

VFC is a person-centered organization dedicated to assisting our members remain in the community for as long as safely possible. VFC Healthcare Solutions staff are trained to provide services in an ethical, compassionate and professional manner.

Our Code of Conduct

VFC Healthcare Solutions Staff are trained to

- Conduct themselves with integrity and honesty in all situations.
- Keep appropriate professional relationships with patients, members, and their families, within and outside the care setting.
- Provide care to all individuals and patients entrusted in their care with compassion, respect, dignity and a non-judgmental attitude.
- Provide quality care to all patients regardless of their disability, gender, race, sexual orientation, religion, social and health challenges.
- Follow the Health Insurance and Portability Act and respect the right to privacy of the clients, caregivers, fellow employees and employer. Report any breaches in member privacy, security or violations of VFC healthcare's privacy policies to the manager or compliance officer right away.
- Maintain proper licensing and credentials for our positions and keep them current
- Keep accurate documentation needed for safe patient care and sound business practices.
- Respectful of client home, equipment and accessories and perform services in accordance with acceptable standards of practice.
- Avoid personal relationships and arrangements that could interfere, or appear to interfere, with ability to do work objectively and with independent judgment.
- Not solicit gifts, entertainment opportunities or favors from patients or members.

By signing below, I acknowledge that I have fully read and understand VFC Healthcare Solutions Code of Conduct. I understand that if I have any concerns or questions regarding the above, I should contact either my Supervisor, the Program Director, Florence Nwachukwu, at 774-480-4991 or the Chief Compliance Officer Victoria Dick at 800-774-6108. Violations of any these codes can result in disciplinary actions including termination of employment and reporting to legal authorities.

Name:

Signature:

Date:

Thank you.

Florence Nwachukwu RN, Program Director