I shall not discriminate against any client or staff member in respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.

\_\_\_\_\_\_\_\_ I shall not be insensitive **to the cultural** differences and similarities that exist between people by realizing that people are not all the same and that no one person’s **culture** is better than any other **culture**.

\_\_\_\_\_\_\_\_ I will respect the inherent dignity and worth of every person.

\_\_\_\_\_\_\_\_ I shall not enter into a romantic relationship or sexual intimacies with clients during the continuum of care, including aftercare.

 I shall not abuse, destroy or lose any equipment distributed to me by the agency. This includes any misuse of cell phone, laptop, etc. for anything other than SCLHSA work duties.

\_\_\_\_\_\_\_ I shall abide by my professional licensure regulations/certifications and will not misrepresent any professional qualifications, associations, training or experience.

 I shall promptly inform my supervisor(s) in a case where a client’s condition indicates a clear and imminent danger to the client or others.

 I shall advocate for the clients I serve and take reasonable precautions to protect clients from physical and/or emotional trauma resulting from interaction within group activities.

 I shall not release any information regarding clients and their records, except with written authorization by the client or his/her authorized representative, or a court order with a subpoena.

\_\_\_\_\_\_\_\_ I will advocate, uphold, and defend the patient's right to privacy and the doctrine of confidentiality in the use and disclosure of

 information and recuse myself from case inclusion when a patient is either a relative, significant other or friend.

 I will assist clients, if required, when completing forms for services and may witness forms on their behalf such as power of attorney, guardianship, consents and/or an advance directive, etc.

 I understand that I may engage in outside employment only if the outside employment does not occur at a time when I am expected to perform my assigned duties or constitute a conflict of interest (employment with an agency that SCLHSA provides funding for in the community).

 I cannot self-refer to any agency that I am employed with outside of my employment with SCLHSA.

 I understand that I (classified employee or contractor) cannot engage in any political activity while on duty (SCLHSA classified employees should refer to CS guidelines for political activity).

\_\_\_\_\_\_\_ I understand that I must be careful when posting on social media and know I must adhere to SCLHSA confidentiality policies at all times and avoid violating anti-harassment speech or posting something that might make your collaboration with your colleagues more difficult (e.g. hate speech, etc.).

\_\_\_\_\_\_\_ I am responsible for reporting any potential or actual violations of the SCLHSA Organizational Code of Ethics and shall report all known violations committed by myself or others.

 I understand SCLHSA’s policy against retaliation and will not take any adverse action against any employee who makes a good-faith report to an inquiry covered by the SCLHSA Organizational Code of Ethics.

 I understand that I will be subject to disciplinary action, up to and including termination, if SCLHSA determines that I have violated the Organizational Code of Ethics.

 I have received, carefully read, and understand the SCLHSA Organizational Code of Ethics and understand that it is not a substitute for an employment contract/job description.

\_\_\_\_\_\_\_ I agree to comply with the terms of the SCLHSA Organizational Code of Ethics.