



Safety Plan

Promoting Safe and Respectful Environments at Conferences and Scientific Meetings Supported by NIH

Statement of Commitment:

Mayo Clinic is committed to providing outstanding patient care and conducting our business with integrity. When we behave with integrity, we adhere to the highest standards of professionalism, ethics and personal responsibility. By doing so, we are worthy of the trust our patients place in us. The Mayo Clinic Code of Ethics and Conduct (“the Code”) is a formal statement of Mayo Clinic’s standards and rules of ethical business conduct. Through the Code, we communicate our ethical standards to patients, Mayo Clinic’s trustees, officers, employees, students, short-term research appointees, volunteers, all Mayo Clinic subsidiaries, those with whom we do business and the public at large. Mayo Clinic is committed to preventing unethical or unlawful behavior, to halt such behavior as soon as possible after discovery and to provide corrective action to those who violate the standards in the Code.

The acronym – “RICH TIES” – is used to help you remember each of our eight values and the connection they provide to the rich history of Mayo Clinic. The standards listed below describe a common purpose which embodies the Mayo Clinic Values that guide our behavior across the organization. We believe that everything we do affects every person, experience and encounter.

Our RICH TIES:

Respect - Treat everyone in our diverse community including patients, their families, and colleagues with dignity.

Integrity - Adhere to the highest standards of professionalism, ethics and personal responsibility, worthy of the trust our patients place in us.

Compassion - Provide the best care, treating patients and family members with sensitivity and empathy.

Healing - Inspire hope and nurture the well-being of the whole person, respecting physical, emotional and spiritual needs.

Teamwork - Value the contributions of all, blending the skills of individual staff members in unsurpassed collaboration.

Innovation - Infuse and energize the organization, enhancing the lives of those we serve, through the creative ideas and unique talents of each employee.



Excellence - Deliver the beset outcomes and highest quality service through the dedicated effort of every team member.

Stewardship - Sustain and re-invest in our mission and extended communities by wisely managing our human, natural and material resources.

Expectations of Attendees and Organizers Behavior

Attendees, Organizers, and any other conference participant are expected to uphold Mayo Clinic's RICH TIES values and foster a Safe and Respectful Environment that is free from discrimination and harassment, including sexual misconduct. Inappropriate behaviors will not be tolerated.

As a recipient of Federal financial assistance, Mayo Clinic does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, creed, religion, gender, marital status, sexual orientation, gender identity or expression, veteran's status, status with regard to public assistance, national origin, disability, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by Mayo Clinic directly or through a contractor or any other entity with which Mayo Clinic arranges to carry out its programs and activities.

Mayo Clinic has policies in place that strictly prohibits all forms of discrimination and harassment, including sexual misconduct, and is committed to (1) eliminating, preventing, and addressing the effects of discrimination and harassment; (2) cultivating a climate where all individuals are well-informed and supported in disclosing incidents of discrimination and harassment; and (3) providing a fair and impartial process for investigation and adjudication of conduct prohibited by Mayo Clinic policies.

Mayo Clinic Policies (online) include the following:

[Title IX Sexual Harassment Complaint Resolution Procedure](#)

[Code of Conduct: Mayo Clinic Integrity and Compliance Program \(PDF\)](#)

[Notice of Nondiscrimination \(PDF\)](#)



Report an Emergency

- Emergency or any serious concern for safety, call 9-1-1.

Report any Violations of the Law

To report a crime, including sexual violence, dating or domestic violence, stalking, and/or invasion of privacy that occurred on Marriott Jacksonville Downtown property, please contact Director of Engineering, Scott Mansfield at 904-520-1864 or General Manager, Carlos Cerda at 321-917-5198

- 24/7 Assistance: 904-520-1864
- Administrative (7am-8pm): 321-917-5198

Report violations of Mayo Clinic Policy (Accepts Anonymous Reports) and to Report Bias, Discrimination, & Harassment Incidents

For allegations reported to conference organizers, there will be a prompt response to reports of violence, harassment, and any and all conduct violations and appropriate action will be taken to prevent, correct, and when necessary and possible, discipline behavior that violates the law and/or Mayo Clinic policies.

There are two ways to report concerns anonymously and confidentially. Both are available 24 hours a day, all year.

1. Call the Compliance Hotline at: 1-888-721-5391 (toll-free)
2. Go online: mayocliniccompliancereport.com

Report Other Non-Urgent Matters

- Report a Concern – Iwona Bukato | CME Specialist | Bukato.Iwona@mayo.edu

Other Reporting Options related to Harassment

It is not required for an individual to file a complaint with Mayo Clinic or with the conference organizer. Individuals may report to the HHS Office for Civil Rights (OCR) directly.

- See [Filing a Civil Rights Complaint](#)

Individuals can notify NIH about concerns of harassment, including sexual harassment, discrimination, and other forms of inappropriate conduct at NIH-supported conferences.



• See the NIH webpage [Find Help](#).

Conference/Meeting Contacts

Conference/Meeting Name: Science of Community Outreach and Engagement (SoCOE) Conference 2024

Conference/Meeting Location/s: Marriott Jacksonville Downtown

Conference/Meeting Start Date: May 8, 2024 End Date May 10, 2024

This conference/workshop/meeting is supported all or in part by the National Institutes of Health (NIH) under Grant/Award Number/s: TBD

Grant Principal Investigator (PI) Name: Folakemi T. Odedina, PhD

PI Email Address: odedina.folakemi@mayo.edu

Conference Organizer Name: Iwona Bukato

Conference Organizer Cell Number: 904-953-4770

Conference Organizer Email Address: Bukato.Iwona@mayo.edu

Will participants have regular internet or cell service available? Yes No

If no, what alternate arrangements are in place for participants to report suspected misconduct in areas that do not have internet or cell service?

PI Acknowledgement

As PI of the NIH grant/s supporting the conference/workshop/meeting I acknowledge my obligations to ensure this Safety Plan is implemented in such a way to ensure a Safe and Respectful Environment.

PI Signature: _____

Date Signed: _____

Title IX Sexual Harassment Complaint Resolution Procedure

Scope

Applies to the following persons when Sexual Harassment or allegations of Sexual Harassment occur among those participating in Mayo Clinic Educational Programs and/or Activities:

- All Mayo Clinic employees, including Consulting Staff, Administrative Voting Staff, Allied Health employees, employed Research Temporary Professionals, faculty members, and other employees;
- Applicants for employment or admission to educational programs;
- All learners and students, including recognized learner or student organizations; and
- Third parties (such as non-employee physician/scientists, patients, alumni, contractors, vendors, and visitors);
- Any other member of Mayo Clinic's community.

Purpose

To establish and provide all members of the Mayo Clinic community with a framework for addressing, resolving, and remediating Sexual Harassment that may arise in educational programs, activities, organizations, and events.

To comply with federal, state, and local laws related to Sexual Harassment in educational programs and activities, including:

- Title IX of the Education Amendments of 1972, 20 U.S.C. § 1681;
- The Violence Against Women Act of 2013 (VAWA); and
- State and local laws concerning Sexual Harassment in educational settings.

Equipment/Supplies

N/A

Procedure

The Title IX Sexual Harassment Complaint Resolution Procedure (Procedure) is intended to be flexible so as to allow Mayo Clinic to fulfill its mission and maintain a safe, non-discriminatory learning and working environment. At any and every step of the Procedure, the Title IX Coordinator or a designee has discretion to deviate from the Procedure when deemed appropriate under the circumstances.

This Procedure is the exclusive means of resolving complaints alleging violations of the Title IX Sexual Harassment Policy. To the extent there are any inconsistencies between this Procedure and other Mayo Clinic grievance, complaint, or discipline policies or procedures, the Procedure will control the resolution of complaints alleging violations of the Title IX Sexual Harassment Policy.

Reporting

<p>Complainant, or Any Person Providing a Report of Sexual Harassment</p>	<ol style="list-style-type: none">1. Report Sexual Harassment as soon as possible to location officials and/or law enforcement, where appropriate.<ol style="list-style-type: none">a. Emergency Reports - dial 911 to be connected with emergency respondersb. Title IX Coordinatorc. Mayo Clinic Securityd. Compliance Hotline/Anonymous Reports - Compliance Hotline at 888-721-5391 or emailing The Compliance Hotlinee. Law Enforcement2. Include the following information in the complaint to the extent possible (do not be deterred from reporting if all information is not available):<ol style="list-style-type: none">a. The date(s) and time(s) of the alleged conduct;b. The names of all person(s) involved in the alleged conduct, including possible witnesses;c. All details outlining what happened; andd. Contact information for the Complainant and/or Reporter so that Mayo Clinic may follow up appropriately.
<p>Title IX Coordinator/Designee</p>	<ol style="list-style-type: none">3. Receive report of Sexual Harassment allegations. <p>Preliminary Assessment</p> <ol style="list-style-type: none">4. Conduct a preliminary assessment to determine:<ol style="list-style-type: none">a. Whether the conduct, as reported, falls or could fall within the scope of this policy; andb. Whether the conduct, as reported, constitutes or could constitute Sexual Harassment.5. As part of the preliminary assessment, may take investigative steps to determine the identity of the Complainant, if it is not apparent from the report.6. If determined that the conduct reported could not fall within the scope of this policy, and/or could not constitute Sexual Harassment, even if investigated, close the matter and may notify the reporting party if doing so is consistent with the Family Educational Rights and Privacy Act (FERPA).<ol style="list-style-type: none">a. May refer the report to other Mayo Clinic offices for possible disciplinary/corrective action, as appropriate.7. If determined that the conduct reported could fall within the scope of this policy, and/or could constitute Sexual Harassment, if investigated, contact the Complainant. <p>Contacting the Complainant/Supportive Measures</p> <ol style="list-style-type: none">8. If a report is not closed as a result of the preliminary assessment and the Complainant's identity is known, promptly contact the Complainant to:<ol style="list-style-type: none">a. Discuss the availability of Supportive Measures;

- b. Discuss and consider the Complainant's wishes with respect to Supportive Measures;
 - c. Inform the Complainant about the availability of Supportive Measures with or without filing a Formal Complaint;
 - d. Explain the process for filing and pursuing a Formal Complaint; and
 - e. Provide options for filing complaints with the local police and information about resources that are available on campus and in the community.
9. If receive a request from Respondent for Supportive Measures prior to Respondent being notified of a Formal Complaint, offer and make available Supportive Measures to the Respondent.
 10. Maintain the confidentiality of Supportive Measures provided to either a Complainant or Respondent, to the extent that maintaining such confidentiality does not impair ability to provide the Supportive Measures in question.
 11. Give Complainant a written document providing information about the Title IX Sexual Harassment Policy and this Procedure as used to investigate and resolve complaints of Sexual Harassment, privacy and confidentiality, supportive measures, options for filing complaints with the local police, and resources that are available on location and in the community, etc.
 12. Give Complainant the opportunity to discuss the complaint further, identify witnesses, and provide evidence.
 13. Provide Complainant with information about [preserving evidence](#).
 14. Assist Complainant in preserving materials relevant to a Mayo Clinic Sexual Harassment disciplinary proceeding.
 15. Consult with Complainant about their wishes for an investigation.
 16. Determine whether to proceed with an investigation based on Complainant's wishes and other relevant factors.
 17. At the direction of law enforcement, assist in obtaining, securing, and maintaining evidence in connection with a Sexual Assault, Dating Violence, Domestic Violence or Stalking incident.

Interim Removal

18. At any time after receiving a report of Sexual Harassment, may decide to impose an interim removal of a Respondent. See [Title IX Sexual Harassment Policy](#) for determinations on interim removal.
 - a. If an interim removal is imposed on a learner/student Respondent, offer to meet with the Respondent within twenty-four hours and provide the Respondent an opportunity to challenge the interim removal.

Formal Complaint

<p>Complainant (must be participating in, or attempting to participate in, one or more of MCCMS's Education Programs or Activities)</p>	<p>19. May file a Formal Complaint with the Title IX Coordinator requesting that MCCMS investigate and adjudicate their report of Sexual Harassment.</p> <ul style="list-style-type: none"> a. May file Formal Complaint in person, by regular mail, or by email. b. No person may submit a Formal Complaint on the Complainant's behalf.
<p>Title IX Coordinator/Designee</p>	<p>20. Review Formal Complaint filed by Complainant.</p> <p>21. Evaluate the Formal Complaint and dismiss it if determined that:</p> <ul style="list-style-type: none"> a. The conduct alleged in the Formal Complaint would not constitute Sexual Harassment, even if proved; or b. The conduct alleged in the Formal Complaint falls outside the scope of the policy specified in "Scope" (that is, because the alleged conduct did not occur in MCCMS's Education Programs and/or Activities and/or the alleged conduct occurred outside the geographic boundaries of the United States). <p>22. If determined that the Formal Complaint must be dismissed pursuant to above, provide written notice of dismissal to the parties and advise them of their right to Appeal.</p> <ul style="list-style-type: none"> a. Refer the subject matter of the Formal Complaint to the appropriate MCCMS officials. b. A dismissal pursuant to this Section is a final determination, unless otherwise specified in writing by the Title IX Coordinator in the written notice of dismissal. <p>Notice of Formal Complaint</p> <p>23. Within five days of receiving a Formal Complaint, transmit a written notice to the Complainant and Respondent that includes:</p> <ul style="list-style-type: none"> a. A physical copy of the Title IX Sexual Harassment Policy and Procedure or a hyperlink to these documents; b. Sufficient details known at the time so that the parties may prepare for an initial interview with the investigator, to include the identities of the parties involved in the incident (if known), the conduct allegedly constituting Sexual Harassment, and the date and location of the alleged incident (if known); c. A statement that the Respondent is presumed not responsible for the alleged Sexual Harassment and that a determination of responsibility will not be made until the conclusion of the adjudication and any Appeal; d. Notifying the Complainant and Respondent of their right to be accompanied by an advisor of their choice; e. Notifying the Complainant and Respondent of their right to inspect and review evidence; f. Notifying the Complainant and Respondent of MCCMS's prohibitions on retaliation and false statements;

	<p>g. Information about resources available on campus and in the community.</p> <p>24. If elect, at any point, to investigate allegations that are materially beyond the scope of the initial written notice, provide a supplemental written notice describing the additional allegations to be investigated.</p> <p>25. Give Respondent an opportunity to respond to the complaint, identify witnesses, and provide evidence.</p> <p>26. Investigate the complaint or, at one's discretion, designate a trained investigator to investigate a complaint.</p> <p>a. The investigator may be a Mayo Clinic employee or an outside investigator.</p> <p>27. Provide the parties with periodic updates regarding the status of the investigation.</p>
Respondent	<p>28. At any time prior to the issuance of a final investigatory report, may accept responsibility for the conduct underlying the complaint.</p> <p>a. If and when Respondent accepts responsibility, the final investigatory report will be prepared.</p>

Investigation

Although the length of each investigation may vary depending on the totality of the circumstances, MCCMS strives to complete each investigation within 60 days of the transmittal of the written notice of Formal Complaint.

Title IX Coordinator/Designee	<p>29. Select Investigator to undertake an investigation to gather evidence relevant to the alleged misconduct.</p>
Investigator	<p>30. Interview parties and provide opportunity for parties to present witnesses (including fact and expert witnesses) and other inculpatory and exculpatory evidence.</p> <p>a. See Title IX Sexual Harassment Policy for additional information on equal opportunity for parties to provide evidence.</p> <p>31. Take reasonable steps to ensure the investigation is documented.</p> <p>a. Interviews of the parties and witnesses may be documented by the investigator's notes, audio recorded, video recorded, or transcribed.</p> <p>b. The Investigator has sole discretion to determine the particular method used to record the interviews of parties and witnesses.</p> <p>i. Whatever method is chosen must be used consistently throughout a particular investigation.</p> <p>32. At the conclusion of the evidence-gathering phase of the investigation but before the completion of the investigation report, transmit to each party and their advisor, in either electronic or hard copy form, all evidence obtained as part</p>

	<p>of the investigation that is directly related to the allegations raised in the Formal Complaint, including:</p> <ol style="list-style-type: none"> a. Evidence on which MCCMS may choose not to rely at any hearing, and b. Inculpatory or exculpatory evidence whether obtained from a party or some other source.
Complainant and Respondent	<ol style="list-style-type: none"> 33. Review evidence provided by Investigator. <ol style="list-style-type: none"> a. The parties and their advisors are permitted to review the evidence solely for the purposes of this grievance process and must not duplicate or disseminate the evidence to the public. 34. Within ten days, if the party wishes to do so, submit to the Investigator a written response.
Investigator	<ol style="list-style-type: none"> 35. Consider any party's written response before completing the investigation report. 36. After the period for the parties to provide any written response has expired, complete a written investigation report that: <ol style="list-style-type: none"> a. Fairly summarizes the various steps taken during the investigation, b. Summarizes the relevant evidence collected, c. Lists material facts on which the parties agree, and d. Lists material facts on which the parties do not agree. 37. Transmit a copy of the completed investigation report to the Title IX Coordinator, and to each party and their advisor, in either electronic or hard copy form.

Adjudication Process Selection

Title IX Coordinator	<ol style="list-style-type: none"> 38. After the investigator has sent the investigation report to the parties, transmit to each party a notice advising the party of the two different adjudication processes. See Title IX Sexual Harassment Policy for details on the adjudication selection process. <ol style="list-style-type: none"> a. If Administrative Adjudication is available, send a written consent to Administrative Adjudication with the notice advising that Administrative Adjudication would require both parties' consent. b. Advise each party they have three days from transmittal of the notice to return the signed written consent form to the Title IX Coordinator.
Complainant and Respondent	<ol style="list-style-type: none"> 39. If wish to pursue Administrative Adjudication, return the signed written consent form to the Title IX Coordinator within three days.

Adjudication - Hearing

Title IX Coordinator	<ol style="list-style-type: none">1. After selection of the Hearing process, promptly appoint a hearing officer who will oversee the Hearing process and render a determination of responsibility for the allegations in the Formal Complaint.2. Provide the Hearing Officer with a copy of the investigation report and a copy of all evidence transmitted to the parties by the investigator.
Hearing Officer	<ol style="list-style-type: none">3. Promptly transmit written notice to the parties of:<ol style="list-style-type: none">a. The Hearing Officer's appointment;b. Setting a deadline for the parties to submit any written response to the investigation report;c. Setting a date for the pre-hearing conference;d. setting a date and time for the hearing; ande. Providing a copy of the MCCMS's Hearing Procedures.<ol style="list-style-type: none">i. Neither the pre-Hearing conference, nor the Hearing itself, may be held any earlier than 10 days from the date of transmittal of the written Hearing notice.
Complainant and/or Respondent	<ol style="list-style-type: none">4. May provide written response to investigation response.<ol style="list-style-type: none">a. Any response must include:<ol style="list-style-type: none">i. To the extent the party disagrees with the investigation report, any argument or commentary regarding such disagreement;ii. Any argument that evidence should be categorically excluded from consideration at the Hearing based on privilege, relevancy, the prohibition on the use of sexual history, or for any other reason;iii. A list of any witnesses that the party contends should be requested to attend the Hearing pursuant to an attendance notice issued by the Hearing Officer;iv. A list of any witnesses that the party intends to bring to the hearing without an attendance notice issued by the Hearing Officer;v. Any objection that the party has to MCCMS's Hearing Procedures;vi. Any request that the parties be separated physically during the pre-Hearing conference and/or hearing;vii. Any other accommodations that the party seeks with respect to the pre-Hearing conference and/or hearing;viii. The name and contact information of the advisor who will accompany the party at the pre-Hearing conference and Hearing; andix. If the party does not have an advisor who will accompany the party at the Hearing, a request

	<p>that MCCMS provide an advisor for purposes of conducting questioning.</p> <p>b. The written response to the investigation report may also include:</p> <ul style="list-style-type: none"> i. Argument regarding whether any of the allegations in the Formal Complaint are supported by a preponderance of the evidence; and ii. Argument regarding whether any of the allegations in the Formal Complaint constitute Sexual Harassment.
Hearing Officer	<p>Pre-Hearing Conference</p> <ul style="list-style-type: none"> 5. Conduct a pre-Hearing conference with the parties and their advisors. 6. Discuss the Hearing Procedures with the parties; address matters raised in the parties' written responses to the investigation report, as the Hearing Officer deems appropriate; discuss whether any stipulations may be made to expedite the Hearing; discuss the witnesses the parties have requested be served with notices of attendance and/or witnesses the parties plan to bring to the Hearing without a notice of attendance; and resolve any other matters that the Hearing Officer determines should be resolved before the Hearing. <p>Notices of Attendance</p> <ul style="list-style-type: none"> 7. After the pre-Hearing conference, transmit notices of attendance to any MCCMS or Mayo Clinic (including administrator, faculty, or staff) or learner/student whose attendance is requested at the Hearing as a witness. <ul style="list-style-type: none"> a. The notice will advise the subject of the specified date and time of the Hearing and advise the subject to contact the Hearing Officer immediately if there is a material and unavoidable conflict. b. Do not issue a notice of attendance to any witness who is not an employee or a learner/student.
Subject of Attendance Notice	<ul style="list-style-type: none"> 8. Notify any manager, faculty member, mentor, or other supervisor, as necessary, if attendance at the Hearing will conflict with job duties, classes, or other obligations. <ul style="list-style-type: none"> a. All such managers, faculty members, coaches, and other supervisors are required to excuse the subject of the obligation, or provide some other accommodation, so that the subject may attend the Hearing as specified in the notice.
Hearing Officer	<p>Hearing</p> <ul style="list-style-type: none"> 9. Convene and conduct a Hearing pursuant to the MCCMS's Hearing Procedures and the standards established in the

	<p>Title IX Sexual Harassment Policy.</p> <p>a. The Hearing will be audio recorded. The audio recording will be made available to the parties for inspection and review on reasonable notice, including for use in preparing any subsequent Appeal.</p> <p>10. After the Hearing is complete, objectively evaluate all relevant evidence based on the standards established in the Title IX Sexual Harassment Policy, resolve disputed facts using a preponderance of the evidence (that is, “more likely than not”) standard, and reach a determination regarding whether the facts that are supported by a preponderance of the evidence constitute one or more violations of this policy as alleged in the Formal Complaint.</p> <p>11. In the event it is determined that the Respondent is responsible for violating the Title IX Sexual Harassment Policy and before issuing a written decision, consult with an appropriate official with disciplinary authority over the Respondent.</p>
Appropriate Disciplinary Official/Sanctioning Official	<p>12. Determine any discipline to be imposed, in accordance with the applicable policy/procedure based on Respondent's status, or remedial action.</p> <p>13. Report any sanctions issued to the Hearing Officer.</p>
Hearing Officer	<p>14. Before issuing a written decision, consult with the Title IX Coordinator who will determine whether and to what extent ongoing support measures or other remedies will be provided to the Complainant.</p> <p>15. Issue written decision in accordance with requirements established in Title IX Sexual Harassment Policy.</p> <p>16. Transmit the written decision to the parties.</p> <p>a. This transmission concludes the Hearing process, subject to any right of Appeal.</p> <p>b. Although the length of each adjudication by Hearing will vary depending on the totality of the circumstances, strive to issue written determination within 14 days of the conclusion of the hearing.</p>

Administrative Adjudication - Optional Form of Informal Resolution

Informal resolution will not be permitted if the Respondent is a non-learner/student employee accused of committing Sexual Harassment against a learner/student.

Title IX Coordinator	<p>1. If Administrative Adjudication is available and selected, appoint an Administrative Officer.</p> <p>2. Provide the Administrative Officer a copy of the investigation report and a copy of all the evidence transmitted to the parties</p>
Administrative Officer	<p>3. Promptly send written notice to the parties:</p>

	<ul style="list-style-type: none"> a. Notifying them of the Administrative Officer’s appointment; b. Setting a deadline for the parties to submit any written response to the investigation report; and c. Setting a date and time for each party to meet with the Administrative Officer separately. <ul style="list-style-type: none"> i. The Administrative Officer’s meetings with the parties will not be held any earlier than 10 days from the date of transmittal of the written notice specified in this paragraph.
Complainant and/or Respondent	<p>4. May provide written response to the investigation report.</p> <ul style="list-style-type: none"> a. Any response must include: <ul style="list-style-type: none"> i. To the extent the party disagrees with the investigation report, any argument or commentary regarding such disagreement; ii. Any argument that a particular piece or class of evidence should be categorically excluded from consideration at the hearing based on privilege, relevancy, the prohibition on the use of sexual history, or for any other reason; iii. Any argument regarding whether any of the allegations in the Formal Complaint are supported by a preponderance of the evidence; and iv. Any argument regarding whether any of the allegations in the Formal Complaint constitute Sexual Harassment.
Administrative Officer	<ul style="list-style-type: none"> 5. Review the parties’ written responses. 6. Meet separately with each party to provide an opportunity for them make any oral argument or commentary they wish and for the Administrative Officer to ask questions concerning the party’s written response, the investigative report, and/or the evidence collected during the investigation. 7. After meeting with each party, objectively reevaluate all relevant evidence, based on the standards established in the Title IX Sexual Harassment Policy, resolve disputed facts using a preponderance of the evidence (that is, “more likely than not”) standard and reach a determination regarding whether the facts that are supported by a preponderance of the evidence constitute one or more violations of the policy as alleged in the Formal Complaint.
Appropriate Disciplinary Official/Sanctioning Official	<ul style="list-style-type: none"> 8. Determine any discipline to be imposed, in accordance with the applicable policy/procedure based on Respondent’s status, or remedial action.
Administrative Officer	<ul style="list-style-type: none"> 9. Before issuing a written decision, consult with the Title IX Coordinator who will determine whether and to what extent

	<p>ongoing support measures or other remedies will be provided to the Complainant.</p> <ol style="list-style-type: none"> 10. Issue written decision in accordance with requirements established in Title IX Sexual Harassment Policy. <ol style="list-style-type: none"> a. Although the length of each Administrative Adjudication will vary depending on the totality of the circumstances, strive to issue the written determination within 21 days of the transmittal of the initiating written notice. 11. Transmit the written decision to the parties. <ol style="list-style-type: none"> a. This transmission concludes the Administrative Adjudication, subject to any right of appeal.
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Appeal

<p>Complainant and/or Respondent</p>	<ol style="list-style-type: none"> 1. Consider whether to Appeal based on a permitted ground for Appeal established in the Title IX Sexual Harassment Policy. 2. Based on the Respondent's status (learner, employee, third party), the relevant Appeal Procedures are found in corresponding policies/procedures identified below: <ol style="list-style-type: none"> a. For learners/students: Warning, Probation, Dismissal, and Appeal Policy and Warning, Probation, Dismissal, and Appeal Procedure b. For Mayo Clinic employees: as applicable: <ul style="list-style-type: none"> ▪ Appeals Policy/Procedure ▪ Appeals Procedures ▪ Faculty Misconduct Policy c. Third parties (such as nonemployee physician/scientists, patients, alumni, contractors, vendors, and visitors) 3. File an Appeal within seven days of the date of receipt of the notice of dismissal or determination or, if the other party appeals, within five days of the other party appealing, whichever is later. 4. Submit the Appeal in writing to the appropriate school's dean who serves as the Appeal Officer. <ol style="list-style-type: none"> a. The Appeal must specifically identify the determination and/or dismissal appealed from, articulate which one or more of the four grounds for Appeal are being asserted, explain in detail why the appealing party believes the Appeal should be granted, and articulate what specific relief the appealing party seeks.
<p>Appellate Official(s)</p>	<ol style="list-style-type: none"> 5. Promptly upon receipt of an Appeal, conduct an initial evaluation to confirm that the Appeal is timely filed and that it invokes at least one of the permitted grounds for Appeal. 6. If the Appeal is not timely or fails to invoke a permitted ground for Appeal, dismiss the Appeal and provide written notice of the same to the parties.

7. If the Appeal is timely and invokes at least one permitted ground for Appeal, provide written notice to the other party that an Appeal has been filed and that the other party may submit a written opposition to the Appeal within seven days.
8. Promptly obtain from the Title IX Coordinator any records from the investigation and adjudication necessary to resolve the grounds raised in the Appeal.
9. Upon receipt of any opposition or after the time period for submission of an opposition has passed without one being filed, promptly decide the Appeal and transmit a written decision to the parties that explains the outcome of the Appeal and the rationale.
10. Provide a written determination of any Appeal, summarizing the reasoning behind the determination, to the Title IX Coordinator.
11. Although the length of each Appeal will vary depending on the totality of the circumstances, strive to issue the written decision within 30 days of an Appeal being filed.

Troubleshooting

N/A

Procedural Notes

Mayo Clinic has designated the following person to coordinate its compliance with laws regarding Sexual Harassment, including Title IX/VAWA, and to receive inquiries regarding Sexual Harassment:

Title IX Coordinator

Amy Boyer

Office phone: (507) 284-4714

Pager: (507) 538-2958

Email: Boyer.Amy@mayo.edu

Mayo Clinic Security

Location	Contact
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Albert Lea, MN	Emergency 27777 or (507) 377-4774
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	Non-emergency (507) 668-2100
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Austin, MN	Emergency 29999
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	Non-emergency (507) 440-7786
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Arizona	(480) 342-0576
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Eau Claire, WI (715) 838-3994

Florida (904) 953-2323

La Crosse, WI (608) 392-2956 (Monday - Friday)

(608) 498-1246 (All hours)

Mankato, MN 507-385-4801 or ext. 44801

Rochester, MN Downtown location (507) 284-2179

TDD Line (Hearing Impaired) (507) 266-0564

St. Mary's location (507) 255-5108

TDD Line (Hearing Impaired) (507) 255-1512

Preservation of Evidence

- If you are the victim of Sexual Assault, Dating Violence, or Domestic Violence, do everything possible to preserve evidence by making certain that the crime scene is not disturbed.
- Preservation of evidence may be necessary for proof of the crime or in obtaining a protection order. As necessary to preserve evidence, victims of Sexual Assault, Dating Violence, or Domestic Violence should not bathe, urinate, douche, brush teeth, or drink liquids until after they are examined and, if necessary, a rape examination is completed. Clothes should not be changed. When necessary, seek immediate medical attention at an area hospital and take a full change of clothing, including shoes, for use after a medical examination.
- It is also important to take steps to preserve evidence in cases of Stalking, to the extent such evidence exists. In cases of Stalking, evidence is more likely to be in the form of letters, emails, text messages, etc., rather than evidence of physical contact and violence.

Deadlines, Time, Notices, and Method of Transmittal

- Where this policy specifies a period of days by which some act must be performed, the relevant time period will be calculated as follows:
 - Exclude the day of the event that triggers the period;
 - Count every day, including intermediate Saturdays, Sundays, and legal holidays recognized by the federal government; and
 - Include the last day of the period until 5:00 p.m. central time, but if the last day is a Saturday, Sunday, or legal holiday recognized by the federal government, the period continues to run until 5:00 p.m. central time on the next day that is not a Saturday, Sunday, or legal holiday recognized by the federal government.
- All deadlines and other time periods specified in this policy are subject to modification by MCCMS where MCCMS determines good cause exists. Good cause may include, but is not limited to, the unavailability of parties or witnesses; the complexities of a given case; extended holidays or closures; sickness of the investigator, adjudicator, or the parties; the need to consult with MCCMS's legal counsel; unforeseen weather events; and the like.
- Any party seeking an extension of any deadline or other time period may file a request with the Investigator, Hearing Officer, Administrative Officer, Appeal Officer, or Title IX Coordinator,

depending on the phase of the process.

- Such request must state the extension sought and explain what good cause exists for the requested extension.
- The individual resolving the request for extension may, but is not required to, give the other party an opportunity to object.
- Whether to grant such a requested extension will be in the sole discretion of MCCMS.
- The parties will be provided written notice of the modification of any deadline or time period specified in this policy, along with the reasons for the modification.
- Where this policy refers to notice being given to parties “simultaneously,” notice will be deemed simultaneous if it is provided in relative proximity on the same day. It is not necessary that notice be provided at exactly the same hour and minute.
- Unless otherwise specified in this policy, the default method of transmission for all notices, reports, responses, and other forms of communication will be email using Mayo Clinic email addresses.
- A party is deemed to have received notice upon transmittal of an email to their Mayo Clinic email address. In the event notice is provided by mail or similar method of post (like FedEx, courier, etc.), a party will be deemed to have received notice three days after the notice in question is postmarked or otherwise marked as delivered by the carrier.
- Any notice inviting or requiring a party or witness to attend a meeting, interview, or hearing will be provided with sufficient time for the party to prepare for the meeting, interview, or hearing as the case may be, and will include relevant details such as the date, time, location, purpose, and participants.
 - Unless a specific number of days is specified elsewhere in this policy, the sufficient time to be provided will be determined in the sole discretion of MCCMS, considering all the facts and circumstances, including, but not limited to, the nature of the meeting, interview, or hearing; the nature and complexity of the allegations at issue; the schedules of relevant MCCMS officials; approaching holidays or closures; and the number and length of extensions already granted.

Related Documents

[Appeals Policy/Procedure](#) (Consulting Staff) - Arizona, Florida, Rochester

[Appeal Procedure](#) (Allied Health) - Arizona, Florida, Rochester

[Appeals Procedure Policy](#) (Allied Health) - SE MN Region

[Faculty Misconduct Policy](#)

[Faculty Misconduct Investigation and Appeal Procedure](#)

[Records Management and Retention Policy](#)

[Records Management and Retention Procedure](#)

Student Resource for Addressing Sexual Misconduct

[Title IX Sexual Harassment Policy](#)

Definitions

Coercion: Direct or implied threat of force, violence, danger, hardship, or retribution sufficient to persuade a reasonable person of ordinary susceptibility to perform an act which otherwise would not have been performed or acquiesce in an act to which one would otherwise not have submitted. Coercion can include unreasonable and sustained pressure for sexual activity.

Coercive behavior differs from seductive behavior based on the type of pressure someone uses to get consent from another. A person's words or conduct cannot amount to Coercion for purposes of this policy unless they wrongfully impair the other's freedom of will and ability to choose whether or not to engage in sexual activity.

Complaint: An allegation of Sexual Harassment reported to MCCMS.

Complainant: An individual who is alleged to be the victim of conduct that could constitute Sexual Harassment.

Confidential Care and Support Resources: individuals, who by the nature of their work, are required by law to keep information shared with them confidential and who cannot share information revealed to them without the express permission of the individual sharing the information. These individuals are prohibited by law from breaking confidentiality unless there is an imminent threat of harm to self or others or, in some cases, when a report involves suspected abuse of a minor under the age of 18. These campus and community professionals include medical providers, mental health providers, ordained clergy, mental health counselors within the environment of counseling sessions, rape crisis counselors, and attorneys.

Consent: Words or actions that a reasonable person from the perspective of the Respondent would understand as agreement to engage in the sexual conduct at issue. A person who is Incapacitated is not capable of giving Consent.

Dating Violence: Violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim. The existence of such a relationship will be determined based on the reporting party's statement and with consideration of the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship.

Domestic Violence: Acts of violence committed by a current or former spouse or intimate partner of a victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction in which the crime of violence occurred, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction in which the crime of violence occurred.

Education Programs and Activities: All the operations of MCCMS, including, but not limited to, in-person and online educational instruction, employment, research activities, extracurricular activities, athletics, residence life, dining services, performances, and community engagement and outreach programs. The term applies to all activity that occurs on campus or on other property owned or occupied by MCCMS. It also includes off-campus locations, events, or circumstances over which MCCMS exercises substantial control over the Respondent and the context in which the Sexual Harassment occurs, including Sexual Harassment occurring in any building owned or controlled by a student organization that is officially recognized by MCCMS.

Formal Complaint: A document filed by a Complainant or signed by the Title IX Coordinator alleging Sexual Harassment against a Respondent and requesting that MCCMS investigate the allegation of Sexual Harassment in accordance with this policy. At the time of filing a Formal Complaint, a Complainant must be participating in or attempting to participate in MCCMS's Education Programs and Activities. A "document filed by a Complainant" means a document or electronic submission (such as an email) that contains the Complainant's physical or electronic signature or otherwise indicates that the Complainant is the person filing the Complaint.

Hostile Environment Sexual Harassment: Unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person access to MCCMS's Education Programs and Activities.

Incapacitation: The state where a person does not appreciate the nature or fact of sexual activity due to the effect of drugs or alcohol consumption, medical condition or disability, or due to a state of unconsciousness or sleep.

Investigator: Individual(s) designated by the Title IX Coordinator to investigate a particular complaint (and may include the Title IX Coordinator).

Learner/Student: An individual enrolled in the Mayo Clinic School of Health Sciences (MCSHS), Mayo Clinic Graduate School of Biomedical Science (MCGSBS), Mayo Clinic School of Graduate Medical Education (MCSGME), or Mayo Clinic School of Medicine (MCSOM).

Parties: The Complainant and Respondent.

Personally Identifiable Information: Includes but is not limited to: (i) name; (ii) the name of parent/s or other family members; (iii) address or family address; (iv) a personal identifier, such as a social security number, student or employee number, or biometric record; (v) photograph; (vi) telephone number; (vii) other indirect identifiers, such as a date of birth, place of birth, or mother's maiden name; (viii) other information that, alone or in combination, is linked or linkable to a specific individual and that would allow a reasonable person in the Mayo Clinic community, who does not have personal knowledge of the relevant circumstances, to identify the individual with reasonable certainty; and (ix) information requested by a person whom Mayo Clinic reasonably believes knows the identity of an individual to whom a protected record relates.

Personnel: For the purpose of this policy, the term personnel includes staff physicians, scientists, research temporary professionals, residents, fellows, students, emeritus staff, volunteers, allied health staff, and contractors who regularly work in Mayo Clinic facilities.

Preponderance of Evidence Standard: A standard for determining facts under this policy that asks whether "it is more likely than not" that Sexual Harassment occurred.

Quid Pro Quo Sexual Harassment: An employee of MCCMS conditioning the provision of an aid, benefit, or service of MCCMS on an individual's participation in unwelcome sexual conduct.

Respondent: An individual who has been reported to be the perpetrator of conduct that could constitute Sexual Harassment.

Reporting Official: Includes the Mayo Clinic Board of Governors, MCCMS faculty members, MCCMS administrators, program directors or other employees engaged in or supporting MCCMS educational programs and activities. A Reporting Official must promptly forward any such report of Sexual Harassment to the Title IX Coordinator.

Retaliation: intimidation, coercion, or discrimination against any individual for the purpose of interfering with any right or privilege secured by Title IX and its implementing regulations or because an individual has made a report or complaint, testified, assisted, or participated or refused to participate in any manner in an investigation, proceeding, or hearing under this policy.

Sexual Assault: Any actual or attempted sexual contact with another person without that person's consent. As used in this policy, sexual contact includes intentional contact by the accused with the victim's genital area, groin, inner thigh, buttocks, or breasts, whether clothed or unclothed, or unlawfully coerced touching by the victim of another's genital area, groin, inner thigh, buttocks, or breasts, whether clothed or unclothed. Sexual Assault is a crime under Minnesota, Arizona, Florida, and Wisconsin law. See Minn. Stat. § 609.341 et seq.; A.R.S. § 13-1406 et seq.; Fla. Stat. § 794.005, et seq.; Wis. Stat. § 940.225.

Sexual assault includes, but is not limited to, an offense that meets any of the following definitions:

- **Fondling:** The touching of the private body parts (including the genital area, groin, inner thigh, buttocks, or breast) of another person for the purpose of sexual gratification, without consent.
- **Incest:** Sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law.
- **Rape:** The penetration, no matter how slight, of the vagina or anus with any body part or object, oral penetration by a sex organ of another person, or oral contact with the sex organ of another person, without consent.
- **Statutory rape:** Sexual intercourse with a person who is under the statutory age of consent.

Sexual Harassment: Conduct on the basis of sex that constitutes Quid Pro Quo Sexual Harassment, Hostile Environment Sexual Harassment, Sexual Assault, Domestic Violence, Dating Violence, or Stalking.

Stalking: Engaging in a course of conduct directed at a specific person that would cause a reasonable person to: fear for their safety or the safety of others; or suffer substantial emotional distress.

Supportive Measures: Non-disciplinary, non-punitive individualized services offered, as appropriate, and reasonably available, and without fee or charge, that are designed to restore or preserve equal access to MCCMS's Education Programs and Activities without unreasonably burdening another party, including measures designed to protect the safety of all parties implicated by a report or MCCMS's education environment, or to deter Sexual Harassment. Supportive measures may include: counseling, extensions of academic or other deadlines, course-related adjustments, modifications to work or class schedules, campus escort services, changes in work or housing locations, leaves of absence, increased security and monitoring of certain areas of campus, and other similar measures. Supportive Measures may also include mutual restrictions on contact between the parties implicated by a report.

References

[Family Educational Rights and Privacy Act \(FERPA\), 20 U.S.C. § 1232g; 34 C.F.R. Part 99](#)

[Title IX of the Education Amendments of 1972, 20. U.S.C. §1681](#)

Violence Against Women Reauthorization Act of 2013, Pub. L. No. 113-4, § 304, 127 Stat. 54, 89-92 (2013) (codified at 20 U.S.C.A. § 1092(f)(1)(F)(iii), § 1092(f)(8)(A)-(B))

State laws as cited herein

Effective Date of Current Version

12/09/2021



Code of Ethics and Conduct

Our Values in Action



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Welcome

This is an exciting time to be part of Mayo Clinic. As we continue to advance our 2030 Bold. Forward. strategy, the ways that we interact with patients and each other will continue to evolve. But one thing that won't change is the value that Mayo Clinic places on integrity. Our reputation for honesty and ethical behavior is at the heart of everything we do. Our Mayo Clinic values (RICH TIES) and Code of Ethics and Conduct guide us in our decision making while always placing the needs of our patients first.



Gianrico Farrugia, M.D.
President and Chief Executive Officer
Mayo Clinic



Christina Zorn
Chief Administrative Officer
Mayo Clinic



Our Legacy of Values

The acronym – “**RICH TIES**” – is used to help you remember each of our eight values and the connection they provide to the rich history of Mayo Clinic. The standards listed below describe a common purpose which embodies the Mayo Clinic Values that guide our behavior across the organization. We believe that everything we do affects every person, experience and encounter.

Respect

Treat everyone in our diverse community including patients, their families and colleagues with dignity.

Integrity

Adhere to the highest standards of professionalism, ethics and personal responsibility, worthy of the trust our patients place in us.

Compassion

Provide the best care, treating patients and family members with sensitivity and empathy.

Healing

Inspire hope and nurture the well being of the whole person, respecting physical, emotional and spiritual needs.

“RICH TIES”

Teamwork

Value the contributions of all, blending the skills of individual staff members in unsurpassed collaboration.

Innovation

Infuse and energize the organization, enhancing the lives of those we serve, through the creative ideas and unique talents of each employee.

Excellence

Deliver the best outcomes and highest quality of service through the dedicated effort of every team member.

Stewardship

Sustain and reinvest in our mission and extended communities by wisely managing our human, natural and material resources.

Let's Get Started

BACKGROUND

Mayo Clinic is committed to providing outstanding patient care and conducting our business with integrity. When we behave with integrity, we adhere to the highest standards of professionalism, ethics and personal responsibility. By doing so, we are worthy of the trust our patients place in us. The Mayo Clinic Code of Ethics and Conduct (“the Code”) is a formal statement of Mayo Clinic’s standards and rules of ethical business conduct. Through the Code, we communicate our ethical standards to patients, Mayo Clinic’s trustees, officers, employees, students, short-term research appointees, volunteers, all Mayo Clinic subsidiaries, those with whom we do business and the public at large. Mayo Clinic is committed to preventing unethical or unlawful behavior, to halt such behavior as soon as possible after discovery and to provide corrective action to those who violate the standards in the Code.

INTEGRITY AND COMPLIANCE PROGRAM

Mayo Clinic created its Integrity and Compliance program to uphold our commitment to the Code. The Integrity and Compliance Office oversees the Integrity and Compliance Program, which includes our Hotline reporting tool. Every report submitted to the Hotline is reviewed by Mayo Clinic’s Integrity and Compliance Office – no exceptions. Compliance staff are available as a resource for questions and concerns about the health care regulatory environment and business ethics. They work with department and division chairs, physician leaders and appropriate committees to ensure compliance with complex regulations. The Integrity and Compliance Office also provides education on compliance topics.

Mayo expects you to speak up: Compliance is everyone’s responsibility. Each of us who works at Mayo has a responsibility to report, in good faith, any known or suspected violation of Mayo policy, law or regulation.

WORK WITH YOUR LEADERS

Mayo Clinic relies on all employees to understand and uphold Mayo Clinic’s Code of Ethics and Conduct. You can use this digital version located on the Integrity and Compliance intranet site to get answers to questions.

You should also work with your supervisor, work unit or department leader when you have questions. They understand how the Code impacts your specific area, and will help you understand the importance of knowing the Code and complying with it.

It’s important to all of us that we feel safe and empowered to bring concerns to supervisors and others. Your leadership has a responsibility to ensure that your concerns are thoroughly investigated and may contact the Integrity and Compliance Office or Human Resources to help find answers and resolve issues. Your supervisor will remind you of the antiretaliation policy and will offer you alternative ways to express your concerns, including the Hotline.

Mayo Clinic’s values of RICH TIES and our primary value—the needs of the patient come first—are often best lived as you work with your team. We should all do what we can to

promote an environment where team members feel valued and are encouraged to speak up when they see or experience concerning behavior.

HOW DO I RAISE CONCERNS?

Hotline

[MayoClinicHotline.com](https://www.mayoclinic.com/hotline)
Toll-free: (888) 721-5391

HR Connect

<https://mcsm.service-now.com/hrconnect/>

Contact the Compliance Office

507-538-3437

[Contact the Compliance Office](#)

ADDITIONAL RESOURCES

[Compliance website – FAQs, Policies](#)

[The Code - Integrity and Compliance Newsletter](#)

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Safeguarding Information

Mayo Clinic relies on all of us to support its mission. One way you can do this is to protect [Confidential Business Information](#) (CBI). By definition, CBI is information that is not generally available to the public, including Mayo Clinic's competitors.

Examples of CBI include:

- Protected Health Information (PHI)
- Projected earnings
- Financial data and reports
- Business plans and trade secrets
- Unpublished research data

Every employee at Mayo Clinic is responsible for protecting CBI. This includes refraining from sharing CBI through social media. When sharing information outside of Mayo Clinic, it needs to be done in accordance with [policy](#). Employees need to understand different data classifications and their roles as data custodians to protect our CBI.

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Information Security



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Hotline



MAYO CLINIC VALUES

RICH TIES – Integrity, Stewardship

Technology is a critical part of delivering world-class care to our patients. An external cyberattack or internal misuse of systems and data could result in a data breach or system outage and put the safety of our patients at risk. Everyone who uses Mayo Clinic's computer systems and data has an individual responsibility to protect these valuable assets.



PROTECT MAYO DATA

Your job will likely put you in contact with data that needs to be protected.

Health care information is valuable and criminal groups target health care companies to steal it.

There are some simple steps you can take to protect Mayo Clinic data, such as creating a unique password and never sharing it with others. Also remember that you should not reuse your Mayo Clinic passwords on personal accounts.



USING TECHNOLOGY

Applications to do your work are provided on Mayo Clinic workstations and computers allowing you to collaborate securely from almost anywhere. Remote access is protected by your password and multifactor authentication. You should not use free web-based tools for collecting and storing information related to your work as this can put Mayo Clinic Data at risk. If you or your workgroup identify a need for new technology to do your work, follow the [Third Party Risk Management process](#) to request the new technology and tools.

Any portable device, such as a smartphone or tablet, that connects to Mayo Clinic enterprise networks or systems (including email) must be managed by Mayo Clinic's Mobile Device Management (MDM) system. We must also ensure that any portable device that stores CBI is equipped with device-level data encryption.

Review the [Computer, Internet and Electronic Communications policy](#).



RECOGNIZE THREATS

Keep these tips in mind:

- Treat email tagged with [EXTERNAL] in the subject line with extra care.

- Don't take action based on email, text messages or phone calls from unknown persons. Verify who you are communicating with using trusted contact information.
- Remember, you should never be asked to buy gift cards for Mayo Clinic staff.
- Learn how to recognize and report phishing email by completing required education modules. Review how Mayo Clinic's [Report Phishing system](#) works.

ADDITIONAL RESOURCES

It is up to you to report problems and suspicious activity as soon as possible to help keep patients, employees and our network safe.

Report suspicious email with the Report Phishing button or forward messages to phishing@mayo.edu.

Report problems with computer systems or software to the Help Desk: 507-284-5500.

Report problems with medical equipment to Healthcare Technology Management (HTM): 507-538-1222.

Report suspicious activity on campus to your location's [Global Security office](#).

[OIS Awareness website](#)

Patient Privacy



MAYO CLINIC VALUES

RICH TIES – Respect, Integrity



OUR PATIENTS

Protected health information (PHI) is any information about a patient that relates to their past, present or future health conditions, their eligibility for health care, their payment for health care, demographic information or even the fact that they are a Mayo Clinic patient. PHI is often deeply private and personal to our patients and they expect AND deserve to have their information protected. Mayo Clinic has a long-standing commitment to protecting the confidentiality of PHI.



OUR WORKFORCE

Maintaining the confidentiality of PHI is the responsibility of everyone at Mayo Clinic. To meet that expectation, you are expected to complete privacy trainings and understand [Mayo Clinic's privacy policies](#).

You must always have a legitimate business or clinical need to access, use or disclose PHI. Accessing PHI for curiosity or any other improper reason can result in disciplinary action up to, and including, termination. You also have an obligation to report any situation where PHI may have been viewed, used or shared in violation of the Health

Insurance Portability and Accountability Act (HIPAA), state privacy laws or Mayo Clinic privacy policies. You can report any known or suspected privacy incidents to the Privacy Office via our online reporting tool on the [Privacy Office Website](#).



OUR BUSINESS PARTNERS

Our vendors, suppliers and other third parties must also safeguard any PHI that they receive. Third Party Risk Management provides end-to-end management to help Mayo Clinic manage these risks and ensure that the appropriate safeguards and contracts are in place. Before sharing data with an outside organization or allowing third parties access to our networks or PHI, seek assistance from [Third Party Risk Management](#).



FAQS

Your neighbor's husband tells you outside of work that his wife was in a car accident and brought to Mayo Clinic. At work, you wonder how she is doing. Can you access her medical record to learn whether she is doing well?

No. Accessing someone's medical record without a business or clinical need or a valid authorization violates their privacy and can subject you and Mayo Clinic to fines and penalties. The Privacy Office uses a monitoring tool to detect inappropriate access to the medical record.



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Hotline

Your coworker is out on parental leave and you want to send her a card. Can you access her medical record just to look up her address?

No. Accessing someone's medical record for personal reasons, without a business or clinical need or a valid authorization on file is never appropriate, even if you don't mean any harm.

You use your phone to take a selfie of you with a happy patient, and post it on social media with no name or other identifying information and simply state: "I love my job!" Is this appropriate?

No. Full face patient photographs or photos that include unique characteristics, are considered PHI even without any other identifying information, and we cannot share PHI publicly without written patient authorization. Moreover, you should only take photographs of patients pursuant to our Photography policy and by using secure applications. To learn more about PHI and how to deidentify data, visit the [Privacy Office website](#).

CONTACT INFORMATION & ADDITIONAL RESOURCES

[Integrity and Compliance Intranet site](#)
or call 507-266-6286 to learn more

[Contact the Privacy Office](#)

[Privacy Reminders for Staff While Working Remotely](#)

Social Media



MAYO CLINIC VALUES

RICH TIES – Respect, Integrity

Mayo Clinic supports staff involvement in community dialogue and participation in social media. Community dialogue is a vital way to make your voice heard on issues that are important to you. Social media can be a rewarding way to share your experiences and opinions with family, friends and coworkers around the world.



OUR PATIENTS

Being mindful of patient privacy is critical as we navigate social media as Mayo Clinic employees. When posting online, remember Mayo Clinic's values and think about how your words could affect our patients, their families and our professional reputation. Be respectful to all so that we show our patients that we care and work to create a supportive environment.



OUR WORKFORCE

Anything you do on social media may carry risks and responsibilities, especially if you are sharing information or opinions about another person. It is important to remember your online activity can live forever, even if deleted.

Following Mayo Clinic's social media guidelines can help you navigate these situations successfully. Others may see you as representing Mayo Clinic on social media even if you do not see it that way.

Be professional, use good judgment and be accurate and honest in your communications. Errors, omissions or unprofessional behavior reflect poorly on Mayo Clinic, and may result in consequences for you or our organization.

Remember that you should never share confidential information about Mayo Clinic or its patients on social media. For example, you should not post a photo of a patient you have helped. Use good judgment to ensure that your social media activity does not interfere with your work.



FAQS

You and others within your community witness a child who sustains a sports injury during a local sporting event. Later, you are involved in the care of the patient and are aware that her surgery was a success and she will be discharged and going home in a few days. You want to post a short message to your friends in the community to share the positive news. Can you post this message as long as you don't use the patient's name?

This would be an inappropriate disclosure of patient information as you learned the information while working in your professional role at Mayo Clinic. Even by omitting



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Hotline

a patient's name, there are several other elements of protected health information (PHI) that can identify a patient.

In a post about a contentious local school board election, one of your Mayo Clinic colleagues, includes threatening language and references violence against people who hold opposing views. You and several other members of your work group have shared that you feel uncomfortable working around him. Does Mayo Clinic have a process to address situations like this?

Yes. You and your colleagues should report this to your manager, Human Resources or the Compliance Office for further review of unprofessional behavior and conduct, even if it happens outside the workplace.

ADDITIONAL RESOURCES

[Mutual Respect Policy](#)

[Social Media Policy and Guideline](#)

[Mayo Clinic News Network](#)

Official Mayo Clinic Social Media Outlets:
Approved stories and news

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Behaving Honestly

It's not uncommon for Mayo Clinic staff members to find themselves interested in activities like starting a new business venture, providing consulting service to industry, speaking engagements with industry, or serving on a for-profit board of directors.

Relationships with industry can facilitate the advancement of innovative ideas and discoveries, both of which ultimately benefit the general public through the transfer of scientific discovery. These activities are consistent with Mayo Clinic's mission if the activities involve a two-way exchange of ideas in which each party benefits from the interchange or the activity could lead to meaningful support for Mayo Clinic's research, education or clinical practice missions.

When building a relationship with any for-profit commercial company, such as pharmaceutical and medical device manufacturers, other care professionals or patients, do not let your personal financial interests come into conflict or appear to be in conflict with the interests of Mayo Clinic. Accepting gifts from vendors, business partners or patients can be viewed as inappropriate. Under no circumstances should you offer, solicit or accept anything of value that could be perceived as an unfair advantage of any kind.

As a Mayo Clinic employee, your responsibility is to behave in ways that support a collegial, honest and fair environment.

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Conflicts of Interest



MAYO CLINIC VALUES

RICH TIES – Integrity



OUR PATIENTS

Mayo Clinic patients expect and deserve quality care. When staff participate in community or industry activities, patient care and privacy must always be respected. When building relationships with our patients, you should not behave in ways that suggest you are benefiting from that patient relationship. Patients may offer you gifts or money. While the gift may be heart-felt, you must consult Mayo's Gifts From Patients policy for guidance if you are unable to politely decline.



OUR WORKFORCE

You should make sure you have the appropriate institutional approval from the Medical-Industry Relations Committee for all your external activities with industry. It is also important for you to be transparent and disclose all your personal financial interests to Mayo Clinic that might influence, or appear to influence, your decisions or actions as a Mayo Clinic employee.



OUR VENDORS & BUSINESS PARTNERS

When Mayo Clinic enters a business relationship with vendors and other business partners, we create a legal relationship with that organization. Mayo Clinic expects these organizations to act within the legal framework of our contracts. We also expect suppliers and their sales representatives to behave in a manner consistent with Mayo Clinic policy, industry standards and applicable law.

Interacting with product and service suppliers, as well as referring providers, can present ethical and legal problems. To ensure that Mayo Clinic staff avoid conflicts of interest and potentially illegal situations, Mayo Clinic has developed policies to answer your questions and help you avoid problematic situations. Become familiar with this information as you broaden your industry and business relationships. As a Mayo Clinic employee, you are expected to treat people fairly and not take advantage of your employee status for personal gain.

Because we value the integrity of our business relationships, personal gifts of any kind cannot be accepted from a vendor or business partner of Mayo Clinic. Suppliers, other companies or individuals conducting business with Mayo Clinic may try to offer staff gifts of cash, food, entertainment, tickets, travel or other benefits. These offers must be politely declined.



SUMMARY/SCENARIO

Personal financial interests should not influence your decisions or actions as a Mayo Clinic employee.

Your external activities should not compete with Mayo Clinic business or have a negative impact on job performance or Mayo Clinic's reputation in the community.

Mayo Clinic resources are provided to staff to support patient and business needs and should not be used for personal gain.

You have started a medically-related company and you are not sure how to keep your outside business activities separate from your Mayo Clinic responsibilities.

Call the Conflict of Interest Review Office. The team will assist you by putting a conflict of interest management strategy in place to help you keep separation between your outside business activities and your Mayo Clinic responsibilities.

ADDITIONAL RESOURCES

[Conflict of Interest intranet page](#)

[Medical-Industry Relations Committee intranet page](#)

[Gifts from vendors or business partners - Policy](#)

[Gifts from patients - Policy](#)

[Mayo Clinic Supplier information page](#)

[Supplier and Sales Representative Code of Conduct \(PDF\)](#)

Bribery and Corruption



MAYO CLINIC VALUES

RICH TIES – Integrity

for gifts, payments or other inappropriate remuneration should be reported the compliance department.



OUR PATIENTS

Our patients expect that we conduct our business in a truthful, open manner. They will get exceptional health care at Mayo Clinic because we have the best health care teams. They will be treated well because of our reputation for integrity and our Mayo Clinic values. If our reputation is damaged because of corrupt actions, patients will not see us as trustworthy. We must all do what we can to maintain patient trust.



OUR BUSINESS PARTNERS

Mayo Clinic is committed to conducting business with integrity and expects the same of anyone conducting business on behalf of Mayo Clinic. If you suspect anyone connected to Mayo Clinic is engaged in corrupt acts, you must contact the Integrity and Compliance Office or the Legal Department. Corruption will dramatically erode the trust of our patients, business partners and regulators and could subject Mayo Clinic to significant financial and criminal repercussions.



OUR WORKFORCE

As a Mayo Clinic employee, you are expected to behave honestly and with integrity. As an employee, you should never use Mayo Clinic funds or assets for any unlawful or unethical purposes. You should also not make any payments to third parties for any purpose other than that shown in Mayo Clinic's records.

Offering something of value to a government employee to influence a government decision, obtain business or keep business is illegal and against Mayo Clinic policy. This could include offers of cash, gifts, complimentary health services or even job opportunities. Any requests from third parties



FAQS/SCENARIOS

What if I need to offer or accept a culturally appropriate gift for a business relationship? Contact the Integrity and Compliance Office to help you respond appropriately, in accordance with [existing guidance on food and gifts](#).

Scenario 1: Mayo Clinic employee Susan is negotiating a business arrangement with Michael from XYZ Corp. Michael suggests he could offer better agreement terms if Susan could get Michael's daughter a job at Mayo Clinic. Michael is offering a corrupt advantage (better contract terms) by acting contrary to the performance of his duties in exchange for a bribe (a job for Michael's daughter). Susan must refuse and report the request to the Integrity and Compliance Office

Scenario 2: Oliver is trying to sign a lucrative deal with Invest-Right Company. The CEO of Invest-Right offers Oliver first-class travel to a luxury resort where they can discuss the opportunity. Invest-Right may be using the luxurious travel and accommodations to gain a corrupt advantage in the negotiations (influencing Oliver to act contrary to the performance of his Mayo Clinic duties). Oliver should request to meet at a site related to the deal and make travel arrangements through Mayo Clinic's business travel processes.

Scenario 3: David needs to obtain a government license for Mayo Clinic from a foreign government. After encountering bureaucratic red tape, an official gives David the name of a consultant service that can help move Mayo Clinic's application to the front of the line and guarantee its approval. The official is likely seeking to arrange a bribe through the consultant. David must contact Compliance for guidance.

ADDITIONAL RESOURCES

[International Anti-Corruption Policy](#)

[International Anti-Corruption Due Diligence Policy](#)

[Gifts and Entertainment - International Business Activities](#)

Use of Mayo Clinic Assets



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MAYO CLINIC VALUES

RICH TIES – Integrity



OUR PATIENTS

Mayo Clinic assets are more than equipment, inventory, funds, email, internet, software and office supplies. Assets include medical records, concepts, financial data, intellectual property rights, research data, business strategies and plans about Mayo Clinic activities.

Patients directly benefit from Mayo Clinic's assets. Protecting our assets is another way that we protect our patients and provide the best patient experience.



OUR WORKFORCE

Mayo Clinic assets are to be used solely for the benefit of Mayo Clinic and our patients. You may not use Mayo Clinic assets for your personal gain.

The use of Mayo Clinic funds or assets for any unlawful or unethical purpose is prohibited. Payments to third parties must be accurately reflected in Mayo Clinic records.

Any intellectual property developed by Mayo Clinic personnel on their personal time, not involving use of Mayo Clinic facilities or resources and not related to their Mayo Clinic duties or Mayo Clinic's business, including its research, clinical and educational programs, must be brought to the Medical-Industry Relations Committee for adjudication of ownership.



OUR BUSINESS PARTNERS

The use of Mayo Clinic funds or assets for any unlawful or unethical purpose is prohibited. Payments to third parties must be accurately reflected in Mayo Clinic records.



SCENARIO

Anna's daughter is fundraising for her soccer team and is selling cookies. Anna wants to support her daughter and knows some of her coworkers love the brand of cookies she is selling. When she gets to work she opens her laptop and sends the cookie fundraiser information to her departmental distribution list.

The [Solicitation and Distribution Policy](#) indicates that you cannot use Mayo Clinic email for personal benefit. While

these causes are admirable, Mayo Clinic resources should be used for business purposes only. Talk with your Manager or the Compliance Office for further guidance or questions.

ADDITIONAL RESOURCES

[Third Party Risk Management \(TPRM\) Policy](#)

[Mayo Clinic Ventures](#)

[Mayo Clinic Ownership of Intellectual Property, Inventions, Data and Other Assets Policy](#)

[Intellectual Property - Royalty Sharing Policy](#)

[Business Associate Policy](#)

[Solicitation and Distribution Policy](#)

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Workforce Support

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Employee Safety & Health

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MAYO CLINIC VALUES

RICH TIES – Teamwork



OUR PATIENTS

Mayo Clinic encourages safe patient interactions, and you have the right to feel safe at work when interacting with our patients and visitors. If you encounter disrespectful, derogatory or discriminatory behavior, address the behavior in the moment (provided it is safe to do so), contact [Patient and Visitor Conduct](#), and reference the [Patient Misconduct and Behavior Management Procedure](#). If physically volatile or threatening behavior is encountered, secure your safety, seek support from nearby staff and contact [Security](#).



OUR WORKFORCE

All of us who work at Mayo Clinic know the importance of maintaining a safe, secure and healthy environment for our patients, their family members and our colleagues. Each of us must do our part to create this environment by actively engaging in safe behaviors. We need to follow Mayo Clinic's safety policies and procedures, identify and manage workplace hazards and support emergency preparedness and response initiatives.

Part of maintaining a safe environment is maintaining our own health and well-being. Our work areas, even when working remote, should be safe places and support our health. Mayo Clinic strives to provide staff with ergonomically appropriate work areas as part of Mayo Clinic's commitment to a safe, healthy workplace.

If safety or health is compromised, please tell your supervisor. Each of us is responsible for reporting

- workplace injuries
- security incidents
- aggravation or reoccurrence of previous injuries
- illnesses

As Mayo Clinic employees, we comply with all applicable federal, state and local laws. Mayo Clinic employees should always cooperate with government inspectors and law enforcement, in consultation with Legal and Global Security as appropriate.



OUR VENDORS

When working with vendors, we expect a high level of safety and quality. If their products fail, Mayo Clinic may also be seen as failing. We take many steps before we purchase products to ensure safety and quality. If you are working with a vendor or a product and suspect safety issues, discuss this with your supervisor so the right steps can be taken to resolve any potential safety concerns.



FAQS/SCENARIO

What should I do if I see something unsafe? If you have an emergency, call 911 or contact Security. If not an emergency, alert your manager and report it to safety@mayo.edu.

I am working remotely and need some help with the ergonomics of my home office. Please visit the Safety Intranet site list of [Frequently Asked Questions](#) for tips on working at home.

Scenario: Mary is working the night shift as a nurse in the emergency department. One night, a patient becomes verbally and physically abusive because she doesn't like the treatment being administered by Mary and the other staff. Mary, who has recently been through a de-escalation training class, successfully calms the patient down, but not before the patient had scratched Mary's arm. Following the incident, Mary reports what had happened to the Mayo Clinic Global Security department and to her supervisor to ensure proper documentation of the events can take place.

ADDITIONAL RESOURCES

[Safety Policies](#)

[Safety Intranet Site](#)

[Patient and Visitor Conduct](#)

[Security Intranet Site](#)

Mutual Respect



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MAYO CLINIC VALUES

RICH TIES – Respect



OUR PATIENTS

Mayo Clinic's employees, patients and visitors expect an environment that fosters mutual respect, free from harassment and discrimination. Mayo Clinic's diverse community is strengthened when we act with compassion, integrity, consideration and cooperation.

Sometimes, we may experience discord, frustration or conflict within our work departments. All of us should strive to ensure that every employee has a voice and a place to express concerns or ask questions.



OUR WORKFORCE

We are committed to creating a healthy work environment of mutual respect by promoting a spirit of professionalism, teamwork, cooperation and inclusion among all people, in support of Mayo Clinic values.

Mayo Clinic relies on all of us to work across disciplines and job roles as team members, committed to our patients. If someone uses language or behavior that promotes violence or discrimination, this should be

reported. Mayo Clinic will investigate and take fair and consistent action. The Mutual Respect Policy and Social Media Policy and Guidelines provide more information about this topic.

If you feel comfortable, we encourage you to communicate with co-workers to try to work out differences, allowing both parties to better understand each other.

If you have concerns, you can make contact with your Human Resources Advisor by visiting the HR Connect homepage. You can also talk with your department leadership for department-specific concerns. Reports made in good faith are protected under the anti-retaliation policy.



OUR VENDORS

Mayo Clinic expects our vendors to show Mayo Clinic staff respect when they interact with us, whether in-person or virtually. You do not have to tolerate disrespectful treatment from vendors, whether abusive language or lack of professionalism. Vendors are expected to follow the rules we provide for them as presented in [Mayo Clinic standards and code of conduct for healthcare industry and supplier/sales representatives](#).



SCENARIO

A colleague is showing interest in you personally, such as repeatedly making comments about your appearance, inviting you to join them for lunch and giving you gifts. After you ask them to stop, the behavior continues. The acts make you feel uncomfortable.

Employees have the right to work in an environment free from all forms of conduct that can be harassing, coercive or disruptive. There are several ways that this behavior can be addressed. Attempt to resolve the concern with the employee if you feel safe. If the behavior continues or if you feel unsafe, report to your supervisor, Human Resources or the Integrity and Compliance Office. If you ever witness harassing conduct, make sure the subject of the harassment is safe and report the incident. For additional information, reference the [Sexual and Other Harassment policy](#).

ADDITIONAL RESOURCES

[Mutual Respect Policy](#)

[Anti-Retaliation Policy](#)

[Integrity and Compliance Hotline](#)

[HR Connect intranet site](#)

[Supply Chain Reporting tool](#)

[Nondiscrimination Policy](#)

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Social Responsibility

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Environmental Stewardship



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MAYO CLINIC VALUES

RICH TIES – Stewardship

Environmental Stewardship from patient to planet

Mayo Clinic recognizes the link between environmental health and public health and is committed to responsible environmental protection practices in patient care, education, research and administrative operations, to benefit the health of our patients, staff and communities. We do this by exercising a thoughtful and sustainable approach to environmental stewardship and ask that you do your part to support Mayo Clinic's sustainability goals.



OUR PATIENTS

Part of the Mayo Clinic experience is the comfort our patients take in our spaces. They appreciate our efforts to maintain our facilities and respect the environment as we do. A welcoming, clean environment has a positive impact on their health and health care.



OUR WORKFORCE

Each of us can take steps to be good stewards of our work areas and Mayo Clinic. Here are some steps you can take:

- Conserve energy. Be mindful of your energy consumption. Turn off lights when you leave a room, power down noncritical equipment at the end of the day and close fume hoods in laboratory spaces.
- Reduce waste. Choose reusable utensils when dining in the employee cafeteria, consider using a reusable water bottle, don't print unless necessary, recycle everything you can at your site and ensure all waste is disposed of properly.
- Develop a stewardship mindset. Consider the environment in your daily activities and seek opportunities for your work unit to operate more sustainably. Consider joining the [Green Advocate program](#) if you have an interest in and passion for environmental sustainability.



DID YOU KNOW?

Mayo Clinic has operated its own Recycling Center on the Rochester, Minnesota, campus since 1990. The Recycling Center shreds paper, bales cardboard, sorts metals from construction projects and processes plastic and other materials so they are packaged appropriately to transport to recyclers. Although not quite as large, the Florida campus also operates a recycling area where some recyclables are processed. Mayo Clinic in Arizona and Mayo Clinic Health System sites contract with vendors to perform recycling services.

ADDITIONAL RESOURCES

[Green at Mayo Clinic](#)

[Our Environmental Statement](#)

[Energy Policy](#)

[Energy Management Guidelines](#)

[Environmentally Preferable Purchasing Policy](#)

[Waste Management and Recycling Policy](#)

[Mercury Elimination Procedure](#)

[Sustainable Building Policy](#)

[Environmental Stewardship External Website](#)

Have a question or suggestion to improve Mayo Clinic's environmental footprint? Email officeofsustainability@mayo.edu

Community Engagement



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MAYO CLINIC VALUES

RICH TIES – Stewardship



COMMUNITY CONTRIBUTIONS

Mayo Clinic provided more than \$11.5 million in philanthropic support to hundreds of nonprofit organizations in 2021. We collaborate with nonprofit organizations to address community health needs, disparities and support for those in need. More than 1.5 million people have been helped by Mayo Clinic philanthropic support. In addition, in 2021, Mayo Clinic provided \$49 Million dollars in charity care to patients in need.

Community Engagement works with local public health and other organizations across Mayo Clinic communities to conduct regular assessments of community health needs. These priority areas guide our work with other volunteers, organizations and agencies to improve community health for all residents, and especially those with the highest health disparities and challenges.



STAFF GIVE BACK

Mayo Clinic staff support local communities in various ways. One way is through the annual Community Giving campaigns. These campaigns serve local charities or resources by allowing Mayo Clinic staff to directly contribute funds to need-based organizations. Employees are encouraged to participate in these campaigns either by donating time to help organize the work or donating funds to support the work.

ADDITIONAL RESOURCES

[Community Engagement Website](#)

[Mayo Clinic Cares Intranet Site](#)



Channel One Regional Food Bank, Mayo's Season of Giving.

Political Activity



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MAYO CLINIC VALUES

RICH TIES – Integrity

Mayo Clinic encourages you to participate in the political process on personal time. As you do so, remember to be mindful that those activities should not suggest that Mayo Clinic shares your political opinions. This is important to maintain Mayo Clinic's not-for-profit status. As a condition of that tax-exempt status, tax regulations limit Mayo Clinic from conducting certain political activities. This prohibition applies to all Mayo Clinic entities, as well as to your activities as a Mayo Clinic employee. Any use of Mayo Clinic resources to distribute statements supporting or opposing any political candidate or position or to engage in political fundraising, is prohibited.



OUR PATIENTS

Our work at Mayo Clinic requires us to engage with our patients in a politically unbiased manner. We have our political beliefs, but those beliefs should not be part of our interactions with patients or their families. Out of respect for our patients, you should refrain from discussing political views. Redirect the conversation if patients raise the topic.



OUR WORKFORCE

Mayo Clinic supports your participation in the political process outside of Mayo Clinic. Keep in mind that Mayo Clinic, as a tax-exempt organization, must ask you to follow some basic rules about political activity:

- When participating in personal political activity and advocacy, do not refer to Mayo Clinic as your employer or to your position at Mayo Clinic. For example, do not wear your Mayo Clinic identification badge at these events.
- If your title or affiliation with Mayo Clinic is used to identify you, you must clearly share that your views are your own and do not represent Mayo Clinic.
- Do not otherwise position yourself as a Mayo Clinic representative when you participate in political activities.
- Do not use Mayo Clinic resources, including facilities, email, equipment and supplies, to prepare political materials or distribute political statements.

If you are a leader at Mayo Clinic, stricter limitations on political activities, such as public endorsement or advocacy on issues, may apply. See [Political Activity Matrix](#) for more information.



FAQS

I am interested in being involved with a social activist group. Does Mayo Clinic allow this?

Mayo Clinic encourages you to participate in the political process outside the workplace. Your personal political activity, however, should not reference Mayo Clinic or your position at Mayo Clinic.

I want to do something to contribute to my community, so I am running for an open City Council seat. As a Mayo Clinic employee, what is expected of me to ensure that the political activity policy is followed?

Employees are encouraged to participate in the political process. You should not use Mayo Clinic resources, such as Mayo Clinic email. Do not give the impression you are speaking or acting on behalf of Mayo Clinic. The Integrity and Compliance Office is available to answer any specific question if you choose to run for any type of public office.

ADDITIONAL RESOURCES

[Political Activity Policy](#)

[Social Media Policy](#)

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Embracing Differences

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Equity, Inclusion & Diversity

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MAYO CLINIC VALUES

RICH TIES – Respect, Integrity, Compassion, Healing, Teamwork



OUR PATIENTS

Mayo Clinic welcomes patients from all backgrounds and cultures and is committed to maintaining an inclusive environment for all patients. At Mayo Clinic the needs of the patient come first and in support of that mission we strive to inspire hope and contribute to health and well-being by providing the best care to every patient through integrated clinical practice, education and research.



OUR WORKFORCE

At Mayo Clinic, we value and celebrate equity, inclusion and diversity and understand that our community is strengthened when we act with compassion, integrity, consideration and cooperation. We are united across disciplines and sites and committed to provide solutions in support of unity.

Mayo Clinic provides opportunities for individuals with diverse backgrounds, beliefs and expressions to bring their true, authentic selves to work. By valuing the

similarities and differences of all of our employees, regardless of race, gender, religion, sexual orientation, religion, nationality, disability or other protected status, Mayo Clinic will continue to foster an environment of inclusion that allows us to deliver culturally sensitive, competent care, enhance our research pools, improve the quality of education delivered to our learners and, ultimately, deliver world-class, patient-focused care. [Mayo Employee Resource Groups](#) play a key role in enhancing our culture, connecting our teams and impacting our communities.

Fostering mutual respect in our work lives and personal lives is everyone's responsibility. Our commitment to the policies and practices put in place to support equity, inclusion and diversity are indispensable in helping Mayo Clinic continue to put the patient first. This commitment can be seen in our recruitment and talent development efforts and the commitment of our leaders to diversity and inclusion across all aspects of our organization.



OUR COMMITMENT

In July 2020, Mayo Clinic announced a bold commitment against racism and committed \$100 million over ten years in support activities to improve health disparities

for the communities we serve. The goal of Mayo Clinic's [Commitment Against Racism](#) is to ensure each person, no matter their race or ethnicity, will not experience racism and discrimination.

As part of this commitment, site and shield teams have developed objectives, strategies, timelines and metrics for plans to address systemic racism within Mayo Clinic, including increasing the diversity of its patient population and staff. Further, Mayo will employ its strategies to measurably improve health equity [across 3 categories](#): Foundational, Core, and Aspirational.



FREQUENTLY ASKED QUESTIONS

How can I get involved?

Visit the [Mayo Employee Resource Groups](#) site.

What are Department Diversity Leaders?

Visit the [Department Diversity Leader Resources](#) site.

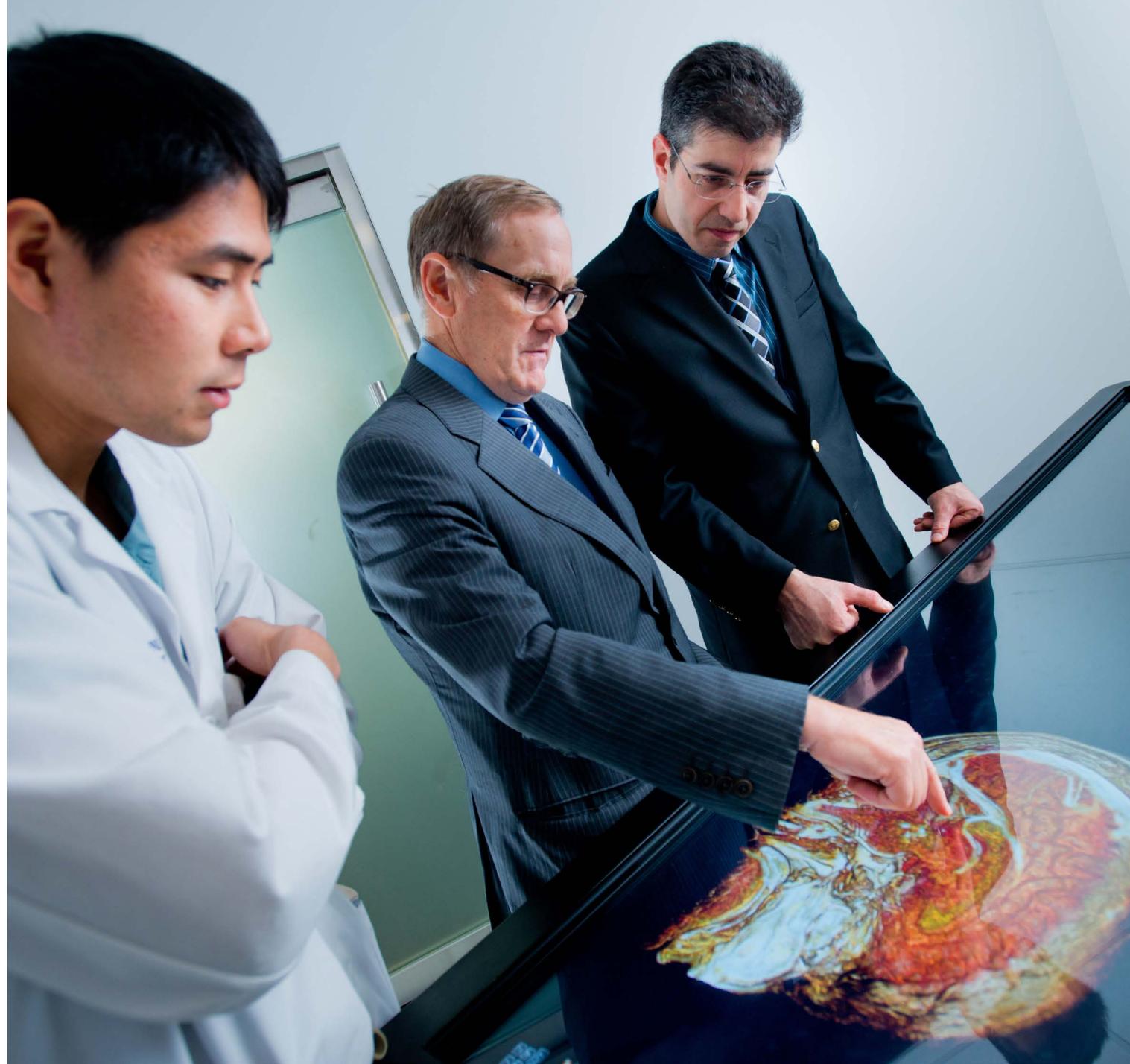
How do I learn more about Mayo Clinic's Equity, Inclusion & Diversity initiatives?

Visit the [Office of Equity, Inclusion & Diversity](#) site.

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Responsible Business Practices

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Financial Integrity – Patient Billing



MAYO CLINIC VALUES

RICH TIES – Integrity



OUR PATIENTS

Mayo Clinic seeks to provide patients with accurate and transparent information about billing. As health care consumers, patients deserve to know and understand how their money is used to provide care. We offer a variety of tools and services to assist our patients to anticipate future bills.



OUR WORKFORCE

Mayo Clinic works with well over 1000 different payers including private and government insurers. Ethically and legally, we must document and bill accurately. Patients have the right to appropriate care. Mayo Clinic has a right to appropriate reimbursement and payers have an obligation

to be sure their dollars are going to medically necessary care. Mayo Clinic's documentation, coding and billing are governed by the fraud, waste and abuse laws. These laws forbid intentional and accidental overbilling. If Mayo Clinic's internal review shows Mayo Clinic was overpaid, Mayo Clinic refunds the payer and makes the required disclosures. Mayo Clinic wants to bill fairly and be paid fairly. If you have a concern or a question, say something. As always, reports in good faith are protected under the anti-retaliation policy.

False Claims Act

Mayo Clinic is committed to preventing and correcting billing errors involving Medicare, Medicaid and its other payers. The federal government and many states have False Claims Act laws to penalize billing fraud, waste and abuse. If you suspect billing errors are occurring, you have an obligation to report these to leadership or the Integrity and Compliance Office. Employees who report in good faith will be protected from retaliation. The Integrity and Compliance Office can provide more information and resources on billing issues.



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RELEVANT DEFINITIONS

Fraud:

Intentionally submitting incorrect or false information to receive a benefit.

Waste:

The misuse of resources that results and unnecessary costs to a government program or an overuse of services.

Abuse:

Receiving payment that we're not entitled to for things like services or supplies.

Payer:

Private or government insurers or in some cases an individual who self-pays.

ADDITIONAL RESOURCES

[Revenue Cycle Compliance](#)

[Prevention of Fraud, Waste and Abuse Policy](#)

[Anti-Retaliation](#)

[Record Retention Policy](#)

Financial Integrity – Books & Records



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MAYO CLINIC VALUES

RICH TIES – Integrity

Permanent entries in Mayo Clinic records must never be altered.

Payment may not be made if any amount will be used for a purpose other than that described in the documents supporting the transaction.

Slush funds or similar off-book accounts, in which there is no accounting for receipts or expenditures on corporate books, are strictly prohibited.

Record Retention

Mayo Clinic's records create a history of our relationships with our patients, staff and business collaborators. Many of these records are required by law and are retained based on the applicable laws. These records range from employee records to tax and finance records to research records.

Responsible business practices require that relevant records must not be destroyed if any litigation, government investigation or audit is occurring. Until the matter is closed, destroying records to avoid disclosure

in a legal proceeding may be a criminal offense. If you have questions about this, please review the Record Management and Retention Policy.

Government Investigations

Mayo Clinic cooperates with government investigations. Mayo Clinic does not prohibit you from communicating with a government authority. The Legal Department should be contacted immediately about any unexpected government interview or investigation. For more information about your rights regarding government investigations, reference the [Government Investigation Policy and Procedure](#).

ADDITIONAL RESOURCES

[Records Management and Retention Policy](#)

In addition to the policy, contact Legal or the Compliance Office with any outstanding questions.



OUR WORKFORCE & PARTNERS

Federal law requires that Mayo Clinic's books and records accurately reflect the true nature of the transactions represented. You must not create or be a part of the creation of any records intended to mislead or to hide anything that is improper.

It is against Mayo Clinic policy to knowingly cause Mayo Clinic's books and records to be inaccurate.

Falsifying records can include making records appear as though payments were made to one person when payments actually were made to another, submitting expense accounts which do not accurately reflect the true expense or creating any records that do not accurately reflect what occurred.

Stay Connected

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We know that this Code of Ethics and Conduct can't answer all of your questions. Fortunately, you have a dedicated Mayo Clinic Compliance team ready to support you. The Integrity and Compliance Office has experts in international business, data use, US Food and Drug Administration regulated manufacturing, research, education, patient privacy, billing, conflict of interest and more. We're available to partner with you to help make your career at Mayo Clinic a success.

CONTACT INFORMATION

[Connect with the Compliance Office](#)

[Integrity and Compliance Intranet Site](#)

[Compliance Hotline](#) or call: 888-721-5391

[Ask Compliance a question](#)

[Ask Privacy Office a question](#)

“ I would admonish you, above all other considerations, to be honest. I mean honesty in every conception of the word: Let it enter into all the details of your work.”

–William J. Mayo, M.D.



NOTICE

Discrimination Is Against the Law

Mayo Clinic complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, creed, religion, gender, marital status, sexual orientation, gender identity or expression, veteran's status, status with regard to public assistance, national origin, disability, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities.

Mayo Clinic:

- Provides free aids and services to people with disabilities to communicate effectively, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please contact the Office of Patient Experience. If you believe that Mayo Clinic has failed to provide these services or discriminated in another way on the basis of race, color, creed, religion, gender, marital status, sexual orientation, gender identity or expression, veteran's status, status with regard to public assistance, national origin, disability, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, you can file a grievance with:

Office of Patient Experience, 200 First Street SW, Rochester, Minnesota 55905, 1-844-544-0036.

You can file a grievance in person or by mail. If you need help filing a grievance, Mayo Clinic Office of Patient Experience is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health & Human Services, Office for Civil Rights. File electronically through the Complaint Portal at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

File by mail: U.S. Department of Health & Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201

File by phone: 1-800-368-1019

Complaint files are available at www.hhs.gov/civil-rights/filing-a-complaint/index.html

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-844-544-0036

ATENÇÃO: Serviços gratuitos de assistência em idiomas estão disponíveis Ligue 1-844-544-0036

ATENCIÓN: tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-544-0036

ملحوظة: خدمات المساعدة اللغوية متوفرة مجاناً. اتصل بالرقم 1-844-544-0036

ATANSYON: Gen sèvis èd lang, ki disponib gratis pou ou. Rele 1-844-544-0036

ВНИМАНИЕ! Вы можете бесплатно воспользоваться услугами переводчика. Звоните по номеру 1-844-544-0036

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-544-0036

ACHTUNG: Wir bieten Ihnen kostenlose sprachliche Hilfsdienste an. Kontaktieren Sie uns unter 1-844-544-0036

我们可以提供您免费语言协助服务。请致电 1-844-544-0036

PAUNAWA: Maaari kang gummit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-544-0036

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-544-0036 번으로 전화해 주십시오.

SHOOH: Diné Bizaad bee yánítti'go doo bááh ílínígóó t'áá nizaad k'ehjí níká a'doowołgo bee haz'á. Kojí' hólné' 1-844-544-0036

ATTENTION: des services d'aide linguistique gratuits sont a votre disposition. Appelez le 1-844-544-0036

HUBACHIISA: Tajaajilliwwan deeggarsa afaanii, kaffaltii irraa bilisa ta'an, isiniif ni jiraatu. 1-844-544-0036 bilbilaa.

Tshwj Xeeb: Peb muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-844-544-0036

ATTENZIONE: Un servizio linguistico gratuito e disponibile a Voi. Telefonare 1-844-544-0036