



**DEDICATED CARE
HEALTH SERVICES**

.....
OPTIMIZING RECOVERY THROUGH
CONSUMER-CENTERED QUALITY CARE
.....

**DEPAUL PROFESSIONAL BUILDING
1160 VARNUM STREET NE, WASHINGTON, DC 20017**

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CODE OF ETHICS



CODE OF ETHICS

1. **Program/Service Integrity:** I understand that the integrity and quality of Dedicated Care Health Services and its services depends upon the effort and conduct of each employee who is part of each program. I accept the responsibility to preserve and promote the integrity and quality of all programs.
2. **Individuals Being Served First:** As long as I am an employee of Dedicated Care Health Services, I shall respect the individual differences and preferences of the individuals being served and place the programmatic and therapeutic needs of the individuals above my personal needs.
3. **Service Philosophy and Principles:** I understand that Services are based upon the services in the least restrictive environment, individualization/person-centeredness of programming, recovery-based, and belief in the right of each individual being served to services, which assist him/her to achieve the highest level of independence possible. I am dedicated to upholding these principles and ensuring that my program/department remains consistent with these principles.
4. **Community Image and Acceptance:** I recognize my responsibility to be a role model for the individuals being served through Dedicated Care Health Services. I understand that the positive image of Dedicated Care Health Services and the individuals it serves bears a direct relationship to the degree of community acceptance of Dedicated Care Health Services and the individuals being served. I understand that staff conduct and appearance are a vital part of the overall image as are the conduct and appearance of the individuals being served. Furthermore, I understand that the image the community holds of Dedicated Care Health Services and the individuals bears a direct relationship to the individual's success with community integration and personal independence.
5. **Rights and safety of the Individuals Being Served:** I regard it as my primary obligation to protect the rights, safety, and health of each individual served.
6. **Use of the Individual's/Agency Money:** I shall never use or borrow the individual's money or possessions, or agency funds for my own personal use, for any reason whatsoever. I understand that to do so may warrant immediate termination. I shall never loan personal money or lend possessions without the approval of my immediate supervisor or agency knowledge. If I do so, reimbursement procedures must be approved and in writing prior to the occurrence.



7. **Confidentiality and Privacy of the Individuals Served:** I shall respect the privacy of the individuals served and uphold the confidentiality of the individual's record information as well as information gained verbally. Record information, as well as agency information, is not to be released to any outside agency or media without the approval from the Administrator. I shall never use information for any purposes other than those, which assist with his/her rights, safety or health.
8. **Discrimination and Equal Access:** I shall not discriminate based on race, color, national ancestry, religion, age, sex or disability, in carrying out my work, assignments and in abiding by Dedicated Care Health Services' employment practices.
9. **Behavior Management:** I shall abide by the policies and procedures, which govern therapeutic physical intervention, restraint and behavior management. I shall also act to protect the individuals from unethical, abusive, neglectful or otherwise harmful practices by any other individuals or organizations involved with Dedicated Care Health Services' individuals being served.
10. **Relationships with Individuals Being Served:** I recognize my responsibility as an employee is to ensure that my interactions with all individuals served will always be guided by my professional and therapeutic responsibilities and not by personal interests. I understand that sexual contact with any current or former individual served is unethical and strictly forbidden. In addition, I understand that I cannot accept any gratuity or enter into financial or legal arrangements (wills, trust funds, or guardianships) with any individuals served. Furthermore, I will not engage in any relationship or commitment that conflicts with the interests of the individuals served.
11. **On Duty Conduct:** I understand that under no circumstances shall I report to work under the influence of alcohol or other drugs (unless prescribed by a physician), or use alcohol or drugs while on duty.
12. **Professional Development:** I shall support the principle that professional practice and service require appropriate education and experience. I understand that I am responsible as an employee for contributing to the improvement of program services and practices. Therefore, I support the goals of the staff training and shall attend in-service opportunities and conferences to the maximum extent possible. I recognize my professional responsibility to add ideas, findings, concept understanding, knowledge, and practice to the body of Dedicated Care Health Services.
13. **Residential/Program Services:** I shall promote living conditions with a quality of care consistent with the principles of humanity, understanding and compassion and a program designed to meet the needs of the individual with emphasis on all phases of his/her optimum growth and development.



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14. **Role as a Professional:** I accept my role as an employee and shall be accountable for statements made with respect to the individuals with a developmental disability and/or mental illness and shall distinguish clearly, where appropriate, statements made as an individual and those made as a representative of Dedicated Care Health Services. I will not present any written or verbal information that contains false, misleading or deceptive statements regarding Dedicated Care Health Services and/or program fees.

I certify that I have read Dedicated Care Health Services' Code of Ethics and agree to abide by its provisions as a condition of my employment.

Employee's Signature

Date

Employee's Printed Name

CEO's Signature

Date

CEO's Printed Name