**Code of Conduct**

This Code of Conduct is intended to provide guidance to staff, employees, students, and volunteers working with Center for Health Systems Innovation (CHSI). Its purpose is to ensure that the mission and objectives of the CHSI are carried out in a manner that is professional, legal, and ethical. CHSI requires that all its team members observe the following:

1. Deliver Quality Work
* Be qualified for the tasks accepted
* Be objective, use due care, and make full use of education and skills
* Practice integrity and do not be unduly swayed by the demands of others
* Be aware of consequences, good and bad
* Strive to do what is right
1. Be Honest
* State professional qualifications truthfully
* Deliver an hour’s work for an hour’s pay
* Describe products and services fully
* Be forthcoming about any limitations of data, software, assumptions, models, methods, and analysis.
1. Be Professional
* Hold information confidential unless authorized to release it
* Dress appropriately for the situation
* Honor contracts and assigned responsibilities
* Avoid soliciting, accepting, or offering any gratuity or inappropriate benefit connected to a potential or existing business or working relationship
* Acknowledge and accept rules about the personal use of employer resources. This includes computers, data, telecommunication equipment, and other resources.
1. Respect Others
* Respect the work of others; accept and provide fair critical comments as needed
* Avoid undue intrusions into the lives of others
* Treat all individuals equally, without regard to age, race, color, religion, genetic information, sex, sexual orientation, gender identity, national origin, disability, veteran status, or other personal characteristic not related to the task at hand
* Recognize the limitations of one’s own domain knowledge and skills, and be willing to work with and draw on the skills and expertise of others

I acknowledge that I have read the CHSI Code of Conduct and agree to abide by the principles set above.

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| Printed Name |  |
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| Signature |  |
| Date |  |