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**Standard Operating Procedure**

SOP Title: **STANDARDS OF CONDUCT**

SOP NUMBER: **JRAC 1004**

SOP EFFECTIVE DATE: 02/15

SOP REVIEWED/REVISED: 04/2019

**SOP AUTHORITY STATEMENT:**

As long as the organization is in existence, an Officer, Member, or Participant of the Organization shall not:

1. Act in violation of the by-laws or any binding obligation of the Organization.
2. Act with the intention of harming the Organization or any of its operations.
3. Act in any manner that would make it impossible or unnecessarily difficult to carry on the intended or ordinary business of the Organization.

The TXJRAC is composed of unique individuals and groups from varied backgrounds and with diverse responsibilities. In order to respect our differences we will promote professional behavior and accurate, open communications within the TXJRAC. The following responsibilities for each individual participating and/or representing an entity are set forth:

**OPERATING PROCEDURE:**

1. During the General Membership or any TXJRAC Committee Meeting, only one person at a time has the floor. Respect for one another will be exemplified by:

* Being quiet when someone is speaking.
* Requesting to be recognized to speak by raising your hand.
* Placing beepers and cell phones on vibrate.
* Answering cell phones or text messaging outside the meeting room.
* Conducting private conversations outside the meeting room.
* Addressing questions, concerns and issues to the appropriate, responsible person in an open, non-confrontational manner.

Following appropriate professional meeting etiquette. If needed the Executive Board may implement Robert’s Rules of Order.

2. All TXJRAC Members will read and sign a Confidentiality / Nondisclosure Release Form. The Agreement must be reviewed and renewed by signing and dating the form annually at the first General Membership Meeting each year. (Attached) A new participant must sign the agreement when attending his/her first meeting.

3. Any member of the General Membership, a Committee and/or the Executive Board that is proven to have breached the Nondisclosure Agreement, will be immediately removed from the General Membership and/or Committee. While a member may continue to attend the General Membership Meetings, they may not vote, nor may they attend Committee meetings. Lastly, they may not serve on the Executive Board whether elected or appointed.

4. When the General Membership or TXJRAC committees are not in formal meeting sessions:

* Refrain from participating in rumors and hearsay about TXJRAC participants and TXJRAC business.
* Avoid misrepresentation, do not take things out of context.
* Contact the appropriate, responsible member of the Executive Board with your questions, concerns or issues.

5. Unacceptable conduct, and/or complaints of inappropriate behavior, will be investigated by the Executive Board. Depending on the facts and circumstances of each situation the Executive Board may initiate the Progressive Disciplinary Process.

6. Each step of the Progressive Disciplinary Process requires a majority vote of the Executive Board members. Progressive Disciplinary Process:

* Oral reprimand or intervention
* Written reprimand or censure
* Removal from the General Membership and/or Committee.

7. When necessary, the Executive Board will attempt to address issues within the region by using alternative dispute resolution methods, i.e. facilitation and grievance resolution. If regional methods are unsatisfactory then the issue will be referred to the Texas Department of State Health Services.

8. Trauma Review Process: In order to assure a coordinated response that fully addresses all system concerns, all relevant data including historical information concerning the patient and his or her family, must be shared at team reviews. Much of this information is protected from disclosure by law, especially medical and abuse/neglect information. Therefore, team reviews are closed to the public, and confidential information cannot be lawfully discussed unless the public is excluded. In no case should any team member or designee disclose any information regarding team discussions and/or decisions outside the team, other than pursuant to team confidentiality guidelines. Failure to observe this procedure may violate various confidentiality statutes that contain penalties. Any agency team member may make a public statement about the general purpose or nature of the trauma review process, as long as it is not identified with a specific case.

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**TEXAS “J” REGIONAL ADVISORY COUNCIL**

**CONFIDENTIALITY AND NON-DISCLOSURE STATEMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an Officer, Member, Participant, or employee of the Texas “J” Regional Advisory Council, acknowledge that I have an understanding of the Health Insurance Portability and Accountability Act of 1996 (also known as the HIPAA Privacy Rule)

* I understand that all patient information, including billing and financial data, is confidential.
* I agree to keep patient information confidential.
* I agree to comply with all TXJRAC Privacy Policies and Procedures including those implementing the HIPAA Privacy Rule.
* I understand that if I violate patient confidentiality by using or disclosing patient information improperly, I may be subjected to disciplinary action up to and including termination of membership or employment.
* I understand that if I have any questions or concerns about the Privacy Rule and/or the proper use or disclosure of patient information, I should speak with the TXJRAC Chair or Vice Chair.
* I understand and agree that the TXJRAC Policies and Procedures will apply to any patient information I have access to at the TXJRAC even after I terminate my membership or employment with TXJRAC.

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print)

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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