



Code of Conduct Policy

1.0 Scope:

Lakeridge Health Foundation (the “**Foundation**”) is committed to providing a safe, healthy workplace that promotes a high level of job satisfaction and a respectful work environment. We believe that it is a shared responsibility of all employees to work towards the constant improvement of our workplace. To assist the Foundation in maintaining an exemplary work environment, we require that all employees conduct themselves in an ethical and professional manner, at all times.

This policy applies to all employees, including contract employees, volunteers and co-operative/intern students.

2.0 Policy Guidelines:

To preserve the core values and principles upon which our Foundation is founded, we have compiled a list of unacceptable behavioural actions that have been classified as either:

1. Hazardous to employee safety
2. Criminal
3. A negative influence on workplace moral; or
4. Detrimental to the success of our endeavours.

3.0 Unacceptable Behaviours:

Poor Attendance at Work: failing to report to work punctually; reporting late for work on a regular or habitual basis; leaving the workplace early and without following established protocol; taking extended lunch or breaks; absence from work without authorization or justifiable reason; and failure to provide a doctor’s note for absence due to illness if so requested.

4.0 Incompetence and Poor Productivity:

Substandard, and/or careless work performance that is within the control of the employee; contravening legislation (i.e., discriminating against donors or co-workers); spending excess time on non-work related matters (i.e. personal phone calls, chatting with co-workers about non-work related matters, etc.); failing to seek clarification or failing to follow the Foundation’s guidelines when information or guidance is needed; failing to maintain required professional credentials; and failure to report critical incidences as described in professional guidelines or organizational policies.

5.0 Unlawful and Dishonest Conduct:

Dishonesty; deception; theft; falsification of records including that contained in a resume or job application; fraudulent conduct and any other illegal behavior (i.e. contravention of the Criminal code); soliciting and/or accepting gifts from suppliers, or a business in return for favours; and accepting monies from other organizations for Foundation-related work, such as student placements or speaking engagements while on Foundation time.

6.0 Inappropriate Behaviour/Conduct:

Excessive profane language, threatening or abusive language to donors, the public, volunteers, or employees and affiliates; engaging in personal relationships with donors; disregard of professional boundaries in relationships with co-workers, subordinates, and volunteers; sexual exploitation – unwanted sexual or romantic encounters; dual relationships; gifts, bartering, social relationships; and other boundary violations – inappropriate touching or breach of confidentiality.

7.0 Impairment:

Being under the influence of alcohol or drugs that impair the ability to perform one's job, or interaction with clients, the public, or other employees; and administering medication in open areas.

8.0 Unacceptable Use:

Excessive and/or unauthorized personal use of your phone; excessive use of emailing for personal use; accessing websites that would be a violation of the Human Rights Code and/or Foundation policies; and loading software on the computer without the approval of a supervisor.

Employees are expected to perform their job duties in a manner conducive to a safe workplace, following all employer practices, policies and procedures.

APPENDICES:

- 1. Code of Conduct Agreement**
- 2. Confidentiality Agreement**

This is a public document in the 'Accountable to You' section of the website.



APPENDIX 1: CODE OF CONDUCT AGREEMENT

CODE OF CONDUCT AGREEMENT

I, _____, acknowledge that I have read and understand the Code of Conduct of Lakeridge Health Foundation. Further, I agree to adhere to the Code of Conduct Policy and will ensure that employees working under my direction adhere to these guiding principles. I understand that if I violate the rules/procedures outlined in this Policy, I may face corrective action, up to and including termination of employment.

I have read and understand the terms of this Code of Conduct Agreement.

Name (Please print)

Signature

Date

Witness Name (Please print)

Signature

Date



APPENDIX 2: CONFIDENTIALITY AGREEMENT

CONFIDENTIALITY AGREEMENT

Name: _____ Date: _____
(Please print)

Affiliation with the Foundation: _____
(ie., employee, physician, volunteer, board of director, student, vendor, consultant)

1. During my association with the Lakeridge Health Foundation, I will have access to personal information and material relating to patients, donors, Board of Directors, volunteers, employees, other individuals, or the organization, which is of a private and confidential nature.
2. At all times, I shall respect and protect the privacy of patients, donors, Board of Directors, volunteers employees, and all associated individuals.
3. I shall treat all the Foundation records as confidential information, and I will protect them to ensure full confidentiality. Confidential information for the purpose of this Agreement include: patient information, prospect or donor information, staff or volunteer information, financial records or other information transmitted via computer, telephone or face to face conversation, email, paper, facsimile, modem, or overhead or received inadvertently.
4. I shall not read records or discuss, divulge, or disclose such information about the Foundation, unless there is a legitimate purpose related to my association with the Foundation.
5. I shall ensure that private and confidential information is not inappropriately accessed, used or disclosed either directly by me or by virtue of my password or security access to premises or systems.
6. I understand that violations to privacy and confidentiality may include but are not limited to:
 - a) Accessing personal information that I do not require for work purposes.
 - b) Misusing or disclosing personal information (verbally, through the computer system or in hard copy) without proper authorization.
 - c) Altering personal information of client, donor or other employees.
 - d) Disclosing to another person my user name and/or password for accessing electronic records.
 - e) Revealing confidential business matters and dealings with the public.
7. I shall only access, use, and transmit private and confidential information using organization-authorized hardware, software, or other equipment, as required by the duties of my position.



8. I understand that the Foundation will conduct periodic audits to ensure compliance with this agreement and its privacy policy.
9. I understand and agree to abide by the conditions outlined in this agreement which will remain in force even if I cease to have an association with the Foundation.
10. I understand that should any of the above conditions be breached, I may be subject to corrective action up to and including termination of employment, loss of privileges, termination of the tenure on the Board, termination of a contract, or similar action appropriate to my association with the Foundation.

I have read and understand the terms of this Confidentiality Agreement.

Name (Please print)

Signature

Date

Witness Name (Please print)

Signature

Date