

**ACKNOWLEDGMENT STATEMENT OF AND COMPLIANCE WITH
MID-OHIO PSYCHOLOGICAL SERVICES, INC CODE OF CONDUCT**

CONTINUING EMPLOYEES

I certify that I have reviewed the Corporate Compliance Policy and the Code of Conduct and agree to continue to abide by it during the entire term of my employment. I also agree to continue to abide by the following ethical behaviors:

1. I will maintain confidentiality of client information as specified in agency's Confidentiality Policies, including but not limited to, obtaining client's signed release before disclosing any information, recognizing that any knowledge regarding client information is privileged and should be treated strictly as such, and abiding by all rules of record maintenance and record security.
2. I will treat all clients and coworkers with dignity, respect, and fairness regardless of their socio-economic background.
3. I will conduct my professional activities without discrimination against clients or coworkers on the basis of race, religion, national origin, age, sex, affectional orientation, disability, or ability to pay.
4. I will make every effort to ensure that all client's rights specified in the *Client Rights Statement* are protected.
5. I will refrain from financial transactions, sexual activity, and non-work related social interaction with clients.
6. I will make every effort to ensure that clients and payors are billed accurately in accordance with the client's signed fee agreement and our sliding fee scale. I will initiate all necessary actions to resolve any conflict associated with charges.
7. I will divulge whether I am working in a competitive organization. The intent of this information is to identify any potential conflict of interest. This relates to any direct client care organization, educational institution, and the payors of services.
8. I will make clinical decisions and treatment recommendations based upon my client's identified needs regardless of personal financial incentives. These include clinical decisions for admission, assessment, treatment and any other processes of care.
9. I will abide by the Code of Ethics of my profession and the agency's Code of Ethics.

I acknowledge that I have a duty to report any alleged or suspected violation of the Corporate Compliance Policy or the Code of Conduct to the Compliance Coordinator. I also certify that I have not been convicted of, or charged with, a criminal offense nor have I been listed by a federal agency as debarred, excluded or otherwise ineligible for participation in federally funded health care programs. Further I certify that I am not aware of any additional circumstances that could represent a potential violation of the Corporate Compliance Policy or the Code of Conduct. I will report any potential violation of which I become aware promptly to the Compliance Coordinator. I understand that any violation of the Corporate Compliance Policy, the Code of Conduct or any other agency policy or procedure is grounds for disciplinary action, up to and including termination from employment.

Signature

Job Title

Name (print)

Date

Please return this form to the Administrative Coordinator for filing in the employee's personnel file. Rev. 4/05