


Valley Health Associates	
Job description: Medical director	
Title	Medical director
Main function	Responsible for establishing, maintaining, and enforcing acceptable professional and ethical standards of the facility's medical staff according to its policies, procedures, philosophy, and objectives. Assists the Executive Director in assuring that the facility meets all related local, state, federal, and accrediting-body rules and regulations. Assists the Executive Director and Program Manager in coordinating and directing patient care in the facility according to adopted policies/procedures, state and federal regulations, and accepted accreditation standards. Serves as liaison between the medical staff and governing body.
Duties and responsibilities	<ol style="list-style-type: none"> 1. Philosophy <ol style="list-style-type: none"> a) Supports the facility's ideology, mission, goals, and objectives b) Performs in accordance with the facility's policies and procedures c) Follows the facility's standards for ethical business conduct d) Conducts self as a positive role model and team member e) Recognizes patients' rights and responsibilities and supports them in performance of job duties f) Respects patients' rights to privacy, dignity, and confidentiality g) Participates in facility committees, meetings, in services, and activities 2. General <ol style="list-style-type: none"> a) Ensures the establishment, maintenance, continuing improvement, and enforcement of acceptable professional and ethical standards and performance of the medical staff and patient-care personnel b) Reports to the governing body regarding the quality and efficiency of medical care provided c) Oversees medical issues of day-to-day operations d) Maintains open line of communication with Executive Director e) Supports administrative decisions and activities affecting patient care f) Interprets and provides guidance on facility medical policies to enhance patient care g) In cooperation with Executive Director, reviews activities for adherence to facility policies and procedures, state and federal rules and regulations, and accrediting-body standards 3. Medical staff <ol style="list-style-type: none"> a) Investigates breaches of quality patient care or ethical conduct by medical staff members and makes appropriate recommendations to the governing body b) Enforces medical staff by-laws, rules and regulations, and facility policies and procedures c) Reviews performance of medical staff members for reappointment recommendation 4. Patient care <ol style="list-style-type: none"> a) Ensures that the quality of patient care is in accordance with the established policies and procedures b) Assists the facility staff in identifying and solving patient-care problems c) Assists the Program Manager in maintaining continuity of patient care through coordination of physicians and nursing staff 5. Communication <ol style="list-style-type: none"> a) Communicates effectively and professionally with patients, visitors, physicians, and coworkers b) Interacts with others in a positive, respectful, and considerate manner 6. Financial practices <ol style="list-style-type: none"> a) Uses facility resources appropriately and avoids wasteful practices b) Promotes cost containment and efficient use of facility resources c) Makes recommendations for potential cost-effective improvements d) Assists in educating medical staff about cost-containment issues 7. Compliance program <ol style="list-style-type: none"> a) Contributes to the progress and development of the organization's adopted compliance program b) Performs according to established compliance policies and procedures 8. Performance-improvement program

Medical director

	<ul style="list-style-type: none"> a) Contributes to the progress and development of the organization's adopted performance-improvement program b) Performs according to established performance-improvement policies and procedures c) Develops and participates in performance-improvement studies as needed to assess medical care/staff <p>9. Safety/risk-management program</p> <ul style="list-style-type: none"> a) Adheres to safety policies and procedures in performing job duties and responsibilities b) Works with the safety officer to resolve observed or suspected safety violations, hazards, and policy/procedure noncompliance c) Responds to emergency situations with competence and composure d) Supports risk management and participates in programs concerning patient and employee safety <p>10. Professional competence</p> <ul style="list-style-type: none"> a) Participates in continuing education and other learning experiences b) Participates in facility teaching programs for employees and medical staff on topics of special interest/pertinent to the clinical aspects of Medicated Assisted Treatment c) Maintains membership in relevant professional organizations d) Welcomes suggestions and recommendations e) Provides facility with updated credentialing information
Qualifications	<ul style="list-style-type: none"> 1. Cooperative work attitude toward management, facility staff, patients, visitors, and physicians 2. Ability to promote favorable facility image with physicians, patients, insurance companies, and general public 3. Ability to make decisions and solve problems
Requirements	<p><i>Required</i></p> <ul style="list-style-type: none"> 1. Qualified medical staff member 2. Medical practitioner with active license in appropriate state 3. State DEA registration 4. BLS certification 5. Evidence of leadership qualities 6. Strong ethical and moral character references 7. Language skills adequate for high-level written, interpersonal, and telephone communication in American English <p><i>Preferred</i></p> <ul style="list-style-type: none"> 1. Prior NTP experience 2. ACLS Certification 2. Computer literacy 3. Strong ethical and moral character references
Job quality requirements	<ul style="list-style-type: none"> 1. Accuracy 2. Attention to detail 3. Timeliness 4. Organization 5. Low supervision needed to accomplish tasks
Dependability	<ul style="list-style-type: none"> 1. Attendance 2. Punctuality 3. Ability to meet deadlines
Physical/mental requirements	<ul style="list-style-type: none"> 1. Capability for occasional overhead and low reaching 2. Physical strength for equipment needs and patient-care activities 3. Visual and auditory acuity for timely response and patient-care assessment activities

Medical director

	<ol style="list-style-type: none"> 4. Ability to move quickly in response to patient needs 5. Ability to frequently make judgments on/respond to problems 6. Ability to occasionally make judgments on/respond to disasters/emergencies, actual events, or drills
Working conditions (environmental)	<ol style="list-style-type: none"> 1. Category I: involves occupational exposure to blood and other potentially infectious body fluids and materials
Reports to	Governing body
Supervises	Medical staff
Contacts	<ol style="list-style-type: none"> 1. Patients 2. Patients' family/significant others 3. Medical staff members 4. Facility personnel 5. Administration 6. Governing body
Formal lines of promotion	No formal lines of promotion
Employee statement	
I have read the medical director job description and understand the functions of the position at this facility.	
 Employee's signature	12/5/17 Date

**CALIFORNIA UNIFORM CODE OF CONDUCT
FOR CERTIFIED AND REGISTERED ALCOHOL AND DRUG PROFESSIONALS**

Adopted: May 2012

Note: This code of conduct does not replace the existing Code of Ethics required by CCAPP Credentialing. CCAPP Credentialing requires that the most stringent rule be applied, regardless of whether it is derived from the CCAPP Credentialing Code of Ethics or the Department of Health Care Services' Uniform Code of Conduct. Current California regulations governing registrants and certified alcohol and other drug (AOD) counselors require each certifying organization (CO) to develop a code of conduct which establishes "minimum" standards that are designed to safeguard the rights of clients in AOD programs and facilities. Certifying organizations may impose more stringent standards which do not conflict with the standards contained in the Uniform Code of Conduct.

Principle 1:

Registrants and Certified AOD Counselors shall conduct themselves in an honest, forthright and professional manner. Registrants and Counselors are prohibited from engaging in the commission of any dishonest, corrupt, or fraudulent act substantially related to the qualifications, functions or duties of a registrant or counselor including but not limited to the following:

- a. Securing a registration, certification or renewal by fraud, deceit or misrepresentation on any application or material in support of any application for registration certification or renewal;
- b. Misrepresenting the type or status of registration or certification held by the person, or otherwise misrepresenting or permitting misrepresentation of his or her education, professional qualifications or professional affiliations to any person, program or entity;
- c. Refusal or failure to provide proper identifying registration, credential, certification or license where appropriate or required (e.g., when offering or providing AOD counseling services, on business cards, on informational or marketing materials, etc.);
- d. Advertising, marketing or promoting programs, services, training, education or experience in a false and misleading manner, as set forth in Business and Professions Code sections 17200, et seq. Code of Regulations (CCR) Title 9, Division 4, Chapter 8, Sections 13000, et seq., as enacted April 1, 2005. 2 CCR Title 9, Div. 4, Chap. 8, Section 13060. 3 C

Principle 2:

Registrants and Certified AOD counselors shall maintain professionally appropriate boundaries with clients and family members of clients and shall conduct themselves in a professional, non-exploitive and lawful manner, and are prohibited from:

- a. Engaging in inappropriate social relationships, sexual relations or soliciting sexual relations with a client or with a former client within two years from the termination date of the counseling relationship;
- b. Committing an act of sexual abuse, misconduct or an act punishable as a sexually related crime;
- c. Engaging in a business relationship with clients, patients, program participants, residents and/or other persons significant to them within one year from the termination of the counseling relationship;
- d. Physically, verbally, sexually harassing, threatening or abusing other staff members, clients, patients, program participants, residents and/or other persons significant to any of the above;
- e. Unlawfully administering to himself or herself any controlled substance as defined in Section 4021 of the California Business and Professions Code (B&P), or using any of the dangerous drugs or devices specified in Section 4022 of the B&P, or using any alcoholic beverage to the extent, or in a manner, as to be dangerous or injurious to the person holding or applying for a registration, certification or license or to any other person, or to the public.
CR Title 9, Div. 4, Chap. 8, Section 13060(f).

Principle 3:

Registrants and Certified AOD counselors shall comply with all Federal and State Laws and Regulations that pertain to patient/client confidentiality, mandated reporting exceptions, record keeping requirements and patient/client records access. Registrants and Certified AOD counselors are prohibited from:

- a. Violating client/patient confidentiality except as required or permitted by law including, but not limited to, Title 42 Code of Federal Regulations Part 2, Child Abuse, Elder Abuse and Public Safety laws and Regulations;
- b. Failing to maintain records consistent with the nature of the services being rendered;
- c. Refusing or denying patient/client access to charts and records as required by law;
- d. Violating, attempting to violate or conspiring to violate any law or regulation governing AOD registrants, certified or licensed AOD counselor.

Print name: Edgar Castellanos

Signature: Edgar Castellanos Date: 10/10/12



Valley Health Associates

338 Monterey Street
Salinas Ca 93901
Phone: 831-424-6655
Fax: 831-424-9717

By signing I have received a copy of the Updated 2018-2019 Code of Conduct and Ethics Policy, and understand my rights as a VHA employee.

11/27/18 Edy H. Cote MD
Date Employee Signature
(Contracted representative)

11/27/18 Ann M. C. C.
Date Program Director

Valley Health Associates

CODE OF PROFESSIONAL CONDUCT

1. The use of alcohol and/or other drugs on premises is prohibited.
2. The use of illicit drugs off the premises is prohibited. Responsible use of alcohol is encouraged.
3. Staff must maintain a professional relationship with all program participants. Sexual and/or personal contact with participants is forbidden.
4. Sexual harassment of participants and staff is prohibited.
5. VHA prohibits unlawful discrimination on the basis of age, race, sex, ethnic group identification, religion, national origin, sexual preference, or mental / physical disability.
6. To avoid conflict of interest, staff will not provide services to family members or associates.
7. Staff must comply with VHA's Privacy Practices and Federal confidentiality regulations: 42 CFR, part 2, and HIPAA Privacy Rule).
8. All VHA services provided to participants, and their absences at required activities must be documented in participant's file.
9. To avoid conflict of interest, all employment outside of VHA must be discussed with the Director.
10. Staff must comply with program protocols, standards, and procedures.

**Staff violation of this Code of Professional Conduct
will be recorded in his/her personnel file, and may result in
immediate termination of employment.**

Signature of Employee: Eyt Colee Date: 10/10/17

Signature of Director: Amur Date: 10/10/17