



# University of Virginia Compliance Charter

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## Purpose:

The University of Virginia's compliance function supports the University's fundamental commitment to the highest standards of ethics, integrity, and lawful conduct by promoting adherence to all applicable federal, state, and local laws, regulations, as well as standards and internal policies and protocols.

Institutional compliance promotes greater coordination of and consistency among individual University compliance programs, covering a wide variety of requirements related to academics, athletics, human resources, research, health care, information technology, and numerous administrative functions. The University established a compliance program to prevent, detect, and respond appropriately to potential violations of law and to foster a corporate culture that promotes integrity and ethical behaviors in all matters relating to compliance.

## Authority:

The Assistant Vice President for Compliance, with strict accountability for confidentiality and safeguarding of records and information, is authorized to have full, free, and unrestricted access to any and all of the University's records, physical properties, and personnel pertinent to carrying out compliance investigations, and to review and monitor compliance issues. All employees are requested to assist the compliance function in fulfilling its roles and responsibilities.

## Organization:

The **Assistant Vice President for Compliance** oversees institutional compliance activities and programs to confirm they are reasonably designed, implemented, communicated, and enforced. To facilitate effective oversight, the Assistant Vice President for Compliance coordinates and chairs the Compliance Network, a University-wide network of functional compliance officers. The Compliance Network is responsible for developing appropriate compliance policies and procedures, providing education on compliance risks, maintaining related documentation, recommending corrective actions, submitting required reports, keeping the appropriate University constituencies informed of compliance issues,

and updating senior management and the University community on recent developments.

The Assistant Vice President for Compliance works closely with the compliance managers at UVA Health and the University's College at Wise to determine which compliance requirements will be handled jointly and which will be managed separately.

Functional areas reporting to the Assistant Vice President include:

- Records and Information Management – leads the University's effort to manage, retain, and dispose of University records in compliance with all regulations and policies; delivers training and guidance on responsible records management including the disposal of records eligible for destruction.
- Privacy - leads the University's effort to safeguard all personally identifiable information (PII) collected, used, disseminated, and stored by the University; develops and maintains privacy policies and procedures, and provides training and consultation on requirements.

The Assistant Vice President for Compliance reports to the Chief Audit Executive. The Chief Audit Executive reports functionally to the ACR Committee chairman, and administratively (day-to-day operations) to the Executive Vice President and Chief Operating Officer.

The **Audit, Compliance, and Risk (ACR) Committee** will:

- Approve the Compliance Charter and periodically reassess it for continued relevance.
- Receive communications from the Assistant Vice President for Compliance regarding compliance strategies, plans, and other relevant matters.
- Make appropriate inquiries of management and the Assistant Vice President for Compliance to determine whether all compliance efforts have the necessary resources and scope.
- Support leadership for the compliance program by promoting and supporting a University-wide culture of ethical and lawful conduct.

The Assistant Vice President for Compliance will communicate and interact directly with the Chair of the ACR Committee, including in executive sessions and between committee meetings as appropriate to ensure direct access to the board.

### **Professional Standards**

The compliance function's objective is to establish and promote standards that meet the U.S. Federal Sentencing Guidelines' criteria for an effective compliance program.

1. Compliance standards and procedures to prevent and detect criminal activity;
2. Oversight by high-level personnel, with periodic reporting to the board from individuals with operational responsibility;
3. Due care in delegating substantial discretionary authority;
4. Effective communication and training to all levels of employees;
5. Systems for monitoring, auditing and reporting suspected wrong-doing without fear of reprisal and for periodically evaluating the effectiveness of the compliance and ethics programs;
6. Consistent enforcement of compliance standards including disciplinary mechanisms and appropriate incentives to perform in accordance with the compliance and ethics program; and
7. Reasonable steps to respond to and prevent further similar offenses upon detection of a violation.

In addition, the Medical Center's compliance program also follows the program elements defined in the Department of Health and Human Services' Office of the Inspector General's "Compliance Program Guidance for Hospitals".

### **Responsibilities:**

Members of the University community will:

- Monitor compliance in their specific functional areas;
- Adhere to the University's policies;
- Implement corrective action as necessary, arising from compliance reviews

and/or investigations.

- Report all violations of law or University policy, without fear of retaliation for reports made in good faith.
- Cooperate with all investigations into suspected wrongdoing.

The role of the Assistant Vice President for Compliance is to remain well-informed on the content and operation of the institutional compliance and ethics program in order to exercise reasonable oversight of the effectiveness of the program, including:

1. *Standards of Conduct/Policies and Procedures:* confirming that the University implements policies, procedures, training programs, and internal control systems that are reasonably capable of reducing misconduct and that comply with relevant regulatory requirements.
2. *Compliance Roles and Responsibilities:* establishing clear roles and responsibilities across the University.
3. *Compliance Oversight:* exercising reasonable oversight over compliance activities by requesting and receiving updates from compliance officers.
4. *Reporting and Investigative Mechanisms:* confirming that the University maintains an effective mechanism for stakeholders to report or seek guidance regarding potential or actual wrongdoing.
5. *Correction and Prevention:* working with the University's senior leadership to promote and enforce compliance through appropriate incentives and disciplinary measures.
6. *Culture of Integrity and Compliance:* promoting the University's culture of integrity and compliance, through communication of compliance standards and policies.

#### **Interaction with Audit and Enterprise Risk Management:**

The Assistant Vice President for Compliance will work closely with colleagues in the Office of Audit and Compliance to assess and prioritize which compliance areas present the greatest risk and need for attention, based on regulatory environment and complexity, overlap with University strategic plans, and consequences of non-compliance. Managers with responsibility for specific areas of compliance will evaluate their individual compliance efforts against a list of criteria necessary to have an effective compliance program.

The Enterprise Risk Management (ERM) program is designed to identify and mitigate key institutional risks. For example, one type of risk to be considered is legal and regulatory compliance risk. The regular review of compliance requirements may highlight an emerging institutional risk. Conversely, the identification of key institutional risks may guide the work of the compliance function and initiate a mitigation strategy that the University may use to address a given risk.

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