

UNT HEALTH SCIENCE CENTER INSTITUTIONAL COMPLIANCE AND ENTERPRISE RISK MANAGEMENT PROGRAM

Last Updated: June, 2015

I. Mission

The mission of the UNT Health Science Center (UNTHSC) Institutional Compliance Department (“Department”) is to create solutions for a healthier community through a compliance and enterprise risk management program (“Program”) that supports (a) UNTHSC’s Code of Ethics and (b) enables UNTHSC to identify the benefits of certain opportunities and to consider the potential impact of risks on processes, activities and services when making strategic decisions.

II. Vision

The vision of the Department is to support UNTHSC’s vision, “be an extraordinary team, committed to excellence, unafraid to challenge conventional wisdom”, through standards and procedures in the Program that are reasonably capable of reducing the occurrence of criminal conduct, which support ethical practices in conducting UNTHSC’s business affairs and which identify opportunities for benefit and threats to success of UNTHSC’s strategic plan and values.

III. Strategy

The Program is implemented in accordance with (1) the University of North Texas System Compliance Program as set forth in UNT Regents Rule 4.502 “Audit and Compliance”, (2) UNTHSC Policy 5.05 “Employee Ethics and Standards of Conduct”, the basis for the Code of Ethics, and (3) the ISO 31000 Risk Management Principles which state that a well-functioning risk management program should meet the following principles:

- 1) Create value
- 2) Be an integral part of organizational processes
- 3) Be part of decision making
- 4) Explicitly address uncertainty
- 5) Be systemic, structured and timely
- 6) Be based on best available information
- 7) Be tailored
- 8) Take into account human and cultural factors
- 9) Be transparent and inclusive
- 10) Be dynamic, iterative and responsive to change
- 11) Facilitate continuous improvement and enhancement of the organization

The Program is also based upon the Federal Sentencing Guidelines for Organizations and program guidance documents published by the Office of the Inspector General of the Department of Health and Human Services of the U.S. Government. These requirements for UNTHSC are as follows:

- A. Development of written standards, policies and procedures:** The Program is responsible for the development of compliance programs for each of the Compliance Divisions. The Program shall establish compliance standards, policies and procedures to be followed by employees, students, contractors and vendors that are reasonably capable of preventing and detecting the unethical behavior and criminal conduct and which include adherence to compliance as an element in evaluating employees.
- B. Appointment of appropriate oversight:** UNTHSC shall designate a Chief Compliance and Enterprise Risk Management Officer and shall establish an Institutional Compliance Council (“Council”) composed of Compliance Division Officers all of whom will have the appropriate knowledge and adequate resources to evaluate risk, operate, monitor and enforce the Program. The Chief Compliance and Enterprise Risk Management Officer shall report directly to the UNTHSC President and shall have authority to report periodically on the effectiveness of the compliance program to the UNT Board of Regents.
- C. Conduct appropriate training and education:** The Program shall develop and implement regular and effective training for employees, students, and as applicable, vendors and contractors, about the Code of Ethics, standards, policies and other matters.
- D. Process to effectively communicate and to receive complaints/concerns:** The Program is responsible for communicating compliance updates and other information to employees and students on a regular and as needed basis. The Program will establish an Ethics Hotline or other reporting system allowing employees, students and others to report, either confidentially or anonymously, criminal conduct or other non-compliant behavior by others without fear of retaliation. Additionally, the Program is responsible for receiving complaints or concerns directly through Compliance Division Officers or other individuals.
- E. Auditing, monitoring and evaluation process:** The Program shall require the use of audits or other evaluation techniques to monitor compliance with the Code of Ethics, policies and applicable laws and regulations. The auditing and monitoring process shall be designed to detect non-compliant or criminal conduct and shall evaluate the effectiveness of the Program. The Program may request UNT Internal Auditor’s Office to conduct or assist in conducting audits as necessary.
- F. Response and disciplinary mechanism:** The Program shall establish and implement a Report and Response Protocol to address allegations of improper or illegal activities. The Report and Response Protocol shall require enforcement of disciplinary action against employees or students who have violated the Code of Ethics, policies, laws or regulations and shall require the disclosure of incidents, as applicable, to the appropriate government agencies or entities. UNTHSC policies shall address the non-employment or retention of sanctioned individuals or individuals who have engaged in criminal activity

and terminating relationships with vendors or contractors that have been sanctioned or who have engaged in criminal activity.

- G. Investigation/remediation of systemic problems:** The Compliance Program shall identify, investigate and remediate systemic compliance problems through the Report and Response Protocol. The Program shall conduct or participate in an annual risk assessment in conjunction with the UNT Internal Auditor's Office, and the Council shall create a work plan resulting from the risk assessment.

IV. Organization of the Institutional Compliance Department and Administrative Oversight

A. President's Cabinet

The President's Cabinet ("Cabinet") is responsible for strategic planning at UNTHSC. The Chief Compliance and Enterprise Risk Management Officer shall provide input and guidance in the development of the strategic plan in order to assist the Cabinet in identifying the risks and benefits of strategic decisions. The goal of incorporating the enterprise risk management function into strategic planning is to achieve better informed strategic decisions, increase operational efficiency, reduce cost of capital, improve or enhance financial reporting, develop metrics or benchmarking, promote competitive advantage and relevance in the market and improve UNTHSC's perception in the community.

B. Chief Compliance and Enterprise Risk Management Department

Under the supervision of the Chief Compliance and Enterprise Risk Management Officer, the Institutional Compliance Department is responsible for developing a risk-based Program that builds compliance and risk consciousness into the daily business and academic processes of UNTHSC. The Chief Compliance and Enterprise Risk Management Officer reports directly to the President of UNTHSC and is responsible for the design, implementation and enforcement of the Program, oversees the Program and with the assistance of the Council and President's Cabinet ("Cabinet"), monitors and enforces the Program. The Chief Compliance and Enterprise Risk Management Officer is the administrative liaison for all Division compliance issues at UNTHSC and works collaboratively with the Division Compliance Officers to monitor and enforce compliance with the Program and to provide support and guidance.

C. Institutional Compliance Council

The Division Compliance Officers serve as members of the Council, the advisory committee for the Program and the Cabinet. The Chief Compliance and Enterprise Risk Management Officer serves as chairman of the Council. The Compliance Council meets at least quarterly, but no less than 2 times per year. The Council provides advice and recommends additions and modifications to the Program, prior to adoption by the President.

D. Division Compliance Officers

Each compliance division shall name a Division Compliance Officer who shall be responsible for division's compliance Program. Each Division Compliance Officer shall serve as a member of the Council and shall be responsible for creating the Division Compliance Program based on the annual risk assessment and the annual work plan. The Division Compliance Officer shall be responsible for conducting division-specific compliance inquiries and investigations and shall report on the outcomes to the Chief Compliance and Risk Management Officer. Specific responsibilities for other Division Compliance Officers are described in the Division Compliance Programs in the Appendices.

V. Program Responsibilities

A. Risk Assessment and Risk Reduction Program

The Chief Compliance and Enterprise Risk Management Officer shall partner with the UNT Internal Audit department in conducting an annual risk assessment at UNTHSC. The risk assessment shall identify, evaluate and rank risks. In addition, each Compliance Division is required to establish and submit a Division Compliance Program based on the annual risk assessment profile in the first quarter of each calendar year. The risk assessment profile identifies high-risk compliance issues and is the basis for the formation of risk reduction activities and metrics developed thereon.

B. Division Compliance Programs

Each of the UNTHSC Compliance Divisions will establish Division Compliance Programs specific to the mission of that Division:

- 1. Clinical Services Division Program – Appendix I**
- 2. Research and Innovation Division Program –Appendix II**
- 3. Safety Division Program– Appendix III**
- 4. Human Resource Division Program – Appendix IV**
- 5. Student Affairs/Education Division Program– Appendix V**

- 6. Finance Division Program – Appendix VI**
- 7. Infrastructure and Security Division Program- Appendix VII**
- 8. Academic Affairs Division Program – Appendix VIII**
- 9. Institutional Advancement Division Program – Appendix IX**
- 10. Operations Division Program – Appendix X**
- 11. Strategy and Organizational Excellence Division Program - Appendix XI**
- 12. Office of Communication Division Program – Appendix XII**

VI. Information, Education and Training

UNTHSC's commitment to the Program includes communicating to all employees, faculty, students, vendors and contractors clear ethical guidelines to follow in all of transactions and providing general and specific training and education regarding applicable laws, regulations and policies. UNTHSC promotes open and free communication regarding our ethical, compliance and risk management standards and provides a work environment free of retaliation.

A. Information

UNTHSC's Code of Ethics will be posted in prominent areas of the UNTHSC as evidence of the institution's commitment to compliance. On an annual basis, every employee will receive a copy of the Code of Ethics, and must sign (hard copy or electronically) and return the acknowledgement form to the UNTHSC's Chief Compliance and Enterprise Risk Management Officer.

B. Education and Training

UNTHSC is committed to communicating its standards and procedures to all employees and students, and as applicable, vendors and contractors, by providing education and training to develop compliance awareness and commitment. The Chief Compliance and Enterprise Risk Management Officer is responsible for developing and providing all general compliance training opportunities that includes, but is not limited to, the following topics:

- Code of Ethics/Standards of Conduct;
- Individual responsibility for knowledge of and compliance with laws, regulations and policies;

- Reporting suspected wrongdoing or questionable conduct; and
- Fraud and abuse.

Each of the Compliance Divisions will create division-specific compliance training programs, which are described in the Appendices.

VII. Report and Response Protocol

UNTHSC shall respond internally and externally to suspected or reported compliance failures. The Report and Response Protocol shall guide the response to any reported suspected compliance violation. (See Appendix XIII)

UNTHSC shall establish a confidential disclosure program enabling any person to disclose any practices or behaviors suspected to be in violation of the law, the Code of Ethics, the Program or UNTHSC policies and procedures. The identity of anyone reporting will be maintained on a confidential basis unless such confidentiality is prohibited by law. A report received shall require an internal review and, if a compliance violation is confirmed, a written Corrective Action Program (outlined below) shall be required.

An anonymous telephone “hotline” shall be maintained with a third party provider under the supervision of the Institutional Compliance department. The telephone number shall be disseminated to all UNTHSC departments, and prominently displayed posters shall encourage its use.

Retaliation against any individual reporting an alleged violation shall be deemed a violation of the Code of Ethics and the Program and shall not be tolerated.

Corrective Action Program

The following steps shall be taken in response to an event of non-compliance;

- A. When non-compliance has been identified through division compliance monitoring or has occurred within a Compliance Division, the Division Compliance Officer shall develop a Corrective Action Program to address such non-compliance, as set forth in the Report and Response Protocol and as set forth below and shall submit it to the Chief Compliance and Enterprise Risk Management Officer for review.
- B. In developing a Corrective Action Program, advice and counsel from appropriate administrative personnel, including the Office of Human Resources and the Office of General Counsel, the President, and appropriate academic, administrative, clinical, and billing personnel should be obtained as necessary.
- C. Corrective Action Programs shall be designed to address the specific issue, preventing similar issues from occurring in other areas or

departments and any disclosure requirements to government entities. The Corrective Action Program shall be monitored and tracked by the responsible Division Compliance Officer, department management, and the Chief Compliance and Enterprise Risk Management Officer.

- D.** Sanctions or discipline shall be in accordance with UNTHSC Human Resources policies, Faculty Bylaws, and/or those outlined in this Program.

VIII. Disciplinary Action

In accordance with the Report and Response Protocol, discipline shall follow established Human Resources policies, Faculty Bylaws and the process outlined below.

- A.** Supervisors, department chairs/heads, and the Department Compliance Officer shall be responsible for the initiation and implementation of disciplinary actions for employees and students who are not in compliance. Upon implementation, all disciplinary actions shall be immediately reported to the Chief Compliance and Enterprise Risk Management Officer.
- B.** Disciplinary actions shall include, but not be limited to, the following:
 - 1.** If non-compliance is found, specific additional training shall be required, as applicable and, depending upon the nature of the non-compliance, may result in the following:
 - a.** Monitoring as determined by the supervisor, department chair/head, the Division Compliance Officer or the Chief Compliance and Enterprise Risk Management Officer for a designated period of time.
 - b.** Suspension of individual billing privileges (Clinical Services Division).
 - c.** Termination of UNTHSC billing or research grants privileges.
 - d.** Suspension without pay until additional mandated training has been completed.
 - e.** For students, suspension from the academic program.
 - f.** Additional intervention deemed appropriate by UNTHSC.
 - 2.** In certain cases of non-compliance, termination of employment or removal from an academic program may be required.
 - 3.** The Chief Compliance and Enterprise Risk Management Officer shall investigate any allegations of non-compliance by a Division Compliance Officer with the assistance of the Human Resources department, as applicable.
 - 4.** The President's office shall investigate any allegations of non-compliance by the Chief Compliance and Enterprise Risk

Management Officer with the assistance of the Human Resources department, as applicable.

5. The Board of Regents shall investigate any allegations of non-compliance by the President with the assistance of the Human Resources department, as applicable.

DISCIPLINE SHALL BE ADDRESSED ON A CASE-BY-CASE BASIS. THE ORDER IN WHICH DISCIPLINARY ACTIONS ARE OUTLINED ABOVE IN NO WAY REQUIRES THAT ALL OF THE SEQUENTIAL OR PROGRESSIVE STEPS MUST BE COMPLETED IN EACH CASE.

IX. Adoption of the Program

UNTHSC acknowledges that compliance and enterprise risk management are a constant and continual responsibility and will provide the resources required to sustain adherence to the Program. An essential part of its commitment is annual review and revision to the Program in response to changing laws, regulations, policies and the business environment. All changes to the Program must be consistent with the approved institutional policies including, but not limited to, the UNTHSC Faculty Bylaws and the Regents Rules of the University of North Texas System.

- A. This Program is intended to be flexible and readily adaptable to changes in regulatory environment, including the requirements in the health care system and the responsible conduct of research. To facilitate appropriate oversight of the Program, each Division Compliance Officer's shall submit quarterly division compliance summaries to the Chief Compliance and Risk Management Officer, describing the general compliance efforts that have been undertaken during the year.
- B. This Program shall be reviewed and evaluated by the members of the Compliance Council annually, with support from the Chief Compliance and Enterprise Risk Management Officer, on or before August 31 of each year. The Compliance Council shall recommend changes they deem necessary to maintain an effective Compliance Program.
- C. The Chief Compliance and Enterprise Risk Management Officer and the UNTHSC President shall approve the Program.

X. Employee Sign-Off

Each employee shall receive an electronic or hard copy of the Code of Ethics which will include a certificate of acceptance, requiring each employee to affix his/her signature as an avowal of acknowledgement of participation in the Compliance Program.

In order to confirm that Program revisions that are implemented have been disseminated and acknowledged by all employees, such revisions shall be inserted in the Code of Ethics as they arise. Certificates of acceptance, distributed with an updated Code of Ethics, shall be signed on an annual basis. Changes to the Code of Ethics and the employee signature process may be completed electronically.

Clinical Services Division Program – Appendix I

**UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER
CLINICAL DIVISION
COMPLIANCE PLAN**

Last Updated: 2015

Appendix I

Purpose

The purpose of this plan is to define the Clinical Division's role and responsibilities as they relate to institutional compliance as outlined in UNTHSC's Institutional Compliance Program.

Organization

Chief Compliance, Privacy Officer and Enterprise Risk Management Officer – Anne E. Long, RN, JD

Interim Director, Regulatory Compliance – Michelle Stanfield, RN

Michelle Stanfield is the Interim Clinical Division Compliance Officer and serves on the Institutional Compliance Council.

The Clinical Division consists of the clinical departments/ centers within UNTHHealth and all of UNTHSC for HIPAA Privacy purposes

Risk Assessments

Risk Assessments are conducted annually to identify compliance risks according to the format provided by the Program. Items identified as highest risk will require a risk reduction assessment and plan performed in accordance with the Program and shall be reported on a quarterly basis to the Institutional Compliance Committee.

Policies and Procedures

The Clinical Division is responsible for producing and maintaining the all UNTHSC clinical compliance and HIPAA privacy policies. in accordance with UNTHSC's policy process and is responsible for monitoring changes in Federal and State laws, and for implementing needed policy changes.

Policies are developed in accordance with state and federal law and the program guidance documents published by the Office of Inspector General.

Monitoring/Auditing

Clinical personnel shall monitor compliance with state and federal laws and regulations specific to the Division and compliance with UNTHSC policies. Each Division shall select pertinent measures, monitor or audit those measures and report results to the Institutional Compliance Committee on a quarterly, bi-annual or annual basis, as applicable.

The Clinical Compliance Officer will monitor compliance with the rules, regulations and the compliance plan policies/procedures and determine the method of compliance audits. Prior to each fiscal year the Clinical Compliance Officer will develop an audit plan for risk reduction for the upcoming year. The plan will be based on a risk profile developed by evaluating perceived risk, areas with previously identified weaknesses and consideration of the OIG's published schedule of specific focus areas.

The Clinical Compliance Officer shall direct all reviews under this plan. Each department and billing provider shall be responsible for the implementation of proper billing, coding and documentation procedures. The medical and billing records of providers shall be monitored and audited for appropriate coding, billing and documentation on a schedule established by the Clinical Compliance Officer. The billing and coding leadership personnel of the business office, in collaboration with the Clinical Compliance Officer, will review monitoring and audit findings and incorporate necessary improvements to the billing, coding and documentation processes and implement additional training, as appropriate.

Monitoring/Auditing consists of but is not limited to the following areas:

1. Evaluation and Management Services in the inpatient and outpatient settings
2. Procedures performed in an inpatient and outpatient settings
3. Teaching Physician Regulations: inpatient and outpatient settings
4. Place of service
5. Compliance with HIPAA Privacy rules and regulations

The providers will receive a report of their audit findings; and providers who score less than 88% will meet with the Compliance Analyst to go over the findings.

Department Chairs will receive a department report summarizing the audit findings, all provider reports respective to the department, a corrective action plan and a refund estimate. The Department Chair and whomever he delegates are responsible to complete the corrective action plan and return to the Compliance department.

Additionally, the refund log is sent to Patient Financial Services to process refunds of the identified over-paid claims.

The Clinical Compliance Officer shall review all contracts between UNTHS and referral sources to confirm compliance with state and federal law and, where applicable, evaluate documentation of fair market value.

A quarterly report is presented at the UNT Health Board meeting providing an overview of the findings for the clinical departments scheduled for routine audits and of the actual dollar amount refunded for the quarter.

Reporting Violations

Any violations, or alleged violations, of federal and state law or UNTHSC's Code of Ethics must be reported to the Divisional Compliance Officer and to the Chief Compliance and Enterprise Risk Management Officer. Alleged violations may be discovered as a result of monitoring or auditing, disclosure from an individual through the hotline or direct contact or through direct observation. Assessments and/or investigations and follow up actions will be taken in accordance with the process described in the Report and Response Protocol outlined in the UNTHSC Institutional Compliance Program

All other violations, or alleged violations, shall be investigated and any corrective action shall be taken according to UNTHSC's policies and procedure and the Program. The Chief Compliance and Enterprise Risk Management Officer may also conduct or monitor an investigation if the violation, or alleged violation, is a compliance matter.

Disciplinary Action and Appeal/Sanctions

In accordance with the Report and Response Protocol, disciplinary actions and/or appeal/sanctions will be taken in accordance with the appropriate policy based on the specific nature of the violation. Employees found to have failed to report alleged compliance violations will be treated in accordance with institutional human resource policies. Employee discipline related to compliance violations will be coordinated between the employee's supervisor/department head, Human Resources and the Office of General Counsel (if appropriate), with notice to the Chief Compliance and Enterprise Risk Management Officer.

Information, Education and Training

Training and education are central to positive and proactive compliance. Training is an ongoing function at the institution. Specific clinical practice education is further defined in the clinical "Plan for Risk Reduction" document for each fiscal year.

The following training and education is conducted:

- New Employee Orientation
- Annual Training

All employees and students receive HIPAA Privacy education and training upon employment and annually thereafter.

- All UNTHSC providers, clinical staff, and patient financial services staff receive training on federal regulations and statutes, billing and coding upon employment and annually thereafter.

Periodic Training:

Training is provided when requested either by the department chair, by providers who request a one-on-one training or as determined by the Clinical Compliance Officer based upon the results of auditing and monitoring

Information:

All UNTHSC providers receive the Clinical Compliance newsletter providing healthcare regulatory updates.

Adherence/Performance Evaluation

Annually, as part of the risk assessment, the Clinical Compliance Officer will assess the performance of this plan, and confirm that all actions required were completed in a timely manner.

Revisions/Updates

Annually, as part of the risk assessment to be conducted, the Clinical Compliance Officer will review and update the Division plan.

Research and Innovation Division Program –Appendix II

**UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER
DIVISION OF RESEARCH INNOVATION (DRI)
COMPLIANCE PLAN**

Last Updated: 2015

Appendix II

Purpose

The purpose of this plan is to define the Division of Research and Innovation (DRI) role and responsibilities as it relates to institutional compliance as outlined in UNTHSC's Institutional Compliance Program ("Program").

Organization

Chief Compliance and Enterprise Risk Management Officer – Anne E. Long, RN, JD

Executive Director, Office of Research Compliance – Brian A. Gladue, PhD, CIP

The Division of Research and Innovation (DRI) consists of the following units:

DLAM	Department of Laboratory Animal Medicine
OGCM	Office of Grant and Contract Management
ORC	Office of Research Compliance
ORDC	Office of Research Development and Commercialization

Risk Assessments

Risk Assessments are conducted annually to identify compliance risks according to the format provided by the Program. Items identified as highest risk will require a risk reduction assessment and plan performed in accordance with the Program and shall be reported on a quarterly basis to the Institutional Compliance Committee.

Policies and Procedures

The Division of Research and Innovation (DRI) is responsible for producing and maintaining the Research section of the UNTHSC Policy Manual in accordance with UNTHSC policy process. The departments and offices within DRI are responsible for monitoring changes in Federal and State laws, and for implementing needed policy changes.

- 12.101 Research Conflict of Interest
- 12.102 Research Integrity
- 12.103 Export Controls Policy
- 12.201 Protection of Human Research Subjects Policy
- 12.401 IACUC Functions and Responsibilities Policy

Note that the following “research” policies are managed by other Divisions:

12.105	Use of Controlled Substances in Research	Safety Office (Facilities)
12.301	Clinical Trials Policy	Office of Clinical Trials (TCOM)

Monitoring/Auditing

Division of Research and Innovation (DRI) personnel shall monitor compliance with state and federal laws and regulations specific each unit within the Division and in compliance with UNTHSC policies. Each unit with this Division shall select pertinent measures, monitor or audit those measures and report results to the Institutional Compliance Committee on a quarterly, bi-annual or annual basis, as applicable to those units within the Division of Research and Innovation (DRI).

Various monitoring and auditing procedures are in place for DRI, specialized to the category of compliance involved. All post-approval audits/monitoring for animal and human subject protocols are conducted by designated staff within the Office of Research Compliance.

Monitoring/Auditing consists of but is not limited to the following areas:

1. Adherence to animal research protocols as approved by the Institutional Animal Care and Use Committee (IACUC)
2. Adherence to human subject research protocols as approved by the Institutional Review Board (IRB)
3. Review of materials submitted to the Research Conflict of Interest Committee (RCOIC) regarding potential conflicts arising from significant financial interest
4. Review of human subject protocols to assure adherence to university, state and federal policies and regulations
5. Directed for-cause audits resulting from concerns or complaints filed with the Office of Research Compliance or as determined by prior audits.

Audits are conducted by either the IACUC Administrator (in the case of animal research) or the Office of Research Compliance Auditor or additional staff as assigned by the Executive Director, Office of Research Compliance.

Investigators who are audited will receive a report of their audit findings, and at respective follow-up meetings are informed on what, if any, changes need to be made to be in compliance. Subsequently, the outcomes of these audits, reviews and meetings for all audits are summarized and presented as a matter of routine before the relevant compliance committee (IACUC, IRB, RCOIC).

The Department of Laboratory Animal Medicine (DLAM) conduct its own internal review for procedural actions by research staff and investigators applicable to DLAM operations (maintenance or animals, surgery, care and use) in accordance with IACUC-Approved protocols.

Reporting Violations

Any violations, or alleged violations, of federal and state law or UNTHSC's Code of Ethics must be reported to the Divisional Compliance Officer and to the Chief Compliance and Enterprise Risk Management Officer. Alleged violations may be discovered as a result of monitoring or auditing, disclosure from an individual through the hotline or direct contact or through direct observation Assessments and/or investigations and follow up actions will be taken in accordance with the process described in the Report and Response Protocol outlined in the UNTHSC Institutional Compliance Program.

All other violations, or alleged violations, shall be investigated and any corrective action shall be taken according to UNTHSC's policies and procedure and the Program. The Chief Compliance and Enterprise Risk Management Officer may also conduct or monitor an investigation if the violation, or alleged violation, is a compliance matter.

Disciplinary Action and Appeal/Sanctions

In accordance with the Report and Response Protocol, disciplinary actions and/or appeal/sanctions will be taken in accordance with the appropriate policy based on the specific nature of the violation. Employees found to have failed to report alleged compliance violations will be treated in accordance with institutional human resource policies. Employee discipline related to compliance violations will be coordinated between the employee's supervisor/department head, Human Resource Services and the Office of General Counsel (if appropriate), with notice to the Chief Compliance and Enterprise Risk Management Officer.

Information, Education and Training

Training and education are central to positive and proactive compliance. Training is an ongoing function at the institution.

Training:

New Employee Orientation and Annual Training

All employees and students engaged in research receive appropriate specialized on-line and in-person training as needed and appropriate to the area of research (animal, human, research conflict of interest).

Periodic Training:

Training is provided when requested either by the department chair, by providers who request a one-on-one training or as determined by the Research Compliance Officer for the Division of Research and Innovation (DRI) based upon the results of auditing and monitoring. In addition, various units within the Division of Research and Innovation (DRI) have recurring (so-called refresher) training on annual or triennial basis for activities involving research.

Information:

All UNTHSC personnel engaged in research are advised of any research compliance changes through direct email, announcements in the Daily News, announcements posted on the various web pages for DRI and through regular meetings with Department Chairs.

Adherence/Performance Evaluation

Annually, as part of the risk assessment, the Research Compliance Officer will assess the performance of this plan, and confirm that all actions required were completed in a timely manner.

Revisions/Updates

Annually, as part of the risk assessment to be conducted, the Research Compliance Officer will review and update the Division plan.

Safety Division Program– Appendix III

**UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER
SAFETY DIVISION
COMPLIANCE PLAN**

Last Updated: 2015

Appendix III

Purpose

The purpose of this plan is to define the Safety Division's role and responsibilities as they relate to institutional compliance as outlined in UNTHSC's Institutional Compliance Program. ("Program")

Organization

Chief Compliance and Enterprise Risk Management Officer – Anne E. Long, RN, JD

Safety Director – Matthew Moncus

Matthew Moncus is the Safety Division Compliance Officer and serves on the Institutional Compliance Council.

The Safety Division consists of:

- Environmental Safety
- Radiation Safety
- Biological Safety
- Chemical Safety
- Fire Safety
- Emergency Management
- Business Continuity

Risk Assessments

Risk Assessments are conducted annually to identify compliance risks according to the format provided by the Program. Items identified as highest risk will require a risk reduction assessment and plan performed in accordance with the Program and shall be reported on a quarterly basis to the Institutional Compliance Committee.

Policies and Procedures

The Safety Division is responsible for producing and maintaining the Safety section of the UNTHSC Policy Manual in accordance with UNTHSC policy process. The departments are responsible for monitoring changes in Federal and State laws, and for implementing needed policy changes.

04.116 Access Control Policy

04.430 Emergency Management Policy

04.431 Occupational Safety

04.432 Ionizing Radiation

Monitoring/Auditing

Safety personnel shall monitor compliance with state and federal laws and regulations specific to the Division and compliance with UNTHSC policies. Each Division shall select pertinent measures, monitor or audit those measures and report results to the Institutional Compliance Committee on a quarterly, bi-annual or annual basis, as applicable.

The Safety Office monitors the following measures:

- Required hazardous materials training as required by the Texas Department of State Health Services
- Hazardous waste removal as required by the Texas Commission on Environmental Quality
- Tier 2 Hazardous Chemical reporting to the Texas Commission on Environmental Quality
- Training required by the Federal Emergency Management Agency for Emergency Operations Center personnel
- Monitor levels of radioactivity in labs to determine occupational exposure as required by the Texas Department of State Health Services
- Annual audit conducted by the State Office of Risk Management
- Fire Marshal Campus inspections
- Texas Department of State Health Services Radiation department inspections

Reporting Violations

Any violations, or alleged violations, of federal and state law or UNTHSC's Code of Ethics must be reported to the Divisional Compliance Officer and to the Chief Compliance and Enterprise Risk Management Officer. Alleged violations may be discovered as a result of monitoring or auditing, disclosure from an individual through the hotline or direct contact or through direct observation Assessments and/or investigations and follow up actions will be taken in accordance with the process

described in the Report and Response Protocol outlined in the UNTHSC Institutional Compliance Program.

All other violations, or alleged violations, shall be investigated and any corrective action shall be taken according to UNTHSC's policies and procedure and the Program. The Chief Compliance and Enterprise Risk Management Officer may also conduct or monitor an investigation if the violation, or alleged violation, is a compliance matter.

Disciplinary Action and Appeal/Sanctions

In accordance with the Report and Response Protocol, disciplinary actions and/or appeal/sanctions will be taken in accordance with the appropriate policy based on the specific nature of the violation. Employees found to have failed to report alleged compliance violations will be treated in accordance with institutional human resource policies. Employee discipline related to compliance violations will be coordinated between the employee's supervisor/department head, Human Resource Services and the Office of General Counsel (if appropriate), with notice to the Chief Compliance and Enterprise Risk Management Officer.

Information, Education and Training

The following training and education is conducted:

- New Employee Orientation and Annual Training
- Introduction to Safety
- Hazard Communication Training (Core Chemical Safety)
- Active Shooter Training
- Radiation Safety Training
- Faculty Authorized Radioactive User Training
- Biosafety Training
- National Incident Management Training
- Office Ergonomics

Adherence/Performance Evaluation

Annually, as part of the risk assessment, the Safety Compliance Officer will assess the performance of this plan, and confirm that all actions required were completed in a timely manner.

Revisions/Updates

Annually, as part of the risk assessment to be conducted, the Safety Compliance Officer will review and update the Division plan.

Human Resource Division Program – Appendix IV

**UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER
HUMAN RESOURCES DIVISION
COMPLIANCE PLAN**

Last Updated: 2015

Appendix IV

Purpose

The purpose of this plan is to define the UNTHSC Campus Human Resources Division's role and responsibilities as they relate to institutional compliance as outlined in UNTHSC's Institutional Compliance Program. ("Program")

Organization

Chief Compliance and Enterprise Risk Management Officer – Anne E. Long, RN, JD

Director of Human Resources, UNTHSC Campus HR– Dana Perdue, SPHR

Dana Perdue is the Human Resources Division Compliance Officer and serves on the Institutional Compliance Council.

The UNTHSC Human Resources Division is part of a UNT System HR organization consisting of:

- Associate Vice Chancellor, UNT System HR
- Campus HR
- Equal Opportunity (EO)
- Talent Acquisition
- Total Rewards Talent Management
- HR Support Center
- HRIS

Risk Assessments

Risk Assessments are conducted annually to identify compliance risks according to the format provided by the Program. Items identified as highest risk will require a risk reduction assessment and plan performed in accordance with the Program and shall be reported on a quarterly basis to the Institutional Compliance Committee.

Policies and Procedures

The UNTHSC Campus Human Resources Division is responsible for producing and maintaining the Human Resources section of the UNTHSC Policy Manual in accordance with UNTHSC policy process. The departments are responsible for monitoring changes in Federal and State laws, and for implementing needed policy changes.

Policies related to: Equal Opportunity, Employment, Benefits, HR Records, Employee Relations, Leave, Performance Management.

Monitoring/Auditing

Human Resources personnel shall monitor compliance with state and federal laws and regulations specific to the Division and compliance with UNTHSC policies. Each Division shall select pertinent measures, monitor or audit those measures and report results to the Institutional Compliance Committee on a quarterly, bi-annual or annual basis, as applicable.

Measures Monitored: Compliance with required HR/EO training; status of Employee Relations and EO actions and investigations.

Reporting Violations

Any violations, or alleged violations, of federal and state law or UNTHSC's Code of Ethics must be reported to the Divisional Compliance Officer and to the Chief Compliance and Enterprise Risk Management Officer. Alleged violations may be discovered as a result of monitoring or auditing, disclosure from an individual through the hotline or direct contact or through direct observation Assessments and/or investigations and follow up actions will be taken in accordance with the process described in the Report and Response Protocol outlined in the UNTHSC Institutional Compliance Program.

All other violations, or alleged violations, shall be investigated and any corrective action shall be taken according to UNTHSC's policies and procedure and the Program. The Chief Compliance and Enterprise Risk Management Officer may also conduct or monitor an investigation if the violation, or alleged violation, is a compliance matter.

Disciplinary Action and Appeal/Sanctions

In accordance with the Report and Response Protocol, disciplinary actions and/or appeal/sanctions will be taken in accordance with the appropriate policy based on the specific nature of the violation. Employees found to have failed to report alleged compliance violations will be treated in accordance with institutional human resource policies. Employee discipline related to compliance violations will be coordinated between the employee's supervisor/department head, Human Resource Services and the Office of General Counsel (if appropriate), with notice to the Chief Compliance and Enterprise Risk Management Officer.

Information, Education and Training

Training:

New Employee Orientation and Annual Training

Division Specific Training:

Sexual Harassment

Equal Opportunity

Adherence/Performance Evaluation

Annually, as part of the risk assessment, the Human Resources Compliance Officer will assess the performance of this plan, and confirm that all actions required were completed in a timely manner.

Revisions/Updates

Annually, as part of the risk assessment to be conducted, the Human Resources Compliance Officer will review and update the Division plan.

**Student Affairs/Education Division Program –
Appendix V**

**UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER
STUDENT AFFAIRS DIVISION
COMPLIANCE PLAN**

Last Updated: 2015

Appendix V

Purpose

The purpose of this plan is to define the Student Affairs Division's role and responsibilities as they relate to institutional compliance as outlined in UNTHSC's Institutional Compliance Program. ("Program")

Organization

Chief Compliance and Enterprise Risk Management Officer – Anne E. Long, RN, JD

Vice President for Student Affairs – Thomas Moorman

Thomas Moorman is the Student Affairs Division Compliance Officer and serves on the Institutional Compliance Council.

The Student Affairs Division consists of:

Student Services

- Student Development
- Center for Academic Performance
- ADA Student Accommodations
- Title IX Adjudication
- Campus Safety Report (Clery Act)
- Care Team

Enrollment Services

- Financial Aid
- Registrar
- Veterans Affairs
- Testing and Evaluation Services
- International Student Services
- Student Health Insurance

Student Affairs Administration

- Health Promotion
- Community Outreach Programs (K-12)

Student Conduct and Discipline
Student Counseling Services (SAP Program)

Risk Assessments

Risk Assessments are conducted annually to identify compliance risks according to the format provided by the Program. Items identified as highest risk will require a risk reduction assessment and plan performed in accordance with the Program and shall be reported on a quarterly basis to the Institutional Compliance Committee.

Policies and Procedures

The Student Affairs Division is responsible for producing and maintaining the Student Affairs section of the UNTHSC Policy Manual in accordance with UNTHSC policy process. The departments are responsible for monitoring changes in Federal and State laws, and for implementing needed policy changes.

07.101	Student Policy - Overview of Academic Policy	Moorman, Thomas
07.103	Student Policy - Absence for Religious Holidays Policy	Moorman, Thomas
07.103	Student Policy - Absence for Religious Holidays Policy	Moorman, Thomas
07.104	Student Policy - Participation in Special Environments Policy	Moorman, Thomas
07.105	Student Policy - Americans with Disabilities Act Policy	Moorman, Thomas
07.106	CARE Team and Involuntary Student Medical Withdrawal Policy	Moorman, Thomas
07.107	Student Policy - Student Health and Health Insurance Policy	Moorman, Thomas
07.108	Student Policy - Immunizations and Health Screenings	Moorman, Thomas

07.109	Student Policy - Occupational Acquired Communicable Diseases Policy	Moorman, Thomas
07.110	Student Policy - Substance Abuse Policy	Moorman, Thomas
07.111	Student Policy - Sexual Harassment Policy	Moorman, Thomas
07.112	Student Policy - Consensual Relationship Policy	Moorman, Thomas
07.113	Student Policy - FERPA Policy	Moorman, Thomas
07.114	Student Policy - Student Information Changes Policy	Moorman, Thomas
07.115	Social Media and Professionalism Policy	Moorman, Thomas
07.116	Student Rights and Responsibilities Policy	Moorman, Thomas
07.118	Student Policy - Veterans Benefits Policy	Moorman, Thomas
07.119	Student Policy - Transcripts Policy	Moorman, Thomas
07.120	Student Policy - Student Evaluation of Courses and Instruction Policy	Moorman, Thomas
07.121	Student Policy - Conduct in the Classroom Policy	Moorman, Thomas
07.122	Student Policy - Children on Health Science Center Property Policy	Moorman, Thomas
07.123	Student Policy - Fire Drills Policy	Moorman, Thomas
07.124	Student Policy - Permanent Academic Record Policy	Moorman, Thomas

07.125	Student Policy - Student Dress Code Policy	Moorman, Thomas
07.126	Student Policy - Student Code of Conduct and Discipline	Moorman, Thomas
07.127	Student Policy - Student Grievance Policy	Moorman, Thomas
07.128	Student Policy - Enrollment Status During Appeal of Expulsion, Suspension, or Administrative Withdrawal	Moorman, Thomas
07.129	Student Policy - Co-Curricular Involvement Policy	Moorman, Thomas
07.130	Student Policy - Student Travel Policy	Moorman, Thomas
07.131	Student Policy - Transfer of Credit Policy	Moorman, Thomas
07.132	Student Policy - Missing Student Notification Policy	Moorman, Thomas
07.133	Student Policy - Provision of Scholarships and Other Funds to UNTHSC Student Trainees	Moorman, Thomas
07.134	Student Policy - Criminal Background Check for Students Policy	Moorman, Thomas
07.135	Student Policy - Withdrawal for Active Military Service Policy	Moorman, Thomas
07.135	Student Policy - Withdrawal for Active Military Service Policy	Moorman, Thomas
07.136	Student Policy - Non-Academic Complaint and Grievance Policy	Moorman, Thomas
07.137	Student Policy - Grading Policy	Moorman, Thomas

07.138	Student Policy - Attendance Policy	Moorman, Thomas
07.139	Student Policy - Technology Mediated Course for International Students	Moorman, Thomas
07.140	Founders Activity Center Policy	Moorman, Thomas
07.141	Free Speech and Public Assembly	Moorman, Thomas

Monitoring/Auditing

Student Affairs personnel shall monitor compliance with state and federal laws and regulations specific to the Division and compliance with UNTHSC policies. Each Division shall select pertinent measures, monitor or audit those measures and report results to the Institutional Compliance Committee on a quarterly, bi-annual or annual basis, as applicable.

Student Affairs reports on the following items at the quarterly Compliance Committee meetings:

- Prior to October 1 each year, a report of the prior calendar year's crime statistics are released to campus and reviewed by the committee.
- Title IX complaints are identified by count and disposition. No details relative to these cases are shared with the committee.
- FERPA (student record) related issues are reviewed and the outcome measures are discussed with the committee.
- Student ADA complaints and related actions are shared with the committee.

Reporting Violations

Any violations, or alleged violations, of federal and state law or UNTHSC's Code of Ethics must be reported to the Divisional Compliance Officer and to the Chief Compliance and Enterprise Risk Management Officer. Alleged violations may be discovered as a result of monitoring or auditing, disclosure from an individual through the hotline or direct contact or through direct observation Assessments and/or investigations and follow up actions will be taken in accordance with the process described in the Report and Response Protocol outlined in the UNTHSC Institutional Compliance Program.

All other violations, or alleged violations, shall be investigated and any corrective action shall be taken according to UNTHSC's policies and procedure and the Program. The Chief Compliance and Enterprise Risk Management Officer may also conduct or monitor an investigation if the violation, or alleged violation, is a compliance matter.

Disciplinary Action and Appeal/Sanctions

In accordance with the Report and Response Protocol, disciplinary actions and/or appeal/sanctions will be taken in accordance with the appropriate policy based on the specific nature of the violation. Employees found to have failed to report alleged compliance violations will be treated in accordance with institutional human resource policies. Employee discipline related to compliance violations will be coordinated between the employee's supervisor/department head, Human Resource Services and the Office of General Counsel (if appropriate), with notice to the Chief Compliance and Enterprise Risk Management Officer.

Information, Education and Training

The division coordinates a variety of education and training sessions which include:

- New Employee Orientation and Annual Training
- FERPA Training is required prior to granting user access to the Enterprise Information System (EIS) which houses all student data. EIS maintains various levels of access based on the individual users business need to know.
- Quarterly educational Sessions are held relative to Title IX requirements: By-Stander Awareness Education, Sexual Assault Prevention, Self Defense, etc.
- Financial Literacy Workshops relative to federal student aid and responsible repayment planning.
- Annual Title IX training for all students enrolled at the UNT Health Science Center.
- International Student Orientation and Immigration workshops.
- Quarterly Campus Authority Notifications are distributed to each individual on the campus that has been identified as a Campus Authority.

Adherence/Performance Evaluation

Annually, as part of the risk assessment, the Student Affairs Compliance Officer will assess the performance of this plan, and confirm that all actions required were completed in a timely manner.

Revisions/Updates

Annually, as part of the risk assessment to be conducted, the Student Affairs Compliance Officer will review and update the Division plan.

Finance Division Program – Appendix VI

**UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER
FINANCE DIVISION
COMPLIANCE PLAN**

Last Updated: 2015

Appendix VI

Purpose

The purpose of this plan is to define the Finance Division's role and responsibilities as they relate to institutional compliance as outlined in UNTHSC's Institutional Compliance Program. ("Program")

Organization

Chief Compliance and Enterprise Risk Management Officer – Anne E. Long, RN, JD

VP of Finance and Planning – Geoffrey Scarpelli

Geoffrey Scarpelli is the Finance Division Compliance Officer and serves on the Institutional Compliance Council.

The Finance Division consists of:

Contract Administration

Correctional Medicine

Office of Financial Resources, Assurance & Policy Analysis, which includes:

Office of Financial Assurance

Office of Planning & Policy Analysis

Budget Office

Office of Clinical Contract Services & Business Analysis

Risk Assessments

Risk Assessments are conducted annually to identify compliance risks according to the format provided by the Program. Items identified as highest risk will require a risk reduction assessment and plan performed in accordance with the Program and shall be reported on a quarterly basis to the Institutional Compliance Committee.

Policies and Procedures

The Finance Division is responsible for producing and maintaining the Finance section of the UNTHSC Policy Manual in accordance with UNTHSC policy process. The

departments are responsible for monitoring changes in Federal and State laws, and for implementing needed policy changes.

Currently, the following policies come under the purview of the Finance Division:

1. Investment Policy
2. Endowment Policy
3. Mobile Phone and Data Plan Allowance Policy

Monitoring/Auditing

Finance personnel shall monitor compliance with state and federal laws and regulations specific to the Division and compliance with UNTHSC policies. Each Division shall select pertinent measures, monitor or audit those measures and report results to the Institutional Compliance Committee on a quarterly, bi-annual or annual basis, as applicable.

Monitoring/Auditing consists of but is not limited to the following areas:

1. Reconciliation of financial accounts
2. Proper accounting of financial aid received from the federal government
3. Reporting of UNTHSC funds invested in authorized investment vehicles
4. Procedures implemented to improve the financial control of revenue, expenditure, and financial reporting functions
5. Procedures performed in the execution of contracts

Reporting Violations

Any violations, or alleged violations, of federal and state law or UNTHSC's Code of Ethics must be reported to the Divisional Compliance Officer and to the Chief Compliance and Enterprise Risk Management Officer. Alleged violations may be discovered as a result of monitoring or auditing, disclosure from an individual through the hotline or direct contact or through direct observation Assessments and/or investigations and follow up actions will be taken in accordance with the process described in the Report and Response Protocol outlined in the UNTHSC Institutional Compliance Program.

All other violations, or alleged violations, shall be investigated and any corrective action shall be taken according to UNTHSC's policies and procedure and the Program. The Chief Compliance and Enterprise Risk Management Officer may also conduct or monitor an investigation if the violation, or alleged violation, is a compliance matter.

Disciplinary Action and Appeal/Sanctions

In accordance with the Report and Response Protocol, disciplinary actions and/or appeal/sanctions will be taken in accordance with the appropriate policy based on the specific nature of the violation. Employees found to have failed to report alleged

compliance violations will be treated in accordance with institutional human resource policies. Employee discipline related to compliance violations will be coordinated between the employee's supervisor/department head, Human Resource Services and the Office of General Counsel (if appropriate), with notice to the Chief Compliance and Enterprise Risk Management Officer.

Information, Education and Training

Training and education are central to positive and proactive compliance. Training is an ongoing function at the institution.

Training:

- New Employee Orientation and Annual Training.
- All UNTHSC finance staff receives training on federal and state regulations and statutes, including UNTHSC policies and procedures on financial and contractual transactions upon employment and on a continuous basis, as required by their job duties.
- Additional training is provided when changes to regulations, statutes, or procedures impact job functions or as the results of auditing and monitoring of current performance.

Adherence/Performance Evaluation

Annually, as part of the risk assessment, the Finance Compliance Officer will assess the performance of this plan, and confirm that all actions required were completed in a timely manner.

Revisions/Updates

Annually, as part of the risk assessment to be conducted, the Finance Compliance Officer will review and update the Division plan.

**Infrastructure and Security Division Program –
Appendix VII**

**UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER
INFRASTRUCTURE AND SECURITY DIVISION
COMPLIANCE PLAN**

Last Updated: 2015

Appendix VII

Purpose

The purpose of this plan is to define the Infrastructure and Security Division's role and responsibilities as they relate to institutional compliance as outlined in UNTHSC's Institutional Compliance Program. ("Program")

Organization

Chief Compliance and Enterprise Risk Management Officer – Anne E. Long, RN, JD

Director of IT Infrastructure and Security – Anthony Tissera

Anthony Tissera is the Infrastructure and Security Division Compliance Officer and serves on the Institutional Compliance Council.

The Information Technology Services Division consists of:

- Helpdesk and Customer Services
- IT Infrastructure and Security
- Information Services
- Records Management

Risk Assessments

Risk Assessments are conducted annually to identify compliance risks according to the format provided by the Program. Items identified as highest risk will require a risk reduction assessment and plan performed in accordance with the Program and shall be reported on a quarterly basis to the Institutional Compliance Committee.

Policies and Procedures

The Infrastructure and Security Division is responsible for producing and maintaining the Infrastructure and Security section of the UNTHSC Policy Manual in accordance with UNTHSC policy process. The departments are responsible for monitoring changes in Federal and State laws, and for implementing needed policy changes.

04.301 Acceptable Electronic Communications Use Policy
04.304 Data Integrity and Classification Policy
04.305 Web Policy
04.308 Transmission of Health Information via PDA
04.310 Records Management Program Policy
04.311 Records Retention Policy
04.312 Records Disposition
04.313 Records Authorization Policy
04.314 Records Management Employee Exit Policy
04.315 Legal Hold Policy
04.316 Archives Program Policy
04.317 Computer Hardware and Software Procurement & Support

Monitoring/Auditing

Infrastructure and Security personnel shall monitor compliance with state and federal laws and regulations specific to the Division and compliance with UNTHSC policies. Each Division shall select pertinent measures, monitor or audit those measures and report results to the Institutional Compliance Committee on a quarterly, bi-annual or annual basis, as applicable.

- External (network) vulnerability assessment metrics - Critical, High Medium, Low
- Internal (network) vulnerability assessment metrics - Critical, High Medium, Low

Reporting Violations

Any violations, or alleged violations, of federal and state law or UNTHSC's Code of Ethics must be reported to the Divisional Compliance Officer and to the Chief Compliance and Enterprise Risk Management Officer. Alleged violations may be discovered as a result of monitoring or auditing, disclosure from an individual through the hotline or direct contact or through direct observation Assessments and/or investigations and follow up actions will be taken in accordance with the process described in the Report and Response Protocol outlined in the UNTHSC Institutional Compliance Program.

All other violations, or alleged violations, shall be investigated and any corrective action shall be taken according to UNTHSC's policies and procedure and the Program. The Chief Compliance and Enterprise Risk Management Officer may also conduct or monitor an investigation if the violation, or alleged violation, is a compliance matter.

Disciplinary Action and Appeal/Sanctions

In accordance with the Report and Response Protocol, disciplinary actions and/or appeal/sanctions will be taken in accordance with the appropriate policy based on the specific nature of the violation. Employees found to have failed to report alleged compliance violations will be treated in accordance with institutional human resource policies. Employee discipline related to compliance violations will be coordinated between the employee's supervisor/department head, Human Resource Services and the Office of General Counsel (if appropriate), with notice to the Chief Compliance and Enterprise Risk Management Officer.

Information, Education and Training

The following training and education is conducted:

- New Employee Orientation and Annual Training
- Information Security Awareness Training

Adherence/Performance Evaluation

Annually, as part of the risk assessment, the Infrastructure and Security Compliance Officer will assess the performance of this plan, and confirm that all actions required were completed in a timely manner.

Revisions/Updates

Annually, as part of the risk assessment to be conducted, the Infrastructure and Security Compliance Officer will review and update the Division plan.

Academic Affairs Division Program – Appendix VIII

**UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER
ACADEMIC AFFAIRS DIVISION
COMPLIANCE PLAN**

Last Updated: 2015

Appendix X

Purpose

The purpose of this plan is to define the Academic Affairs Division's role and responsibilities as they relate to institutional compliance as outlined in UNTHSC's Institutional Compliance Program. ("Program")

Organization

Chief Compliance and Enterprise Risk Management Officer – Anne E. Long, RN, JD

Manager of Faculty Affairs & Health Institutes of Texas – Jackie Williams

Jackie Williams is the Academic Affairs Division Compliance Officer and serves on the Institutional Compliance Council.

The Academic Affairs Division consists of:

Provost and Executive Vice President for Academic Affairs - Thomas Yorio

Vice Provost – Claire Peel

The Academic Affairs Division is designed to address academic and faculty issues across the institution. The division includes the Office of Faculty Affairs and reports to Thomas Yorio for this function.

Risk Assessments

Risk Assessments are conducted annually to identify compliance risks according to the format provided by the Program. Items identified as highest risk will require a risk reduction assessment and plan performed in accordance with the Program and shall be reported on a quarterly basis to the Institutional Compliance Committee.

Policies and Procedures

The Academic Affairs Division is responsible for producing and maintaining the Academic Affairs (Faculty Affairs section of the UNTHSC Policy Manual in accordance with UNTHSC policy process. The departments are responsible for monitoring changes in Federal and State laws, and for implementing needed policy changes.

Number	Policy Name
06.101	Faculty Development Leave Policy
06.102	Regents Professorship
06.103	Course Syllabus Policy for Faculty
06.104	Faculty Absence From Class
06.105	Faculty Role in Fostering a Culture of Intellectual Honesty
06.106	Evaluation of Courses and Instruction Policy for Faculty
06.107	Faculty Competence in English Communication
06.108	Salary Administration - Faculty
06.109	Extension of the Probationary Period for Tenure
06.110	Tenured Faculty Administrators Returning to Full-Time Academic Status
06.111	Substantive Change Policy

Monitoring/Auditing

Academic Affairs personnel shall monitor compliance with state and federal laws and regulations specific to the Division and compliance with UNTHSC policies. Each Division shall select pertinent measures, monitor or audit those measures and report results to the Institutional Compliance Committee on a quarterly, bi-annual or annual basis, as applicable.

Items monitored include the following:

- Review of student fees
- Monitor and follow up outstanding annual faculty contracts
- Post Tenure Review – Notify faculty, chairs and Deans of individuals that need to be reviewed and monitor process
- Monitor Faculty By law changes

Reporting Violations

Any violations, or alleged violations, of federal and state law or UNTHSC's Code of Ethics must be reported to the Divisional Compliance Officer and to the Chief Compliance and Enterprise Risk Management Officer. Alleged violations may be discovered as a result of monitoring or auditing, disclosure from an individual through the hotline or direct contact or through direct observation Assessments and/or

investigations and follow up actions will be taken in accordance with the process described in the Report and Response Protocol outlined in the UNTHSC Institutional Compliance Program.

All other violations, or alleged violations, shall be investigated and any corrective action shall be taken according to UNTHSC's policies and procedure and the Program. The Chief Compliance and Enterprise Risk Management Officer may also conduct or monitor an investigation if the violation, or alleged violation, is a compliance matter.

Disciplinary Action and Appeal/Sanctions

In accordance with the Report and Response Protocol, disciplinary actions and/or appeal/sanctions will be taken in accordance with the appropriate policy based on the specific nature of the violation. Employees found to have failed to report alleged compliance violations will be treated in accordance with institutional human resource policies. Employee discipline related to compliance violations will be coordinated between the employee's supervisor/department head, Human Resource Services and the Office of General Counsel (if appropriate), with notice to the Chief Compliance and Enterprise Risk Management Officer.

Information, Education and Training

The Academic Affairs Division is responsible for monitoring federal and state changes in laws, regulations, and guidelines, and for formulating policies and procedures intended to insure that our system of internal control appropriately limits exposure from failure to comply. Academic Affairs is responsible for developing, delivering, or coordinating training and informational materials for use by our own employees, and all other campus employees (primarily faculty members) whose duties require them to be informed of these regulations so that they can be in compliance. Such materials include but are not limited to – newsletters, email notifications, web site postings, posted announcements, and initiating specific changes to be made to official policy manuals such as the Faculty Handbook, and as approved by Administration.

The following training and education is conducted:

- New Faculty Orientation
- Annual training
- Promotion and Tenure Guidelines Training

Adherence/Performance Evaluation

Annually, as part of the risk assessment, the Academic Affairs Compliance Officer will assess the performance of this plan, and confirm that all actions required were completed in a timely manner.

Revisions/Updates

Annually, as part of the risk assessment to be conducted, the Academic Affairs Compliance Officer will review and update the Division plan.

**Institutional Advancement Division Program –
Appendix IX**

**UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER
INSTITUTIONAL ADVANCEMENT DIVISION
COMPLIANCE PLAN**

Last Updated: 2015

Appendix IX

Purpose

The purpose of this plan is to define the Institutional Advancement Division's role and responsibilities as they relate to institutional compliance as outlined in UNTHSC's Institutional Compliance Program. ("Program")

Organization

Chief Compliance and Enterprise Risk Management Officer – Anne E. Long, RN, JD

VP, Institutional Advancement – Doug White

Doug White is the Institutional Advancement Division Compliance Officer and serves on the Institutional Compliance Council.

The Institutional Advancement Division consists of:

- Institutional Advancement (Development)
- Alumni Relations
- Community Relations
- Donor Relations

Risk Assessments

Risk Assessments are conducted annually to identify compliance risks according to the format provided by the Program. Items identified as highest risk will require a risk reduction assessment and plan performed in accordance with the Program and shall be reported on a quarterly basis to the Institutional Compliance Committee.

Policies and Procedures

The Institutional Advancement Division is responsible for producing and maintaining the Institutional Advancement section of the UNTHSC Policy Manual in accordance with UNTHSC policy process. The departments are responsible for monitoring changes in Federal and State laws, and for implementing needed policy changes.

INSTITUTIONAL ADVANCEMENT (DEVELOPMENT)

9.100 Affiliated Entities

9.101 Disclosure of Gifts from Foreign Sources, Foreign Governments or Foreign Persons

Monitoring/Auditing

Institutional Advancement personnel shall monitor compliance with state and federal laws and regulations specific to the Division and compliance with UNTHSC policies. Each Division shall select pertinent measures, monitor or audit those measures and report results to the Institutional Compliance Committee on a quarterly, bi-annual or annual basis, as applicable.

INSTITUTIONAL ADVANCEMENT (DEVELOPMENT)

On Policy 9.100 (Affiliated Entities), we are currently working with Compliance to review and revise the Affiliated Entities agreement between the UNTHSC Foundation and UNTHSC. It has been agreed that completion of this process will await confirmation of a new IRS Tax ID number for the Foundation that will clearly separate it (legally) from the HSC.

On Policy 9.101 (Disclosure of Gifts from Foreign Sources, Foreign Governments or Foreign Persons), Institutional Advancement will follow policy of disclosing the source of such gifts to UNTHSC, which will then move forward with required reporting to the Secretary of State. This policy applies only to gifts in excess of \$250,000. To the best of our knowledge, this policy has never required action.

Reporting Violations

Any violations, or alleged violations, of federal and state law or UNTHSC's Code of Ethics must be reported to the Divisional Compliance Officer and to the Chief Compliance and Enterprise Risk Management Officer. Alleged violations may be discovered as a result of monitoring or auditing, disclosure from an individual through the hotline or direct contact or through direct observation Assessments and/or investigations and follow up actions will be taken in accordance with the process described in the Report and Response Protocol outlined in the UNTHSC Institutional Compliance Program.

All other violations, or alleged violations, shall be investigated and any corrective action shall be taken according to UNTHSC's policies and procedure and the Program. The Chief Compliance and Enterprise Risk Management Officer may also conduct or monitor an investigation if the violation, or alleged violation, is a compliance matter.

Disciplinary Action and Appeal/Sanctions

In accordance with the Report and Response Protocol, disciplinary actions and/or appeal/sanctions will be taken in accordance with the appropriate policy based on the specific nature of the violation. Employees found to have failed to report alleged compliance violations will be treated in accordance with institutional human resource policies. Employee discipline related to compliance violations will be coordinated between the employee's supervisor/department head, Human Resource Services and the Office of General Counsel (if appropriate), with notice to the Chief Compliance and Enterprise Risk Management Officer.

Information, Education and Training

No division-specific education or training is required to assure compliance with stated policies.

Adherence/Performance Evaluation

Annually, as part of the risk assessment, the Institutional Advancement Compliance Officer will assess the performance of this plan, and confirm that all actions required were completed in a timely manner.

Revisions/Updates

Annually, as part of the risk assessment to be conducted, the Institutional Advancement Compliance Officer will review and update the Division plan.

Operations Division Program – Appendix X

**UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER
OPERATIONS DIVISION
COMPLIANCE PLAN**

Last Updated: 2015

Appendix X

Purpose

The purpose of this plan is to define the Operations Division's role and responsibilities as they relate to institutional compliance as outlined in UNTHSC's Institutional Compliance Program. ("Program")

Organization

Chief Compliance and Enterprise Risk Management Officer – Anne E. Long, RN, JD

VP of Operations – Stephen D. Barrett

Stephen Barrett is the Operations Division Compliance Officer and serves on the Institutional Compliance Council.

The Operations Division consists of:

- Facilities Management
- HSC Police Department
- Safety Office (Prepares own departmental Compliance Plan)
- Central Services

Risk Assessments

Risk Assessments are conducted annually to identify compliance risks according to the format provided by the Program. Items identified as highest risk will require a risk reduction assessment and plan performed in accordance with the Program and shall be reported on a quarterly basis to the Institutional Compliance Committee.

Policies and Procedures

The Operations Division is responsible for producing and maintaining the Operations section of the UNTHSC Policy Manual in accordance with UNTHSC policy process. The

departments are responsible for monitoring changes in Federal and State laws, and for implementing needed policy changes.

Central Services

Property Control is the custodian of all property under the direction of UNTHSC per Government Code 403.2715. The responsibilities for property management includes additions to the inventory, disposal of assets, surplus of assets, annual physical inventory, custodian transfer of assets, interagency transfers, fiscal reporting of asset values, receipts for property maintained off site, and cannibalizations.

Central Receiving is the primary recipient of all goods purchased by UNTHSC financial system and is processed by Central Receiving at the time of delivery. Receipts for deliveries are processed to meet EIS financial requirements.

Mail Services is responsible for all US Postal regulations for mail processed at UNTHSC. Postal regulations are the foundation for policies and procedures performed by Mail Services.

Facilities

Chapter 4- Administration	04.406 Incidental Housekeeping
Chapter 11- Facilities and Real Estate	11.100 Driving a Health Science Center Vehicle

Police

The Police Department maintains a General Orders manual consisting of policies and procedures developed in accordance with the standards set forth by the Commission on Accreditation for Law Enforcement Agencies, Inc. (CALEA) and the International Association of Campus Law Enforcement Administrators (IACLEA). These internationally-recognized accreditation standards represent law enforcement best practices, and the Police Department's compliance is assessed triennially by teams of independent, outside assessors.

Monitoring/Auditing

Operations personnel shall monitor compliance with state and federal laws and regulations specific to the Division and compliance with UNTHSC policies. Each Division shall select pertinent measures, monitor or audit those measures and report results to the Institutional Compliance Committee on a quarterly, bi-annual or annual basis, as applicable.

Central Services

Property Management conducts an annual physical inventory of all assets under the direction of UNTHSC. Currently forms are required for custodian transfers, location changes, direct sales, and cannibalizations. Tracking of assets is performed through the Virtual Asset Tracking system.

Facilities

All facilities personal are required to complete various training sessions annually.

Police

The Chief of Police will oversee compliance with the rules, regulations, and General Orders and determine the method and frequency of compliance audits. Regular inspections and reports are conducted according to CALEA and IACLEA standards as well as at the request of the Chief of Police.

Designated personnel shall be responsible for all reviews, and necessary reports and analyses will be routed to the Chief of Police through the chain of command to ensure he or she is able to make fact-based, informed management decisions.

Monitoring/Auditing is conducted to:

- Strengthen crime prevention and control capabilities;
- Formalize essential management procedures;
- Establish fair and nondiscriminatory personnel practices;
- Improve service delivery;
- Solidify interagency cooperation and coordination; and
- Increase community and staff confidence in the agency.

Appropriate personnel will receive reports and findings according to each report's determined distribution list.

During each accreditation assessment, a public comment meeting and anonymous phone session is conducted to allow anyone to make comments as to the Police Department's conduct. Any comments received in either assessment are included in the report submitted to the respective accreditation commissions. The final report submitted to the accreditation commissions and their final determinations are public records and available to anyone upon request.

Reporting Violations

Any violations, or alleged violations, of federal and state law or UNTHSC's Code of Ethics must be reported to the Divisional Compliance Officer and to the Chief Compliance and Enterprise Risk Management Officer. Alleged violations may be discovered as a result of monitoring or auditing, disclosure from an individual through the hotline or direct contact or through direct observation Assessments and/or investigations and follow up actions will be taken in accordance with the process described in the Report and Response Protocol outlined in the UNTHSC Institutional Compliance Program.

All other violations, or alleged violations, shall be investigated and any corrective action shall be taken according to UNTHSC's policies and procedure and the Program. The Chief Compliance and Enterprise Risk Management Officer may also conduct or monitor an investigation if the violation, or alleged violation, is a compliance matter.

Disciplinary Action and Appeal/Sanctions

In accordance with the Report and Response Protocol, disciplinary actions and/or appeal/sanctions will be taken in accordance with the appropriate policy based on the specific nature of the violation. Employees found to have failed to report alleged compliance violations will be treated in accordance with institutional human resource policies. Employee discipline related to compliance violations will be coordinated between the employee's supervisor/department head, Human Resource Services and the Office of General Counsel (if appropriate), with notice to the Chief Compliance and Enterprise Risk Management Officer.

Information, Education and Training

The following training and education is conducted:

New Employee Orientation and Annual Training

Central Services

Training for asset management is conducted for asset coordinators to maintain departmental assets. This training is conducted for new coordinators and provided to current coordinators.

Facilities

The department holds a monthly safety meeting to keep employees abreast of the latest trends or discuss relevant safety items to ensure the safety and wellbeing of the team.

All employees are encouraged to attend specific training related to their current job responsibilities.

Police

Department-Specific Training:

New police officers are required to complete a basic peace officer training course at a licensed police academy. New police officers with a current peace officer license are not required to attend the police academy since it is a requirement for licensure. After completing the police academy, recruits are required to complete the department's field training program under the supervision and direction of a Field Training Officer for at least 17 weeks, or 4 weeks for recruits with prior patrol experience. Once an officer is released to regular patrol duty, he or she is required to complete at least 40 hours of training accepted by the Texas Commission on Law Enforcement (TCOLE), the State agency responsible for regulating law enforcement officers in Texas. In addition to the required annual training, officers have the opportunity for career development opportunities through optional additional training programs.

Specialized assignments require appropriate additional training before assignment.

An individual appointed to the position of Chief of Police is required to attend 40 hours of State-mandated initial training program for new chiefs if it is their first position as chief. Once this requirement is completed, the chief is required to receive 40 hours of continuing education from the Bill Blackwood Institute, Law Enforcement Management Institute of Texas (LEMIT), at Sam Houston State University.

Training serves three broad purposes. First, well-trained officers are generally better prepared to act decisively and correctly in a broad spectrum of situations. Second, training results in greater productivity and effectiveness. Third, training fosters cooperation and unity of purpose. Moreover, agencies are now being held legally accountable for the actions of their personnel and for failing to provide initial or remedial training.

New Police Department dispatchers are required to complete 48 hours of initial training for licensure. Once licensed, 20 hours of training are required every two years.

Adherence/Performance Evaluation

Annually, as part of the risk assessment, the Operations Compliance Officer will assess the performance of this plan, and confirm that all actions required were completed in a timely manner.

Revisions/Updates

Annually, as part of the risk assessment to be conducted, the Operations Compliance Officer will review and update the Division plan.

Strategy and Organizational Excellence
Division Program –
Appendix XI

**UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER
STRATEGY & ORGANIZATIONAL EXCELLENCE DIVISION
COMPLIANCE PLAN**

Last Updated: 2015

Appendix XI

Purpose

The purpose of this plan is to define the Strategy & Organizational Excellence Division's role and responsibilities as they relate to institutional compliance as outlined in UNTHSC's Institutional Compliance Program. ("Program")

Organization

Chief Compliance and Enterprise Risk Management Officer – Anne E. Long, RN, JD

Executive Director of Strategic Programs and Policy – Jeanie Foster

Jeanie Foster is the Strategy and Organizational Excellence Division Compliance Officer and serves on the Institutional Compliance Council.

The Strategy & Organizational Excellence Division consists of:

Educational Excellence
Process Improvement

Risk Assessments

Risk Assessments are conducted annually to identify compliance risks according to the format provided by the Program. Items identified as highest risk will require a risk reduction assessment and plan performed in accordance with the Program and shall be reported on a quarterly basis to the Institutional Compliance Committee.

Policies and Procedures

The Strategy and Organizational Excellence Division had been responsible for the oversight of all institutional policies. As of January 1, 2015, this responsibility transitioned to the Office of Compliance. The Strategy and Organizational Excellence Division does not have responsibility for any UNTHSC policies.

Monitoring/Auditing

Strategy & Organizational Excellence personnel shall monitor compliance with state and federal laws and regulations specific to the Division and compliance with UNTHSC policies. Each Division shall select pertinent measures, monitor or audit those measures and report results to the Institutional Compliance Committee on a quarterly, bi-annual or annual basis, as applicable. Strategy and Organizational Excellence monitors measures related to the following risk items:

1. Non-compliance with CMS 1115 Waiver requirements
2. Inaccurate institutional data for reporting and decision-making purposes
3. Non-compliant or out-of-date institutional policies
4. Ineffective use of institutional survey data

Reporting Violations

Any violations, or alleged violations, of federal and state law or UNTHSC's Code of Ethics must be reported to the Divisional Compliance Officer and to the Chief Compliance and Enterprise Risk Management Officer. Alleged violations may be discovered as a result of monitoring or auditing, disclosure from an individual through the hotline or direct contact or through direct observation Assessments and/or investigations and follow up actions will be taken in accordance with the process described in the Report and Response Protocol outlined in the UNTHSC Institutional Compliance Program.

All other violations, or alleged violations, shall be investigated and any corrective action shall be taken according to UNTHSC's policies and procedure and the Program. The Chief Compliance and Enterprise Risk Management Officer may also conduct or monitor an investigation if the violation, or alleged violation, is a compliance matter.

Disciplinary Action and Appeal/Sanctions

In accordance with the Report and Response Protocol, disciplinary actions and/or appeal/sanctions will be taken in accordance with the appropriate policy based on the specific nature of the violation. Employees found to have failed to report alleged compliance violations will be treated in accordance with institutional human resource policies. Employee discipline related to compliance violations will be coordinated between the employee's supervisor/department head, Human Resource Services and the Office of General Counsel (if appropriate), with notice to the Chief Compliance and Enterprise Risk Management Officer.

Information, Education and Training

Strategy and Organizational Excellence does not have any division-specific training. All Strategy and Organizational Excellence personnel are required to complete all UNTHSC-required training, including compliance training and attend New Employee Orientation.

Adherence/Performance Evaluation

Annually, as part of the risk assessment, the Strategy & Organizational Excellence Compliance Officer will assess the performance of this plan, and confirm that all actions required were completed in a timely manner.

Revisions/Updates

Annually, as part of the risk assessment to be conducted, the Strategy & Organizational Excellence Compliance Officer will review and update the Division plan.

Office of Communication Division Program – Appendix XII

**UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER
OFFICE OF COMMUNICATION DIVISION
COMPLIANCE PLAN**

Last Updated: 2015

Appendix XII

Purpose

The purpose of this plan is to define the Office of Communication Division's role and responsibilities as they relate to institutional compliance as outlined in UNTHSC's Institutional Compliance Program. ("Program")

Organization

Chief Compliance and Enterprise Risk Management Officer – Anne E. Long, RN, JD

SVP, Communication and Marketing – Monty Mohon

Amy Buresh is the Office of Communication Division Compliance Officer and serves on the Institutional Compliance Council.

The Office of Communication Division consists of theses functions:

- Innovation & Brand
- News, Content & Media
- Design & Creative Services
- Internal Communications
- Experience Strategy
- Marketing
- Digital Outreach and Web Services
- Social Media
- Strategic and Executive Communications

Risk Assessments

Risk Assessments are conducted annually to identify compliance risks according to the format provided by the Program. Items identified as highest risk will require a risk reduction assessment and plan performed in accordance with the Program and shall be reported on a quarterly basis to the Institutional Compliance Committee.

Policies and Procedures

The Office of Communication Division is responsible for producing and maintaining the Innovation & Brand section of the UNTHSC Policy Manual in accordance with UNTHSC policy process. Office of Communication functional areas are responsible for monitoring changes in Federal and State laws, and for implementing needed policy changes.

04.100 Institutional Brand Identity Policy

04.141 Non-Profit Mail Policy

04.305 Web Policy

Monitoring/Auditing

Office of Communication personnel shall monitor compliance with state and federal laws and regulations specific to the Division and compliance with UNTHSC policies. Each Division shall select pertinent measures, monitor or audit those measures and report results to the Institutional Compliance Committee on a quarterly, bi-annual or annual basis, as applicable.

Policy 04.100 (Institutional Brand Identity Policy)

Monitoring is built into the Purchasing procedure and designated Marketing staff are authorized to approve use of our brand identity. Approval to proceed with printing/production is either granted or denied. Violations send the item back to the originator for design revision. No special division education or training is required of this policy, but we ensure new employees to the department have a copy of the identity guidelines. The institution's identity guidelines are also available to all employees and students on the Intranet homepage.

Policy 04.141 (Non-Profit Mail Policy)

Violations would be reported to the registered permit holders (Amy Buresh and/or Susan Crutcher). If there were a violation and any kind of negative action taken by the USPS, our mail shop vendors might be the first to discover the issue the next time they attempt to mail something on our behalf and then would notify Amy Buresh. We monitor this by restricting access to use and information on the permit. If a violation of the policy were to occur that resulted in a negative action by the USPS, the offending department/individual should be responsible for any financial consequences (i.e. fines, permit reinstatement fees, postage due, etc.) and benefit from the bulk rate discount in the future would have to be considered carefully. It's also possible we might have to change to a new permit number and cancel the old one to keep violators from continuing to break the rules. If a division wanted to use the bulk permit on their own, without going through Marketing, they would either need to receive instruction on the details of the USPS postal regulations related to that permit's use and/or they'd likely need to use a professional mail shop. All departments should have basic education on where to go for assistance with mailings so that they know to come to Marketing.

Policy 04.305 (Web Policy) is governed and sustained by the Executive Director of Digital Outreach and Web Services (although originally drafted by the Vice Provost for Academic Affairs and Chief Information Officer). With the impending re-launch of our primary domain web content, slight policy modifications will have been made and will await approval by the time this plan is ratified. These modifications will include slight governance adjustments including a reduction in the number of individuals capable of making changes to publicly viewable content.

Pending modifications include (but are not limited to):

Definition alteration “Web Team” is no longer applicable. The Digital Outreach and Web Services team, in conjunction with the Web Content Manager, fulfill these responsibilities.

Clarification of roles associated with the content management process: “Content Owner” role has been expanded to include and delineate between “Content Publishers” and “Content Editors” in an effort to achieve higher quality and lower risk in our online presence.

Mandatory training will be required for anyone with editing or publishing rights.

Reporting Violations

Any violations, or alleged violations, of federal and state law or UNTHSC’s Code of Ethics must be reported to the Divisional Compliance Officer and to the Chief Compliance and Enterprise Risk Management Officer. Alleged violations may be discovered as a result of monitoring or auditing, disclosure from an individual through the hotline or direct contact or through direct observation Assessments and/or investigations and follow up actions will be taken in accordance with the process described in the Report and Response Protocol outlined in the UNTHSC Institutional Compliance Program.

All other violations, or alleged violations, shall be investigated and any corrective action shall be taken according to UNTHSC’s policies and procedure and the Program. The Chief Compliance and Enterprise Risk Management Officer may also conduct or monitor an investigation if the violation, or alleged violation, is a compliance matter.

Disciplinary Action and Appeal/Sanctions

In accordance with the Report and Response Protocol, disciplinary actions and/or appeal/sanctions will be taken in accordance with the appropriate policy based on the specific nature of the violation. Employees found to have failed to report alleged compliance violations will be treated in accordance with institutional human resource policies. Employee discipline related to compliance violations will be coordinated between the employee’s supervisor/department head, Human Resource Services and the Office of General Counsel (if appropriate), with notice to the Chief Compliance and Enterprise Risk Management Officer.

Information, Education and Training

Policy 04.100 (Institutional Brand Identity Policy) The campus community is periodically reminded where they can find the Institutional Brand Identity Guide and that any use of the UNTHSC logo must comply with those guidelines. Additional education to individuals and departments on the UNTHSC brand standards is provided as needed.

**Report and Response Protocol -
Appendix XIII**

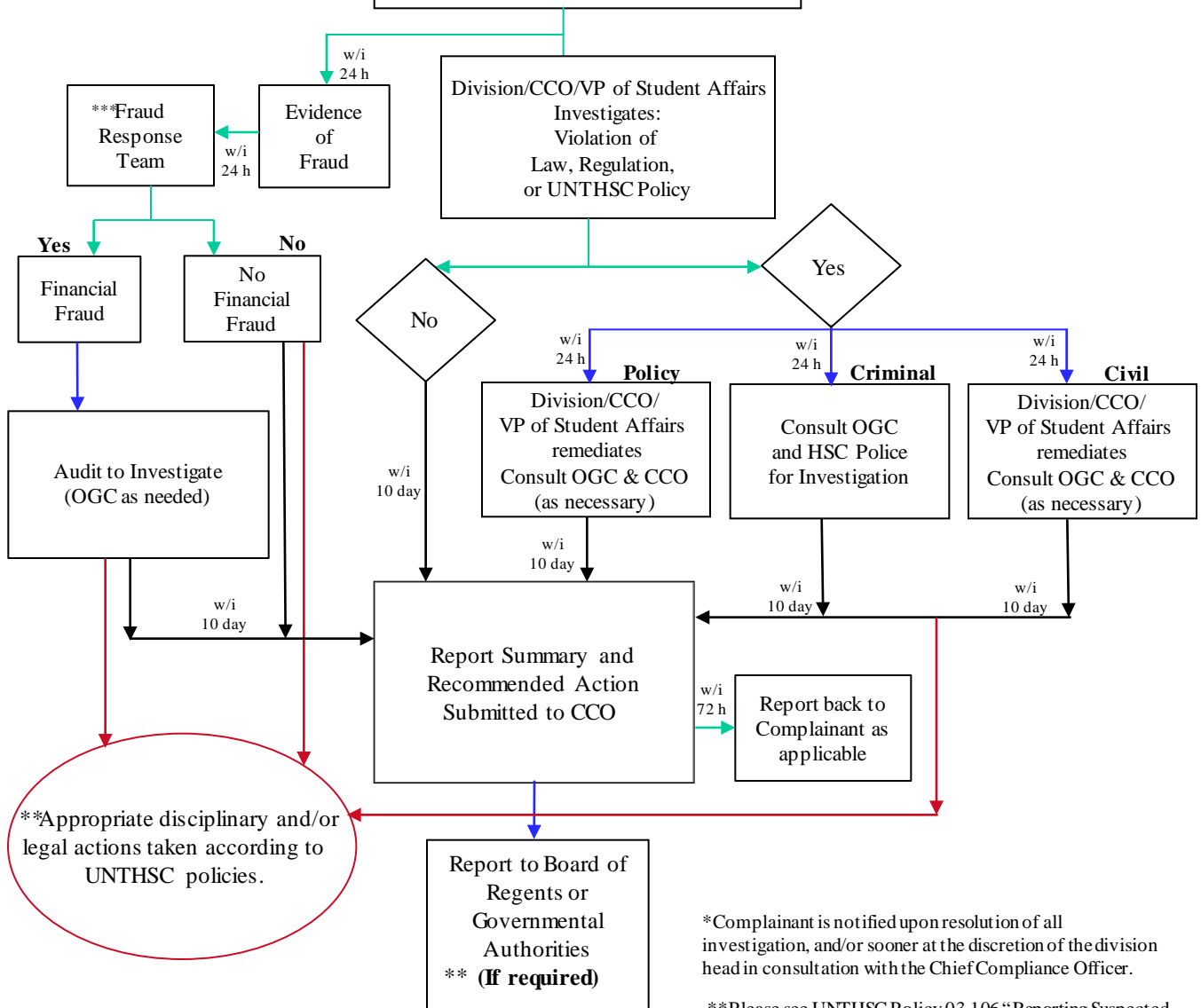
UNT Health Science Center Compliance Program

Incident Report and Response Protocol

*Allegation Report:

- Ethics Hotline
- In Person
- Division Sent to CCO
- Other Sources

****Reviewed by: Compliance Office & Directed to Appropriate Division, CCO, or VP of Student Affairs within 24 Hours**



OGC: Office of General Counsel
CCO: Chief Compliance Officer

*Complainant is notified upon resolution of all investigation, and/or sooner at the discretion of the division head in consultation with the Chief Compliance Officer.

**Please see UNTHSC Policy 03.106 "Reporting Suspected Wrongdoing".

***The Fraud Response Team is comprised of representative(s) from: the Institutional Compliance Office, Internal Audit and the Office of General Counsel.

**UNT HEALTH SCIENCE CENTER INSTITUTIONAL COMPLIANCE AND
ENTERPRISE RISK MANAGEMENT PROGRAM**

Last Updated: June, 2015



President

6/29/15

Date



Chief Compliance and Enterprise
Risk Management Officer

6/23/15

Date