SUBJECT: Vendor Guidelines and Relations

POLICY STATEMENT:

Sales and industry representatives visiting any Baptist Health hospital or outpatient facility must comply with Baptist Health Policies and Procedures which are designed to ensure proper sales support, minimize disruptions to operations and maintain safety and confidentiality guidelines. All vendors will be given copies of this policy (402.02), Guide for Sales Representatives and be asked to sign a Pledge to Protect Patient Confidentiality. Other individual departments may have their own policies regarding guidelines, and vendors must check with any departments they visit.

PROCEDURES FOR IMPLEMENTATION:

1. All vendors wishing to visit hospital departments and personnel must first register at the specific Materials Management location at:
   
   A. Baptist Hospital – Corporate Purchasing, Support Services building, 2nd Floor
   B. South Miami Hospital – Materials Management, 2nd Floor
   C. Doctors Hospital – Materials Management, 1st Floor
   D. Homestead Hospital – Materials Management, 1st Floor
   E. Mariners Hospital – Materials Management, 1st Floor
   F. Outpatient Facilities – Office Manager at that site

2. Vendors will make appointments prior to visiting any departments or personnel. Appointments will be scheduled during the following hours:

   Monday - Thursday – 9:00 A.M. – 3:00 P.M.
   Friday – CLOSED – No appointments

   Departments initiating appointments with sales representatives should schedule appointments during their hours. Drop in appointments are not permitted. For visits that are required before or after Materials Management hours, sales representatives must secure prior approval or the department being visited and will report to the security desk to receive their pass.
3. Upon arrival at Purchasing or the Materials Management departments at your site, vendor representatives will be required to:

   A. Register/sign-in and receive a vendor badge. This badge must be visibly worn at all times when on Baptist Health property.

   B. Read and sign the “Pledge to Protect Patient Confidentiality”. This form must be signed annually.

   C. Conduct them selves in a professional and ethical manner, dress code is enforced at all times and no shorts, denim or t-shirts with offensive logos are permitted.

   D. Confine their activities to non-patient areas at all times with the exception of in-services or other educational activities that have been authorized and coordinated through Corporate Materials Management and clinical staff. Physicians requiring vendor presence during surgical care may have such presence after signing the “Pledge to Protect Patient Confidentiality” and meeting any other requirements of surgical services.

   E. Must abide by instructions given to them by Baptist Health Staff in case of an emergency, code or any type of disaster.

   F. As requested by Materials Management or departments being visited, present documentation of training records and or technical training certification specific to the vendor’s products, equipment or devices presented.

4. Vendors wishing to introduce products or services, who do not have a contract, need to complete the BHSF vendor registration form available by calling ( 786 )-596-6750 or via the internet at www.baptisthealth.net. Results of any such request will be determined entirely on the needs and goals of Baptist Health South Florida.

5. While on any of our campuses, the following policies will dictate vendor activities.

   A. Product samples are never to be left in departments unless approved through Corporate Materials Management. All clinical trials are coordinated through Materials Management and the Baptist Health Product Review Committee. No new products will be used without prior in-servicing.

   B. Exhibits during educational sessions may only be done on corporate approved products.

   C. During evaluation and the contract negotiations phase of product selection, no social contact, gifts, lunches etc. will be allowed.

   D. Baptist Health employees and their families will not give or receive gifts, other than of nominal value from any person doing business with, seeking to do business with or competing with Baptist Health. A non-cash gift, discount or entertainment of less than $150.00 per occurrence, with annual total value not to exceed $300.00 to or from the same source, will be considered nominal. No cash or cash equivalents (gift certificates, gift cheques) in any amount will be accepted by Baptist Health Staff employees.
6. Confidentiality

A. Materials Management staff, vendors and their designated representatives, must agree that any information regarding Baptist Health pricing, contract terms and conditions will be considered confidential.

7. Infractions to our policies and guidelines:

A. All product and service representatives are given the opportunity to promote their respective products within the above established guidelines. The Corporate Materials Management – Management staff is responsible for enforcing these guidelines.

Infractions of the guidelines will result in the following disciplinary action:

1. First Infraction – meet with the representative to review incident. Future action will be taken if infractions continue.

2. Second Infraction – Suspension of the representatives visiting privileges at all Baptist Health Facilities for up to a three month period.

3. Third Infraction – Representative's current business will be conducted by his/her immediate supervisor or permanent replacement.

B. Any representatives on their second or third infraction will have a written report sent to his/her immediate supervisor. Depending on the seriousness of the infraction or establishing unacceptable practice patterns, the Corporate Director of Materials Management or the Corporate Director of Purchasing reserves the right to skip any steps in the disciplinary process.
PLEDGE TO PROTECT PATIENT CONFIDENTIALITY

When you are in a Baptist Health Facility assisting us in the use of your devices or when you collect information from us or our patients regarding an FDA-regulated device for which you have responsibility, your actions must be consistent with our patients’ privacy expectations. These expectations arise under the policies and procedures that we have established to implement the federal privacy regulations and applicable state laws. To help ensure that our patients’ privacy expectations are met, by signing below, you agree to:

• Notify our personnel, register, or sign in when visiting our premises.

• Obtain, use and disclose protected health information ONLY as necessary to assist us or a patient using your devices or to fulfill your obligations under the Federal Food Drug and Cosmetic Act;

• Seek clarification from the Baptist Health Chief Privacy Officer at (786)-662-7034 if you have any questions about whether you may obtain, use or disclose protected health information;

• Guard and maintain the confidentiality of protected health information, including, but not limited to, keeping such information secure, private, and out of public view, and avoiding conversations about such information except as necessary to meet your obligations;

• Comply with our explicit and implicit instructions regarding any incidental exposure to sensitive or other protected health information. At a minimum, you must not record, use or disclose any protected health information to which you are incidentally exposed on our premises without your permission; and

• Immediately report to the Baptist Health Chief Privacy Officer any uses and/or disclosures that do not comply with applicable law or these confidentiality requirements or any breach or threat to the security of protected health information of which you become aware.

Please sign and date this form below to acknowledge that you agree to comply with the above confidentiality requirements to assist us in protecting health information regarding our patients. If you have any questions with respect to our expectations or policies, please contact the Baptist Health Chief Privacy Officer at (786)-662-7034 or the Baptist Health Purchasing Department Coordinator at (786)-596-6565.

__________________________  _________________________, 20____
Signature                          Date

_______________________________________________
Print Name

_______________________________________________
Company

Once completed, the original of this form must stay with the originating department.
VENDOR REGISTRATION FORM

Date: ________________________________ _______ ND / ST, 20____

______________________________
Company Name

Address                              City                                     State                         Zip

Telephone #: (______) - _____ - ________                              Fax #: (______) - _____ - ________

Name of Local Sales Representative

Telephone #: (______) - _____ - ________                Pager/Cell #: (______) - _____ - ________

Mail Bid to the Attention Of

Address                              City                                    State                          Zip

**We are a committed Premier Purchasing Partner. Is your company associated with Premier Group Purchasing Organization?**

YES                                      NO

If your company is currently doing business with any entity of Baptist Health South Florida, please check one:

Doctor’s Hospital  Baptist Hospital  South Miami Hospital
Homestead Hospital  Mariners Hospital  Baptist Children’s Hospital

Other:  _________________________________________

What is the nature of your business?

________________________________________________________________________________________

________________________________________________________________________________________
### VENDOR BUSINESS REFERENCES

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