

CODE OF CONDUCT ATTESTATION

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- 1) **Knowledge, understanding and compliance with the policies and procedures that apply to my work.** I agree to comply with all of the policies and procedures that relate to my work at MSM/MMA, including the Code of Conduct. I agree that if I do not know whether an action is permitted, I will ask my supervisor or review the relevant policies. Sources include the MSM Policies and Procedures Manual, the MSM Employee Handbook, the MSM Student Handbook, the MMA Policy Manual, the MSM Bylaws of the Faculty, the MSM Non-Faculty Academic Personnel Handbook, the MSM Graduate Medical Education Policies and Procedures Manual, as well as the MSM Compliance Policy Manual, and department-level policies and procedures. The MSM/MMA compliance website has additional information. If I do not know what is permitted or required, I may contact the Office of Compliance and Internal Audit at (404) 756-8919 or the Office of General Counsel at (404) 752-1747 for guidance.
- 2) **Avoiding fraud, waste and abuse.** I will accurately and honestly perform my work for MSM/MMA, and will not engage in any activity intended to defraud anyone of money, property or services. I will not request or accept payment, either directly or indirectly, that is intended to induce referrals or to induce the purchasing, leasing, ordering or arranging for any item or service at or from any organization or facility. I will comply with MSM/MMA policies on conflicts of interest and on interactions between vendors and faculty/staff. I have reviewed and understand the summary of federal and state false claims and whistleblower protection laws. I will report any potential fraudulent or false claims, inappropriate billing practices, or similar concerns to my supervisor or the Office of Compliance and Internal Audit.
- 3) **Protecting the confidentiality and security of information.** I may have access to proprietary or confidential information (including protected health information) about MSM/MMA operations, workforce members, subjects, and/or patients ("sensitive information"). All of this information, in whatever form transmitted or received (e.g., oral, fax, photographic, written, electronic), must be treated by me in a confidential and secure fashion. I have completed and understand any MSM/MMA HIPAA training required for my position.
 - a. I will not access, release, or share sensitive information – even demographic screens with addresses and phone numbers – unless doing so is necessary as a part of my assigned duties, or I am authorized to do so by a Release of Information form. **I understand that my access to MSM/MMA systems containing sensitive information may be audited at any time**, with or without cause. I understand that I am responsible for any access that occurs using my password.
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Name Jordan J. Cohen

Date 4/2/09

Signature Jordan J. Cohen

Employee ID# or Vendor Employer ID# ^{SSN} 496-34-3434

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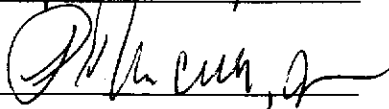
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Name Phillip H. McCall, Jr. Date April 2, 2009
Signature  Employee ID# or Vendor Employer ID# _____

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Name Sylvester McKee

Date 4/2/09

Signature S. McKee MD

Employee ID# or Vendor Employer ID# _____

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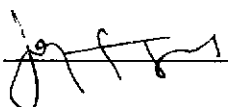
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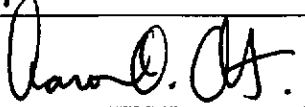
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 - a. I will not access, release, or share sensitive information – even demographic screens with addresses and phone numbers – unless doing so is necessary as a part of my assigned duties, or I am authorized to do so by a Release of Information form. **I understand that my access to MSM/MMA systems containing sensitive information may be audited at any time, with or without cause.** I understand that I am responsible for any access that occurs using my password.
 - b. I will protect sensitive information. **I will not share my passwords or access to any MSM/MMA systems or applications with any other person.** I will be careful to avoid inadvertently revealing sensitive information, including avoiding discussions of sensitive information in public places. I will not remove sensitive information from MSM/MMA without my supervisor's permission and I understand that I am responsible for maintaining the security of such information in accord with MSM/MMA standards. **If I use a portable electronic device (e.g., laptop, PDA, etc.), I will ensure that it meets MSM/MMA security standards.**
 - c. I understand that when my employment, affiliation, visitation or assignment with MSM/MMA ends, I may not take any sensitive information with me and I may not reveal any MSM/MMA sensitive information to any third person except as permitted by a Release of Information form (in the case of individually identifiable private information) or by written release from an authorized MSM/MMA representative (in the case of proprietary information).
- 4) **Disclosing actual and potential conflicts of interest or commitment and complying with any plans imposed to manage those conflicts.** I agree to report any potential or actual conflicts of interest or commitment, and I have reported any current potential or actual

conflicts of which I am aware. An actual or potential conflict occurs if I or a family or household member has an outside personal, professional, commercial, or financial interest. While outside relationships and activities that further MSM's and MMA's academic and clinical missions are encouraged, conflicts can arise. The existence of a conflict is not inappropriate in and of itself. However, in an academic or clinical setting, these relationships or activities can compromise or be perceived to compromise basic values of openness, scientific integrity, independence, and public trust. I understand that for these reasons, actual or potential conflicts must be disclosed and managed to assure that they do not compromise my judgment, bias my research, influence my decisions with respect to academic or clinical matters or MSM/MMA business, result in personal advancement at the expense of MSM/MMA, or otherwise interfere or compete with MSM/MMA's educational, research, or service missions, or with my ability or willingness to fulfill my responsibilities. I will disclose actual or potential conflicts of interest and conflicts of commitment as required by MSM/MMA policies. [If I am a vendor employee, I have reported and will continue to disclose any such conflicts to my employer.]

- 5) **I agree to treat all MSM/MMA personnel with respect, courtesy, and dignity and will conduct myself in a professional and cooperative manner.** I understand that collaboration, communication and collegiality in the workplace are essential for the provision of safe and competent patient care. Examples of appropriate and inappropriate behavior are provided in the MSM Policies and Procedures Manual, the MSM Employee Handbook, the MSM Student Handbook, the MMA Policy Manual, the MSM Bylaws of the Faculty, the MSM Non-Faculty Academic Personnel Handbook, the MSM Graduate Medical Education Policies and Procedures Manual, and the MSM Compliance Policy Manual. I also agree to report any disruptive or inappropriate behavior that I am subjected to or that I observe in the workplace.
- 6) **I understand that if I do not comply with MSM/MMA policies and procedures or applicable law, I may be subject to immediate disciplinary or corrective action, up to and including dismissal, termination of contract, and/or loss of access to MSM/MMA property or resources.** I understand that noncompliance with federal or state law may result in criminal and civil penalties against MSM/MMA, my employer (if I am employed by another entity) and/or me personally.
- 7) **I agree to immediately reports suspected noncompliance to my supervisor, or the Office of Compliance and Internal Audit at 404-756-8919.** I understand that I may also make such a report anonymously to the Compliance Helpline at 1-888-756-1364. I agree to cooperate with any investigation of possible noncompliance and not to withhold relevant information. MSM/MMA does not tolerate retribution or retaliation against anyone reporting suspected noncompliance in good faith. I will immediately report to my supervisor and Medical Staff Services (if I am a member of the medical staff, physician's assistant, or advanced practice nurse) or Human Resources (if I am licensed, certified, or registered as a health professional) any suspension, restriction, termination, or change in status of any health professions license that I hold.

BY SIGNING BELOW, I CERTIFY THAT I HAVE RECEIVED AND CAREFULLY READ THE MSM/MMA CODE OF CONDUCT AND UNDERSTAND THE MSM/MMA POLICIES AND PROCEDURES AS STATED IN THE CODE OF CONDUCT. I CERTIFY THAT I AM IN COMPLIANCE WITH THE MSM/MMA CODE OF CONDUCT AND ALL MSM/MMA POLICIES AND PROCEDURES, INCLUDING THOSE THAT REQUIRE ME TO REPORT ANY SUSPECTED NON-COMPLIANCE.

Name AARON D. DENT Date 4/2/09
Signature  Employee ID# or Vendor Employer ID# _____

EACH EMPLOYEE AND INTERESTED PARTY IS REQUIRED TO SIGN, DATE AND RETURN THIS CERTIFICATION WITHIN 30 DAYS OF ISSUANCE. FAILURE TO DO SO MAY RESULT IN DISCIPLINARY ACTION.