

Code of Conduct

As an LSUHSC-NO employee or affiliate, I understand the important role trust plays in the accomplishment of our mission. In the execution of my duties I will strive to act in ways that earn the trust of my coworkers, and the people I serve.

I will always act with integrity and carry out my duties in accordance with the highest ethical standards. I will always perform my duties solely for the purpose, benefit and interest of the university and those it serves, and shall avoid any conflict or appearance of conflict with those interests.

In all my decisions, I will strive to make the choices based on sound professional judgment that produce the best possible outcomes for our students, our patients, our coworkers and the people of Louisiana.

I will keep myself well educated on the latest developments in my field of expertise and will complete all training requirements mandated by law, my profession, and LSUHSC-NO.

I will treat our students, patients and coworkers with the same degree of respect and dignity in the performance of my duties that I would wish to receive if the situations were reversed.

I will perform my duties in compliance with all applicable federal and state laws and regulations, and university policies and procedures.

I will look continuously for ways to improve the performance of my duties, and to ensure my work is always responsive to the conditions around me and needs of the people who depend on me.

I am an agent for improvement in LSUHSC-NO. I will always report cost-saving and improvement opportunities to those who have authority to act on these. I will report adverse events promptly to mitigate any harmful effects and maintain the university's image of trust and integrity. I will cooperate fully with requests from oversight agencies. I will report non-compliant behavior to the Office of Compliance Programs and understand, if so desired, my report will be kept confidential.

I will perform all my duties to the best of my ability to ensure the highest degree of excellence in everything I do. I will educate and encourage others through my example.

Code of Conduct Attestation Form

By signing below, I acknowledge receipt of the LSUHSC-NO Code of Conduct. I understand that adherence to the LSUHSC-NO Code of Conduct is a condition of my employment and/or affiliation with the University, and, my failure to adhere to the Code of Conduct can result in disciplinary action up to and including termination of employment and/or affiliation.

Print Name (Legal Name): _____
(write legibly or you will not be given credit)

Signature _____

Date ___/___/___

Employee or Student (Please Circle One)

Department: _____

Department Telephone Number: _____

Upon completion, return this page to:

The Office of Compliance Programs
433 Bolivar St.
Suite 811
New Orleans, LA 70112

Attn: Kelly Guth

Please keep a copy for your records.