Director. Under no circumstances can the peer specialist bill for two or more peers simultaneously. Billing would be for the peer who requested session participants.

#### **E. Support Group Meetings**

Attending support group meetings, such as Alcoholics Anonymous, Narcotics Anonymous, Grief or other support groups, is not a billable peer support service except where attending such a meeting is an active goal on the current IRP. A CPS may attend a maximum of 5 group meetings. However, the peer specialist is expected to encourage the peer to attend these meetings on their own or connect the peer with other natural supports as quickly as possible.

#### **F. Leisure Activities**

Leisure activities, such as attending a movie, watching TV, exercise, crafts, or games, are typically not billable peer support activities except in rare cases to further an IRP goal. Prior to participating in any of these activities, the peer specialist **must** obtain advance, written permission from the Compliance Director. A maximum of 5 sessions may be approved. Should permission be granted, the peer specialist must always be providing therapeutic support, face to face, and not participating in the activity themselves.

### **G. Collateral Billing**

Peer support cannot be billed simultaneously with other BEHAVIORAL HEALTH services. However, there may be times that may require a CPS to support a peer while accompanying the Peer during these appointments.

To attend an appointment with a Peer, the CPS must first ensure a valid release of information is on file. In addition, the Peer must be requesting **and have a need for the CPS to attend the appointment**, such as supporting the Peer in discussing medication /diagnosis concerns, discussing treatment options, observing the meeting to discuss with the Peer later, etc. There must be a reason for the CPS to attend the meeting, which should be communicated to the other provider.

The CPS is not permitted to disrupt the appointment by texting, talking on the phone, etc. When supporting a Peer at an appointment, the first responsibility is to assist the Peer. However, the CPS must also maintain a positive relationship with the other provider.

Pennsylvania Department of Human Services prohibits Medical Assistance (MA) providers from billing for more than one behavioral health service provided to the same patient/peer at the same time while delivering Peer Support.

Therefore, when CPS accompanies peers on appointments to see other MA providers such as mental health case managers, psychiatrists, psychologists, mental health therapists, and partial hospitalization facilities, the CPS must stop billing when the other behavioral health provider is providing services to the Peer. (Example: If you are accompanying a peer to an appointment with their Psychiatrist, you will stop billing once the Peer is in session with the Psychiatrist. You would continue to support your Peer but complete a non-billable note to document your time while the Peer was in session with the Psychiatrist. You would follow a similar process for other simultaneous billing situations).

A release of information needs to be completed before the appointment. The provider should also know in advance that you will be attending a prescheduled appointment. When providing support, you must let the other provider know who you are and why you are there. The CPS should not be texting or talking on the phone during the appointment.

**\*\*If you are going to support a peer during another MA behavioral health MA-funded appointment (which is non-billable and you must clock out), **contact your Regional or Program Director IN ADVANCE to request "Other Time."****

- 1. Cambria, Lehigh, Northampton, and Philadelphia Counties Exception:** Peer support may be provided/billed at the same time as case management if there is a clear purpose for doing so reflected in the documentation. If you can work on a goal identified in the IRP during another provider appointment, and there is a purpose for doing so, you should complete a “Collateral F2F Contact Note.”
- 2. Inpatient Documentation for Cambria, Lehigh, Northampton, and Philadelphia Counties:** If billing for an inpatient session with a peer, and there are inpatient staff present, and they are participating in the meeting, the CPS will complete a “Collateral INPT F2F Contact Note.”

#### **H. Abuse Reporting:**

Peerstar’s policy is that any staff suspecting of abuse must report immediately to the Adult/Older Adult or Child Protective Services as per the appropriate regulations AND to the Compliance Director.

Per the PCB Code of Ethics, all certified professionals are mandated reporters per the Older Adult Protective Services Law, the Adult Protective Services Law, and the Child Protective Services Law.

Reports may be made orally via phone or electronically. **Please note: Reports made by phone require submission of a written report within 48 hours.** Reports made electronically do not require a separate written report.

#### **For Adult /Older Adult Abuse:**

**Website:** [dhs.pa.gov/citizens/reportabuse/dhsadultprotectiveservices](https://dhs.pa.gov/citizens/reportabuse/dhsadultprotectiveservices). Select the Act 70 Mandatory Report Form.

**Phone: 800-490-8505**

#### **For Child Abuse:**

**Website: CWIS Self-Service Portal at [www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis) (See Appendix B for form)**

**ChildLine Phone Number: 800-932-0313**

To the extent possible an abuse report will protect the private health information of the peer by not identifying the victim as a peer or a recipient of peer support services from Peerstar. Only the peer’s name, date of birth and contact information will be provided.



An employee who makes a report in good faith is generally immune from liability that may result from such a report. However, willful non-compliance with this policy may result in discipline up to and including termination.

The following are the types of abuse covered under the Abuse reporting laws.

1. **Abandonment:** The desertion of an adult by a caregiver.
2. **Abuse:** The occurrence of one or more of the following acts:
  - a. the infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish.
  - b. the willful deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health. This definition does not include environmental factors which are beyond the control of the adult or caregiver, including, but not limited to inadequate housing, furnishings, income, clothing, or medical care.
3. **Exploitation:** An act or course of conduct by a caregiver or other person against an adult or an adult's resources without the informed consent of the adult or with consent obtained through misrepresentation, coercion or threats of force that results in monetary or personal gain or profit for the perpetrator or monetary loss to the adult.
4. **Neglect:** The failure to provide for oneself or the failure of a caregiver to provide diligent care or services essential to avoid a clear and serious threat to the physical or mental health of an adult. The term does not include environmental factors that are beyond the control of the adult or the caregiver, including, but not limited to, inadequate housing, furnishings, income, clothing, or medical care.
5. **Sexual Abuse:** Intentionally, knowingly, or recklessly causing or attempting to cause rape, involuntary deviant sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault or incest.

## **Megan's Law Policy/Procedure**

### **Background:**

Megan's Law exists solely for the purpose of providing a means of protecting the public, especially our children, from victimization by sexual offenders. This is accomplished by tracking the whereabouts of convicted sex offenders and providing notification to the public of the presence of a sex offender in their community. Utilizing the combination of tracking and notification, law enforcement and private citizens can develop constructive plans, safety programs, and victimization prevention strategies to prepare for the

presence of sex offenders in their neighborhoods. (Pennsylvania Consolidated Statutes, Title 42, Chapter 97, Subchapters H and I.)

The Pennsylvania State Police are responsible for maintaining and updating the registry. Peerstar believes that recovery is a process available to all people. Individuals registered under Megan's Law are stigmatized and need recovery support. However, Peerstar also wants you to have this information so that you can develop constructive plans to mitigate any risk to yourself and others (including other peers, employees, and members of the community) in serving this peer. Depending upon the circumstances, this may include things like meeting the peer in public places and in places where children are not present.

**Policy:**

In Pennsylvania, a person commits a felony of the third degree if the person has reason to believe that a sex offender is not complying with or has not complied with the requirements of Megan's Law.

If any Peerstar employee becomes aware that a convicted sex offender is not complying with the registration requirements of the law (including updating current residential address), the following procedure is to be used:

**Procedure:**

1. Encourage the peer to follow through with the registration or update of address with the PA State Police by calling 866-771-3170. Document in the contact note or on a non-billable note your attempt to encourage the peer to report or update their information as part of their recovery.
  
2. If you become aware that the peer has not followed through with the registration/update, inform the peer you are required to report to the PA State Police:  
Pennsylvania State Police  
ATTN: Megan's Law Section  
1800 Elmerton Avenue  
Harrisburg, PA 17110  
Phone#: 866-771-3170  
Website: [www.meganslaw.psp.pa.gov](http://www.meganslaw.psp.pa.gov)
  
3. Notify the Compliance Director that a report has been made to the PA State Police.
  
4. If a report is made to the PA State Police, complete an Incident Report in Credible.

## **I. Mandatory Critical Incident Reporting:**

Peerstar employees shall report any critical incidents involving peers to their, Regional Director or the Chief Operating Officer, orally or by email, within twelve (12) hours of such incident.

Examples of critical incidents include: Death of a peer, suicide attempt by a peer, abuse of a peer, events during a peer support session which require fire/rescue services, law enforcement, and the need for temporary shelter or relocation of a peer or an injury/illness during a peer support session which requires medical treatment more than first aid.

Upon receiving notification, the Chief Operating Officer or his/her designee, will file the report with the appropriate Managed Care Organization.

## **Section 7: Human Resources**

### **A. Civil Rights/Non-Discrimination**

Peerstar will not discriminate against any employee or program participant (peer) based on age, race, color, national/ethnic origin, religion, sex, sexual orientation, gender orientation, disability/diagnosis, or economic status.

### **B. Conflicts of Interest**

All employees have a duty to further Peerstar's aims and goals, and to work on behalf of Peerstar's best interest. Employees should not place themselves in a position where the employee's actions or personal interests may conflict with those of Peerstar. Examples include: soliciting or profiting from Peerstar's client base or use other Peerstar assets for personal gain, acting on behalf of Peerstar in servicing or obtaining a client and limiting the best solution for the client for personal financial gain, and acting as director, officer, employee, or otherwise for any business or institution with which Peerstar has a competitive or significant business relationship without the written approval of the President. Employees should report to their Regional Director or Supervisor any situation or position (including outside employment by the employee or any member of the employee's immediate household) which may create a conflict of interest with Peerstar.

## **B. Working for Other Agencies**

All peer specialists and peer specialist supervisors must report at the time of employment, and during employment, if they are or if they become employed by another agency that provides peer support services. No peer support specialist may simultaneously be employed by Peerstar and another Peer Support Provider without the expressed written approval of the President of Peerstar.

Peer specialists and supervisors may at **NO** time provide services to the same peer at both agencies.

Staff working for other providers in a non-peer support role must separately identify their hours of service between programs. At **NO** time may staff duplicate or overlap hours of services between employer agencies.

## **C. Social Media Policy**

Peerstar has defined standards, procedures, and restrictions for Peerstar staff regarding the use of social media. Examples of social media sites would be Facebook, Twitter, LinkedIn, and YouTube. These examples are not intended to be all-inclusive. This policy would apply to any social media site.

Keep in mind that comments that would be a HIPAA violation or breach of confidentiality, on paper, would continue to be a HIPAA violation or breach of confidentiality online. While you are entitled to express your opinions, Peerstar employees have the responsibility not to violate policies and procedures as outlined in the Peerstar Code of Conduct & Ethics. Employees CANNOT discuss any information learned in a peer support session. Employees CANNOT discuss Peerstar Policies, Procedures or information learned through the course of business on social media.

Peerstar employees must observe the following guidelines while posting on social media.

1. Be respectful. Be professional. Be honest and accurate.
2. You must make it clear that the views or comments expressed are your own opinions; employees CANNOT comment on behalf of Peerstar.
3. When viewing Peerstar's Facebook page, employees must not upload, post, or email any information that you do not have the right to post through trademark, patent, copyright, or other proprietary rights. Employees must not upload, post, or email any

material that is unlawful, threatening, abusive, harassing, embarrassing, obscene, or is an invasion of someone's privacy.

4. Be careful of the amount of your personal information you share online.
5. **A CPS shall not, under any circumstances**, initiate, develop and/or maintain a friendship with peer support recipients and/or family members of peer support recipients. This prohibition applies to both in-person and electronic interactions or relationships for a period of no less than one year after the recipient no longer receives services from that certified professional.

Supervisors/Directors may accept friend requests if initiated by the employee, and the Supervisor/Director does not believe the friendship will negatively impact the working relationship.

6. Ensure your social media activity does not interfere with your work commitments. Social media usage is to be conducted during non-work hours. CPSs should not be on personal social media sites during peer support sessions.

## **Section 8: Marketing**

### **A. Marketing to Referral Sources:**

Peerstar markets its services in a fair and ethical manner. Marketing materials such as brochures and educational items are used to provide information to educate and increase awareness of its services. Peerstar employees may offer items of nominal value to referral sources.

### **B. Marketing to Peers:**

When marketing to peers or prospective peers, please practice the following: no Peerstar employee shall offer any **single** gift, service or item of any kind that is equal to or exceeds \$10.00 in value or exceeds a total of \$50.00 in a calendar year.

## **Section 9: Proprietary Information**

During employment at Peerstar, employees will be exposed to valuable confidential trade information owned by Peerstar. Employees will not use Peerstar's confidential trade information, except to the extent necessary to provide services. Employees agree to treat such information as confidential and agree to take all necessary precautions

against providing this information to competitors or other third parties during employment and after leaving the Company.

Employees agree that all developments made and created by an employee shall be the sole and complete property of Peerstar as works for hire, and that any all copyrights and other proprietary interests shall belong to Peerstar and are transferred from the employee to Peerstar.

Confidential trade information will consist of, but is not limited to:

1. **Technical information**, such as methods, processes, formulas, compositions, systems, techniques, interventions, machines, computer programs, research projects, policies and procedures, compliance codes and training programs.
2. **Business information**, such as customer lists, prescriber/referral lists, business partner identities and contact information, government partner identities and contact information, pricing data, supply sources, financial/accounting data, and marketing, production or merchandising systems or plan.

Upon termination with Peerstar, the employee agrees that all developments made and works created by the employee or under direction in connection with company assignments to the employee shall be the sole and complete property of Peerstar as works for hire and that any all copyrights and other proprietary interests therein shall belong to Peerstar and are hereby transferred by the employee to Peerstar and that the other provisions of this agreement shall fully apply to all such developments and works.

## **Section 10: Secure Computer & Documentation Practices**

### **A. Paper Records**

All charts and records containing PHI shall be maintained in secure locked cabinets with restricted access.

Transport records in a locked bag.

### **B. Electronic Records**

#### **1. Storage**

No electronic PHI is to be stored on any computer, hard drive, flash drive or other electronic media except on secure Peerstar computers which are fully encrypted and password protected.

No software may be installed on Peerstar computers without advanced consent and approval of Peerstar's President.

## **2. Email**

Peerstar's email system is hosted on a secure server to which Peerstar employees have been provided an email account. Electronic PHI shall only be transmitted via the Peerstar email account provided. No electronic PHI shall be sent using a personal email account such as Gmail, AOL, Yahoo, etc. No email shall be sent to a peer without the peer's informed consent to do so. Only the Peer's full first name, and first initial of last name shall be documented on an unsecured email.

All emails shall contain the following notice: "The information contained in this message may be privileged and confidential. If you are not the intended recipient, please notify the sender immediately and destroy this message."

## **3. Scanning/Faxing**

Documents containing PHI should be scanned /faxed by utilizing Peerstar office scanning/fax machines. However, if documents are scanned using a personal computer, the file shall be emailed using the employee's Peerstar email account, and the file must be permanently deleted from the personal computer immediately after it has been emailed to the Peerstar central office. **NO** public computers/scanners/fax machines may be used to email/scan or fax documents.

The use of smartphone scanning applications (apps) is prohibited. These programs are for public use and are not HIPAA compliant.

## **4. Cell Phones/Texting**

No text shall be sent to a peer without the peer's informed consent to do so. Only the peer's full first name, and first initial of last name shall be documented on an unsecured text. Only the first name and first initial of the last name shall be written in the contacts list of the cell phone.

Cell phones shall be password protected with a code known only to the employee.

Text messages shall be deleted within 14 days of sending/receiving.

## **5. Other Secure Computer Practices**

Information displayed on the computer screen can be viewed casually by anyone within view. If you leave your computer area and sensitive data is viewable on the screen, make sure the screen is locked. Use a screensaver so that the information will not be viewable and password protect your computer with a password known only to you. Never leave the computer or any other computing device, such as laptop, netbook, flash drive, or CD unattended and/or unlocked.

## **Section 11: Media Inquiries**

All media inquiries **MUST** be referred to the President of Peerstar or the Compliance Director.

You should politely, but firmly, decline to engage in any discussion or interview with a reporter involving Peerstar, its clients or employees, no matter how seemingly harmless. Reporters are skilled at extracting information, often pretending to know more than they do or claiming to have spoken with someone else.

Do not confirm, deny, or otherwise discuss any information relating to Peerstar.

### **Section 12: Contact with Attorneys/Subpoenas**

All contacts with attorneys or an employee of an attorney must be immediately reported to the President of Peerstar or the Compliance Director.

Do not respond to any request for any information or documents until you have received instructions from the President or Compliance Director.

If you are served with a subpoena to testify or produce documents do not respond until instructed to do so by the President or Compliance Director. Provide the President or Compliance Director with a copy of the subpoena.

All protected medical information laws apply to subpoenas.

### **Section 13: Search Warrants**

If a law enforcement agent arrives to execute a search warrant on Peerstar premises, the following steps should be taken:

1. Be courteous and do not resist, obstruct, or interfere with the agents in their search.
2. Request a copy of the search warrant, the business card, name, phone number and agency name from the person executing the warrant. Make photocopies of this information.
3. Immediately call the President of Peerstar or the highest-ranking member of Peerstar you can reach (i.e., Chief Operating Officer, Vice President of Operations, and the Compliance Director).

### **Section 14: Requests for Information/Interviews from Government or Regulatory Authorities:**

**A. Requests for Information** Peerstar's policy is to comply with reasonable and lawful requests from Government or Regulatory Agencies, such as Managed Care Organizations concerning Peerstar's operations within the restrictions on sharing PHI. Employees should notify the President of Peerstar or Compliance Director



prior to responding to any entity or individual requesting information outside the scope of routine reports.

## **B. Requests for Interviews**

All contacts with anyone claiming to represent any Local, State or Federal Agency shall be immediately reported to the President of Peerstar or the Compliance Director. Request the agent's business card. Attempt to find out why they want to speak to you. You can ask to schedule the interview later. Interviews are voluntary and you cannot be forced to answer questions. You have the right to request an attorney. You have the right to end the interview at any time.

## **Section 15: Final Thoughts-“When in Doubt?”**

There may be times when you are not certain if the situation is fraudulent, unethical, or illegal. Ask yourself the following questions:

- Does the situation break a law, regulation, or policy/procedure?
- How would it look if the situation were covered on the front page of the newspaper?
- Would I want others to know of my actions?
- Am I compromising my integrity or the integrity of Peerstar?

If you are unable to answer any of these questions comfortably, please consult your Regional Director, any Senior Leader, or the Compliance Director.

Original: Unknown

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Revised: November 2014

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Reviewed: August 2016

Revised: January 2017

Revised: October 2017

Revised: July 2018

Revised: May 2019

Reviewed: May 2020

Revised: December 2020

Revised: September 2021

Revised: January 2022

Revised: April 2023

Revised: April 2024



**Code of Conduct & Ethics Acknowledgment**

**I certify that I have received a copy of Peerstar's Code of Conduct & Ethics.**

**I certify that I have read the Code of Conduct & Ethics**

**I understand this Code of Conduct & Ethics outlines my employee responsibilities to Peerstar.**

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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