



CLINICAL CODE OF ETHICS

STATEMENT OF UNDERSTANDING

As a provider with Summit Pointe, I (we) understand the following:

- That the Credentialing Committee as a part of the credentialing process reviews all credentialing applications.
- That by making this application, I (we) agree to abide by the Summit Pointe policies and procedures for the provision of Behavioral Health services.
- That being selected as an employee/provider at Summit Pointe requires credentialing, which is valid for a period of two years; reapplication must be made within sixty (60) days prior to expiration.
- That if professional privileges are curtailed, suspended, revoked or denied after initial appointment, I (we) have the right to appeal through an established grievance process.
- That the specific qualifications, authorities, and responsibilities of employee / provider are outlined in a written job description, profile, and employment / contractual agreement.
- That I (we) may be asked to participate in outcome studies and other utilization reviews, or quality assurance activities undertaken to promote quality clinical services.
- That no Consumer referred for services may be denied them on the basis of age, race, disability, creed, sexual orientation or national origin.
- That staff / contractors delivering Behavioral Health services under Summit Pointe must have appropriate professional backgrounds, competency and ability to provide appropriate Behavioral Health services.
- That it is my (our) responsibility to deliver care in a professional and ethical manner. Therefore, I (we) subscribe to the following ethical standards:

- Respect for the confidentiality of all records, materials and communications concerning Consumers;
- Respect for the Consumer by maintaining an objective, professional relationship at all times;
- Respect for the rights and views of other professionals, as well as the adherence to the rights of Consumers;
- Willingness to assess personal and vocational strengths and limitations; biases and effectiveness; ability and willingness to recognize when it is in the Consumer's best interest to refer to release her/him to another Provider;
- Commitment to provide the highest quality of care through both personal effort and the utilization of any other professionals or services, which may assist the consumer in her/his treatment plan.

BY SIGNING BELOW, I (WE) HEREBY AFFIRM THAT I (WE) HAVE READ AND UNDERSTAND SUMMIT POINTE CREDENTIALING PROCESSES, AND AGREE TO ABIDE BY ALL RULES AND REGULATIONS, AS STATED IN THE CLINICAL CODE OF ETHICS.

I (WE) UNDERSTAND THAT A BREACH OF ANY OR ALL OF THE SUMMIT POINTE CLINICAL CODE OF ETHICS, MAY RESULT IN SANCTIONS LEVIED AGAINST THE PROVIDER, UP TO AND INCLUDING DISENROLLMENT.

Signed: _____
 (Signature of Applicant or Representative)

Date: _____

 (Type or Print Name)