



**EFFECTIVE DATE:** 11/05/2019  
**SUPERSEDES:** v.1 Code of Ethics  
**DEPARTMENT:** Corporate - Human Resources  
**APPROVED BY:** Bethany Alsobrook, Executive Team

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**SUBJECT:** Code of Ethics **Page 1 of 4**

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## **I. PURPOSE**

Moody Neurorehabilitation Institute is a continuum of rehabilitation services designed to enable neurologically impaired adults to achieve and maintain their functional levels of independence in the home, at work, and in the community.

Facility staff are primarily obligated to insure the best possible outcomes to patients in any program offered. At all times, the conduct and behavior of staff must serve to fulfill that obligation.

## **II. POLICY**

It is the policy of Moody Neuro that any action that does not contribute to this end is in violation of this code and shall be considered unethical.

## **III. PROCEDURES**

### **A. PROFESSIONALISM**

1. A staff member includes any and all individuals providing services to and for the individual served via any Moody Neuro program/service.
2. Staff will uphold the honor of their profession in all relations with patients, subordinates, colleagues, supervisors, and the public.
3. Staff must not misrepresent their training or competence at any time. Nor should they provide services for which they have not been properly trained.
4. At all times, patient-provider relations must be kept on a professional level. This relationship must never exploit the trust and dependency of the patient. The patient comes to Moody Neuro to receive professional services and is always entitled to nothing less than professional treatment .
5. Staff shall not engage in activities that constitute a conflict of professional interest.
  - a. Should a conflict occur between a staff member's personal interests and those of the patient, the latter shall take precedence.

### **B. INDIVIDUAL DIGNITY**

1. Individual dignity and worth of each patient shall be respected and insured by all staff, always.



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---

**SUBJECT: Code of Ethics** **Page 2 of 4**

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2. Staff shall inform patients served of the nature and possible effects of the services.
3. Staff shall inform patients of their responsibilities and of any changes therein; they must assist patients in the best performance of their responsibilities; and they must take corrective action when patients fall short of standards.

**C. COMPETENCY**

1. Staff shall maintain the highest standards of professional competence and must demonstrate competency in managing their conduct, their time, and their assignments.
2. Staff shall maintain a high level of technical competence and shall continue their professional development throughout their tenure.

**D. LEGAL RESPONSIBILITIES**

1. Staff shall promote concern for the legal aspects of their functions, including knowledge of their legal responsibilities, of due process, and of employees' and patients' rights.
2. Staff are particularly obligated to protect the confidentiality of patient information.

**E. ACCOUNTABILITY**

1. Staff are accountable to their employer, persons served, and the public.
2. Staff shall generate and provide credible and generally accepted methods of accomplishing goals.

**F. ADVOCACY**

1. Staff shall seek to educate the public on brain-injury rehabilitation and promote understanding and acceptance of such programs.
2. Staff shall support individual and public efforts to advance services to brain-injured survivors through personal commitment, improved organization practices and procedures, and legislation.

**G. REPORTING**

1. A report of violation(s) of this code shall be accepted in any form of media including by those who would not identify. (Anonymous)
  - a. An independent third-party Ethics Hotline has been provided employees and other



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---

**SUBJECT: Code of Ethics** **Page 3 of 4**

---

interested parties who may fear repercussion by reporting.

2. Staff receiving a report of violation(s) of this code shall immediately notify their direct supervisor and provide the Ethics Hotline number.
  - a. If the direct supervisor is named in the report of violation, the staff member shall notify the supervisor of the person named.
    - i. If the individual making the report is known, the supervisor shall notify the originator of the report they are in receipt of the report in no less than one working day.
  - b. If the Chief Executive Officer is named in the report of violation, the supervisor shall notify the Chairman of the Board of Directors.

#### H. VIOLATIONS

1. When an alleged ethical violation is reported, a review committee consisting of the Chief Executive Officer, Chief Human Resources Officer, Chief Clinical Officer, and the Department Director supervising the therapist or staff member accused, shall meet to review facts and determine the appropriate action.
  - a. If at any time one or more of the named review committee members has been accused of an ethical violation, the Chairman of the Board of Directors shall be contacted to determine the appropriate action.
2. Violation of ethical rules and guidelines will result in disciplinary action up to and including immediate termination. All ethical violations will be reported to the appropriate certification and licensing board.
3. In support of an environment of transparent communication within the facilities community, Moody Neuro will not tolerate retaliation, retribution or reprisals against an employee who in good faith, files a grievance, complaint or report of violations of law, rule, policy/procedure or other misconduct.
4. Employees who engage in retaliation in violation of this policy will be subject to disciplinary action up to dismissal from employment.

#### I. TIMELINES



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---

**SUBJECT:** Code of Ethics **Page 4 of 4**

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1. The committee shall be convened within 10 working days of an allegation. Any three of the four designated committee members shall constitute a quorum. Should only two be able to meet the Chairman of the Board of Directors will be added to the committee to review the allegation.
2. The committee will respond to the complainant within 5 working days of reviewing the complaint as to the status of their complaint and when they foresee completion of their investigation if known.
3. Action by the committee is expected to be completed in a timely manner not exceeding 30 calendar days without extenuating circumstances. Any delay will be documented, justified and communicated to the complainant and the staff member accused of the violation. A revised timeline will be developed based on the circumstances faced by the committee.