2016
AOMA General Appendices

Transforming Lives and Communities

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Appendix A: Organizational Chart

AOMA ORGANIZATIONAL CHART
July 18, 2016

Board of Governors

President & CEO

[Organizational Chart Diagram]

AOMA General Appendices
Appendix B: Nondiscrimination Policy

I. GENERAL POLICY GUIDELINES

A. Statement and Scope

1. Statement
It is the policy of AOMA to provide an educational and working environment that provides equal opportunity to all members of the AOMA community. In accordance with federal and state law, AOMA prohibits unlawful discrimination, including harassment, on the basis of race, color, religion, national origin, age, disability, citizenship, and veteran status. Pursuant to AOMA policy, this policy also prohibits discrimination on the basis of sexual orientation.

2. Scope
This policy applies to visitors, applicants for admission to or employment with AOMA, and students and employees of AOMA who allege discrimination by AOMA employees, students, visitors, or contractors.

B. Definitions (Expanded for Title IX/Clery/VAWA Act)

1. Discrimination
“Discrimination” is defined as conduct directed at a specific individual or a group of identifiable individuals that subjects the individual or group to treatment that adversely affects their employment or education because of their race, color, religion, national origin, age, disability, citizenship, veteran status, or sexual orientation.

2. Harassment
“Harassment” is defined as a form of discrimination such as verbal or physical conduct that is directed at an individual or group because of race, color, religion, national origin, age, disability, citizenship, veteran status, or sexual orientation when such conduct is sufficiently severe, pervasive, or persistent so as to have the purpose or effect of interfering with an individual’s or group’s academic or work performance; or of creating a hostile academic or work environment.

3. Verbal conduct
“Verbal conduct” is defined as oral, written, or symbolic expressions that
- personally describe or are personally directed at a specific individual or group of identifiable individuals; and
- are not necessary to an argument for or against the substance of any political, religious, philosophical, ideological, or academic idea.

Constitutionally protected expression cannot be considered harassment under this policy.
II. GENERAL PROCEDURES

A. Reporting
A person who believes that he or she has been subjected to discrimination or harassment in violation of this policy should report the incident to any AOMA official, administrator, or supervisor. A faculty member is not an "official, administrator, or supervisor" for this purpose unless that faculty member holds an administrative position. Students are encouraged to report such incidents to the office of the vice president of finance and operations; employees and campus visitors are encouraged to report to the human resources department. Incidents should be reported as soon as possible after the time of their occurrence. No person is required to report discrimination or harassment to the alleged offender.

B. Reporting Responsibility
Every supervisor, administrator, and AOMA official is responsible for promptly reporting incidents of discrimination and harassment in violation of this policy that come to their attention to either the office of the vice president of finance and operations or human resources department.

C. Resolution Options
A person who believes that he or she has been subjected to discrimination or harassment in violation of this policy and seeks to take action may use either the informal resolution process or the formal complaint process, or both. The informal resolution and formal complaint resolution process described in this policy are not mutually exclusive, and neither is required as a precondition for choosing the other; however, they cannot both be used at the same time.

III. INFORMAL RESOLUTION PROCEDURE
Informal resolution may be an appropriate choice when the conduct involved is not of a serious or repetitive nature and disciplinary action is not required to remedy the situation. No formal investigation is involved in the informal resolution process.

A request for informal resolution must be made within ninety calendar days of the date of the alleged incident to either the office of the vice president of finance and operations or the human resources department, who shall determine whether the nature of the problem is such that it can be resolved by agreement on an informal basis, and if so, which office will do so. A request for informal resolution will not extend the ninety-day time limit for filing a formal complaint.

Methods for informal resolution may include, but are not limited to, coaching the person on how to directly address a situation which is causing a problem; mediating the dispute with the parties; aiding in the modification of a situation in which the offensive conduct occurred; assisting a department or division with the resolution of a real or perceived problem; or arranging a documented meeting with the alleged offender that involves a discussion of the requirements of the nondiscrimination policy.
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AOMA shall document any informal resolution. Such documentation shall be retained by the office of the vice president of finance and operations or human resources department as appropriate and will be kept confidential to the extent permitted by law. An informal resolution meeting shall not be considered a precondition for the filing of a written complaint.

IV. COMPLAINT RESOLUTION PROCEDURE
A. Definitions
1. Complaint
A “Complaint” is defined as a signed document alleging discrimination, including harassment under this policy.

2. Complainant
“Complainant” is defined as a person who submits a written complaint alleging discrimination, including harassment under this policy.

3. Respondent
“Respondent” is defined as the person designated to respond to a complaint. Generally the respondent would be the person alleged to be responsible for the prohibited discrimination or harassment alleged in a complaint. The term “respondent” may be used to designate persons with direct responsibility for a particular action or those persons with administrative responsibility for procedures and policies in those areas covered in a complaint.

4. Notification
“Notification” takes place two days after the date of posting of any document in the United States mail, properly addressed, or upon the date of receipt of any document, when placed in the campus mail, properly addressed. Written communications to a complainant are properly addressed when sent to the address given in the complaint or the last address given since the filing of the complaint.

B. Complaint Procedure
1. Complaint
A complaint alleging discrimination or harassment must be submitted in writing to human resources department or the office of the vice president of finance and operations. The complaint must contain the following information:

- Name of the complainant(s)
- Contact information, including address, telephone number, e-mail address
- Name of person(s) directly responsible for alleged violation(s)
- Date(s) and place(s) of alleged violation(s)
- Nature of alleged violation(s) as defined in this policy
- Detailed description of the specific conduct that is the basis of alleged violation(s)
- Copies of documents pertaining to the alleged violation(s)
- Names of any witnesses to alleged violation(s)
2. Time Limit
A written complaint must be filed within ninety calendar days of the occurrence of the alleged violation. In the case of a currently enrolled student, if the last day for filing a complaint falls prior to the end of the academic term in which the alleged violation occurred, then the complaint may be filed within thirty calendar days after the end of that term.

3. Acknowledgment
Within five working days after receipt of a written complaint, the human resources department or the office of the vice president of finance and operations, as appropriate, will send the complainant(s) a brief acknowledgment of the complaint, stating that the complaint will be evaluated, and advising the complainant(s) that he or she will be contacted within a given time. The acknowledgment letter will include a copy of these complaint procedures.

4. Complaint Evaluation
A formal investigation will be initiated if a complaint is complete, timely, within the scope of this policy, and articulates sufficient specific facts, which, if determined to be true, would support a finding that this policy was violated. AOMA may not proceed with a complaint investigation under a variety of circumstances, if for instance,

- a person fails to provide a written, signed complaint;
- a complaint fails to describe in sufficient detail the conduct that is the basis of the complaint;
- the conduct described in the complaint is not covered by this policy;
- a complaint is not timely;
- the complainant(s) declines to cooperate in AOMA’s investigation;
- the complaint has been withdrawn; or
- an appropriate resolution or remedy has already been achieved, or has been offered and rejected.
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If it is determined that AOMA will not proceed with a complaint investigation, human resources department or the office of the vice president of finance and operations, as appropriate, will send a notification letter explaining the reason(s) to the complainant(s), with a copy to the alleged offender(s). The notification letter will also include a statement informing the complainant(s) that, within ten working days of the notification, he or she may appeal the determination not to proceed with a complaint investigation to the president. The request for appeal must be a signed, written document articulating why the decision to dismiss the complaint was in error. The president will respond within twenty working days of receipt of the appeal. If the decision to dismiss is upheld, that decision is final. If the decision to dismiss is overturned, the complaint is sent back to human resources department or the office of the vice president of finance and operations, as appropriate, for investigation in accordance with the procedures outlined below.

5. Notification of Respondent
If it is determined that AOMA will proceed with a complaint investigation, human resources department or the office of the vice president of finance and operations will give the respondent(s) written notification of the complaint investigation. The notification letter will include a copy of the written complaint. The notification letter will provide the respondent(s) an opportunity to submit a written response to the allegations within ten working days, unless unusual circumstances warrant additional time. The notification letter will include a statement advising the respondent(s) that retaliation against the complainant(s) is prohibited and will subject the respondent(s) to appropriate disciplinary action.

6. Investigation Responsibility
The office of the vice president of finance and operations is responsible for conducting formal investigations of complaints against students alleging discrimination and harassment in violation of this policy. The human resources department is responsible for conducting formal investigations of complaints against nonstudents alleging discrimination and harassment in violation of this policy. If a complaint is directed against an individual who would otherwise play a role in investigating and attempting to resolve the complaint, the function assigned to that person by these procedures will be delegated to another person.

7. Investigative Process and Findings
The investigator will interview both the complainant(s) and the respondent(s) and persons who are considered to have pertinent factual information related to the complaint. The investigator shall also gather and examine documents relevant to the complaint. Facts will be considered on the basis of what is reasonable to persons of ordinary sensitivity and not on the particular sensitivity or reaction of an individual. Findings will be based on the totality of circumstances surrounding the conduct complained of, including, but not limited to, the context of that conduct, its severity, frequency, whether it was physically threatening, humiliating, or was simply offensive in nature.
8. Representation
During the complaint process, the complainant(s) and the respondent(s) may designate and thereafter be accompanied by an adviser of his or her choosing at meetings and interviews at which he or she is present; however, no representative may examine witnesses or otherwise actively participate in a meeting or interview.

9. Submission of Evidence
During the complaint investigation process, the complainant(s) and the respondent(s) will provide the human resources department or the office of the vice president of finance and operations, as appropriate, with all documents relied upon regarding the issues raised in the complaint.

- The investigator will provide a proposed statement of findings, copies of relevant documents, and any physical evidence considered to the appropriate vice president within thirty working days of receipt of the respondent's statement, unless unusual circumstances require more time. Currently, the appropriate vice president to act on complaints will be the vice president of finance and operations. If a complaint is directed against a vice president who would otherwise act on a complaint, the function assigned to that vice president will be delegated to another person.
- The appropriate vice president will promptly notify the complainant(s) and the respondent(s) that the investigation has been completed and attach a copy of the proposed statement of findings. Student identifiable information, if any, which is confidential by law, will be redacted. Within ten working days from the date of notification, the complainant(s) and respondent(s) may each submit, for consideration by the appropriate vice president, such comments and corrections as they may have.
- Within fifteen working days of the notification to the complainant(s) and respondent(s) that the investigation has been completed, the appropriate vice president and the investigator shall meet to discuss the findings, and review the record, along with any comments and proposed corrections submitted by the complainant(s) and respondent(s).
- Within fifteen working days from that meeting, the vice president shall take one of the following actions: a) request further investigation into the complaint; b) dismiss the complaint if the results of the completed investigation are inconclusive or there is insufficient reasonable, credible evidence to support the allegation(s); or c) find that this policy was violated.
- If the vice president determines that this policy was violated, he or she, following consultation with the investigator or other knowledgeable persons as appropriate, shall determine a disciplinary action that is appropriate for the severity of the conduct. Disciplinary actions can include, but are not limited to, written reprimands, the imposition of conditions, reassignment, suspension without pay, and termination.
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- The vice president shall inform the complainant(s) and the accused individual(s) and the appropriate unit head in writing of his or her decision, and shall attach a copy of the final statement of findings. Copies of the vice president’s letter, the attached statement of findings, and relevant documents shall also be sent to the office of the vice president of finance and operations or human resources department as appropriate.


- The investigator will provide a proposed statement of findings, copies of relevant documents, and any physical evidence considered to the vice president of finance and operations within thirty working days of receipt of the respondent’s statement, unless unusual circumstances require more time.
- The vice president of finance and operations and the investigator shall meet within fifteen working days to discuss the findings, and review the record.
- Within fifteen working days from that meeting, the vice president of finance and operations shall take one of the following actions: a) request further investigation into the complaint; b) dismiss the complaint if the results of the completed investigation are inconclusive or there is insufficient reasonable, credible evidence to support the allegation(s); or c) find that this policy was violated.
- If the vice president of finance and operations determines that this policy was violated, the vice president, following consultation with the investigator or other knowledgeable persons as appropriate, shall determine whether to initiate a disciplinary action appropriate to the severity of the conduct. Disciplinary actions can include, but are not limited to, a documented warning, the imposition of conditions, probation, suspension, and dismissal.
- As required by federal law, any disclosure of the findings and decision of the office of the vice president of finance and operations will be governed by the provisions of the Family Educational Rights and Privacy Act.

V. MISCELLANEOUS

A. Grievance of a Disciplinary Action
Any employee disciplined pursuant to this policy may grieve that action by submitting a written grievance, within ten working days of the imposition of the disciplinary action, to the president’s office. Ordinarily, the president will assign responsibility for review and action on the appeal of the vice president’s action to another vice president; however, when required by unusual circumstances, the president may review and handle a grievance pursuant to this policy.

If the disciplinary action that is being grieved does not involve termination, demotion, or suspension without pay, the vice president shall thoroughly review and finally decide the matter within thirty calendar days of its receipt unless unusual circumstances require more time.
If the disciplinary action that is being grieved involves the termination, demotion, or suspension without pay of an employee, the vice president who is assigned to review the grievance shall follow the procedures for appealing such actions contained in that section. Complainants will be required to appear and testify at hearings that may be a part of such proceedings.

Any student disciplined under this policy has the right to appeal as provided in the AOMA Student Manual. The student must give written notice of appeal to the president within fourteen calendar days after all parties are notified of the decision. A timely notice of appeal suspends the imposition of the penalty until the appeal is finally decided. Interim action may be taken.

B. Retaliation Prohibited
A student, faculty member, or staff member who retaliates in any way against an individual who has brought a complaint pursuant to this policy or participated in good faith in an investigation of such a complaint, is subject to disciplinary action, up to and including dismissal from AOMA.

C. Filing of False Complaints
Any person who knowingly and intentionally files a false complaint under this policy is subject to disciplinary action up to and including dismissal from AOMA.

D. Effect on Pending Personnel Actions
The filing of a nondiscrimination or retaliation complaint will not stop or delay any evaluation or disciplinary action related to the complainant who is not performing up to acceptable standards or who has violated AOMA rules or policies.

E. Relationship of Complaint Process to Outside Agency Time Limits
The filing of a discrimination or harassment complaint under this policy does not excuse the complainant from meeting the time limits of outside agencies.

F. Relationship to Grievance Procedure
This complaint procedure shall also constitute the grievance procedure for complaints alleging unlawful discrimination. As used herein, "complaint" is synonymous with "grievance."

G. Time Frames
Time frames mentioned in these procedures may be extended for good cause, such as holidays or when classes are not in session, or when it is necessary to complete an investigation due to difficulties reaching witnesses or parties to the complaint.

H. Documentation and Confidentiality
AOMA shall maintain documents related to complaints under this policy as required by law. The office of the vice president of finance and operations shall be primarily responsible for
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records related to complaints against students. The office of human resources department shall be primarily responsible for records related to complaints against nonstudents. The confidentiality of a complaint under this policy and all documents, correspondence, interviews, and discussions relating to the investigation of the information contained in a complaint will be maintained on a need-to-know basis to the extent permitted by law. Any person who knowingly and intentionally makes an unauthorized disclosure of confidential information contained in a complaint or otherwise relating to the investigation of a complaint under this policy is subject to disciplinary action.

For assistance: Questions regarding this policy should be directed to the office of the vice president of finance and operations or human resources department.
Appendix C: Sex Discrimination/Sexual Harassment Policy and Procedures

I. General Policy Guidelines

A. Policy Statement – Notice of Nondiscrimination
It is the policy of AOMA to comply with Title IX of the Education Amendment of 1972, which prohibits discrimination based on sex (including sexual harassment and sexual violence) in the institution’s educational programs and activities.

In accordance with federal and state law, AOMA prohibits discrimination on the basis of sex, including sexual harassment, and sexual violence. These will not be tolerated, and individuals who engage in such conduct will be subject to disciplinary action. AOMA encourages students, faculty members, staff members, and visitors to promptly report discrimination based on sex (including sexual harassment and sexual violence).

B. Scope
This policy applies to visitors, applicants for admission to or employment with AOMA, and students and employees of AOMA.

C. Definitions
1. Sex discrimination
   “Sex discrimination” including sexual harassment, is defined as conduct directed at a specific individual or a group of identifiable individuals that subjects the individual or group to treatment that adversely affects their employment or education on account of sex.

2. Sexual harassment
   “Sexual harassment” is any unwelcome direct or indirect verbal or physical conduct that is made a condition of employment or education, is a basis for employment or education decisions, or creates an offensive atmosphere that inhibits work or learning performance.

   “Hostile Environment” includes any situation in where there is harassing conduct that is sufficiently severe, pervasive/persistent and patently offensive so that it alters the conditions of education or employment, from both a subjective (the alleged victim’s)
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...and an objective (reasonable person's) viewpoint. The determination of whether an environment is “hostile” must be based on all of the circumstances. These may include:

- The frequency of the conduct
- The nature and severity of the conduct
- Whether the conduct was physically threatening
- Whether the conduct was humiliating
- The effect of the conduct on the alleged victim’s mental or emotional state
- Whether the conduct was directed at more than one person
- Whether the conduct arose in the context of other discriminatory conduct
- Whether the conduct unreasonably interfered with the alleged victim’s educational or work performance
- Whether the speech or conduct deserves the protections of academic freedom

3. Physical conduct

Physical conduct that, depending on the totality of circumstances present, including frequency and severity, may constitute sexual harassment includes, but is not limited to, unwelcome intentional touching; or deliberate physical interference with or restriction of movement.

4. Verbal conduct

Verbal conduct is defined as oral, written, or symbolic expressions that personally describe or are personally directed at a specific individual or group of identifiable individuals; and are not necessary to an argument for or against the substance of any political, religious, philosophical, ideological, or academic idea.

Verbal conduct that, depending on the totality of circumstances present, may constitute sexual harassment includes, but is not limited to:

a. explicit or implicit propositions to engage in sexual activity;
b. gratuitous comments, jokes, questions, anecdotes, or remarks of a sexual nature about clothing or bodies;
c. gratuitous remarks about sexual activities or speculation about sexual experiences;
d. persistent, unwanted sexual or romantic attention;
e. subtle or overt pressure for sexual favors;
f. exposure to sexually suggestive visual displays such as photographs, graffiti, posters, calendars, or other materials;
g. deliberate, repeated humiliation or intimidation based upon sex.

The examples on this list are rarely, if ever, necessary to an argument for or against the substance of any political, religious, philosophical, ideological, or academic idea.
Constitutionally protected expression cannot be considered harassment under this policy.

5. Sexual Assault
Any unwanted sexual contact (touching, kissing, fondling or intercourse) committed without consent of the individual or against an individual who cannot reasonably consent.

6. Consent
- Ongoing—must seek consent for every step of sexual activity
- Active agreement—must seek nonverbal (active participation) and verbal consent.
- Respectful & Honest
  - “Consent can be given by word or action, but nonverbal consent is less clear than talking about what you want and what you don’t. Consent to some form of sexual activity cannot be automatically taken as consent to any other sexual activity. Silence — without actions demonstrating permission — cannot be assumed to show consent. You will do well to keep in mind that under this policy, “No” always means “No,” and “Yes” may not always mean “Yes.””

7. Stalking
Engaging in a course of conduct directed at a specific person that would cause a reasonable person to:
- Fear for his or her safety or the safety of others; or
- Suffer substantial emotional distress.
- Source: 42 USCS § 13925(a)

8. Dating Violence
Any unwanted sexual contact (touching, kissing, fondling or intercourse) committed without consent of the individual or against an individual who cannot reasonably consent.
- Violence committed by a person who:
  - is or has been in a social relationship of a romantic or intimate nature with the victim
- Where the existence of such a relationship shall be determined based on a consideration of the following factors:
  - length of relationship
  - type of relationship
  - frequency of interaction between persons involved in the relationship
- Source: 42 USCS § 13925(a)
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- Texas Code 71.0021: "Dating violence" means an act by an individual that is against another individual with whom that person has or has had a dating relationship and that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the individual in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.

9. Domestic (Family) Violence
Crimes of violence committed by current or former spouse or intimate partner; share a child in common; is or has cohabitated with; or another person similarly situated. (Texas Code 47.004)

II. GENERAL PROCEDURES

A. Reporting
A person who believes that he or she has been subjected to sex discrimination, including sexual harassment or sexual violence, should report the incident to any AOMA official, administrator, or supervisor. Students are encouraged to report such incidents to the Title IX Coordinator; employees and campus visitors are encouraged to report to human resources department. Incidents should be reported as soon as possible after the time of their occurrence. No person is required to report sex discrimination or sexual harassment to the alleged offender.

AOMA’s Title IX Coordinator is Danielle Manor, Human Resources, Payroll and Benefits Coordinator, dmanor@aoma.edu. Phone 512-492-3003. Ms. Manor’s office is in Building C. AOMA’s Title IX Deputy Coordinators are Julia Aziz 512-492-3024 Building C, Room C3 and Lesley Hamilton 512-492-3060, Building D.

B. Referral Responsibility
Every AOMA employee is responsible for promptly reporting incidents of sex discrimination and sexual harassment, including sexual violence, that comes to their attention to the campus Title IX Coordinator.

Appropriate training is provided to the Title IX Coordinator and Title IX Deputies.

C. Reporting Options

IF you have been assaulted:
Victims of sexual misconduct are strongly encouraged to report the incident and to take advantage of institutional support services available to them. Every effort will be made to assist victims and to protect their rights. Services and rights available include the following:

1. Sol Community Counseling 512-366-0954. Ask for the counselor on call. Both male and female counselors are available. They will return phone calls between the hours of 8am-10pm. For after hours or immediate crises, call 911 or the MHMR Hotline at 512-472-4357.
2. The SafePlace Rape Crisis Center is available 24 hours a day. Call 512-267-SAFE.

Victims will be informed of the range of legal options available. Victims may do the following.

- Report to the institution (Title IX Coordinator or Deputy Coordinator).
- Report to law enforcement (APD or other agency) by calling 911. This allows the victim access to Victim Assistance Program funds and services.
- Although these entities might work together, the investigations are separate and parallel processes.

Confidentiality and Reporting

Different people on campus have different reporting responsibilities and different abilities to maintain your confidentiality, depending on their roles.

Confidential Reporting Options: If you desire that the details of the incident be kept confidential, you should speak to Sol Community Counseling or off-campus rape crisis resources, who will maintain confidentiality. In addition, you may speak off-campus with members of the clergy and chaplains, who will also keep reports made to them confidential.

Nonconfidential Reporting Options: You are encouraged to speak to institutional officials to make reports of incidents, including but not limited to the Title IX Coordinator, Vice President of Academics, Director of Student Services, or any member of the President’s Cabinet. You have the right and can expect to have incidents of sexual misconduct to be taken seriously by the university when reported, and to have those incidents investigated and properly resolved through administrative procedures. Reporting does not mean that your report won’t be confidential, but it does mean that people who need to know will be told, and information will be shared as necessary with investigators, witnesses and the accused. The circle of people will be kept as tight as possible, to protect your rights and privacy.
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Sexual discrimination and harassment, including sexual violence, by a faculty or staff member of a student is a serious matter. Filing a complaint against someone for such inappropriate behavior is equally serious. The institution’s objective in these situations is to resolve the matter with care and concern for the best interests of the person filing the complaint, the person against whom the complaint is being filed and the institution.

A vice president will not be involved in the investigation or decision if the complaint is against the administrative officer.

D. Resolution Options
A person who believes that he or she has been subjected to sex discrimination, sexual harassment, or sexual violence and seeks to take action may use either the informal resolution process or the formal complaint resolution process, or both. The informal resolution and formal complaint resolution processes described in this policy are not mutually exclusive, and neither is required as a precondition for choosing the other; however, they cannot both be used at the same time.

III. INFORMAL RESOLUTION PROCEDURE

Informal resolution may be an appropriate choice when the conduct involved is not of a serious or repetitive nature and disciplinary action is not required to remedy the situation. No formal investigation is involved in the informal resolution process.

A request for informal resolution must be made within ninety days of the date of the alleged incident to either the office of the vice president of academics or the human resources department, who shall determine whether the nature of the problem is such that it can be resolved by agreement on an informal basis, and if so, which office will do so. A request for informal resolution will not extend the ninety-day time limit for filing a formal complaint.

Methods for informal resolution may include, but are not limited to, coaching the person on how to directly address a situation which is causing a problem; mediating the dispute with the parties; aiding in the modification of a situation in which the offensive conduct occurred; assisting a department or division with the resolution of a real or perceived problem; or arranging a documented meeting with the alleged offender that involves a discussion of the requirements of the sex discrimination and sexual harassment policy.
AOMA shall document any informal resolution. Such documentation shall be retained by the office of the vice president of academics or Human Resources as appropriate and will be kept confidential to the extent permitted by law. An informal resolution meeting shall not be considered a precondition for the filing of a written complaint.

IV. COMPLAINT RESOLUTION PROCEDURE

A. Definitions

1. Complaint
   “Complaint” is defined as a signed document alleging sex discrimination, including sexual harassment under this policy.

2. Complainant
   “Complainant” is defined as a person who submits a written complaint alleging sex discrimination, including sexual harassment under this policy.

3. Respondent
   “Respondent” is defined as the person designated to respond to a complaint. Generally the respondent would be the person alleged to be responsible for the prohibited discrimination or sexual harassment alleged in a complaint. The term “respondent” may be used to designate persons with direct responsibility for a particular action or those persons with administrative responsibility for procedures and policies in those areas covered in a complaint.

4. Notification
   “Notification” takes place two days after the date of posting of any document in the United States mail, properly addressed, or upon the date of receipt of any document, when placed in the campus mail, properly addressed. Written communications to a complainant are properly addressed when sent to the address given in the complaint or the last address given since the filing of the complaint.

B. Complaint Procedure

1. Complaint
   A complaint alleging sex discrimination, including sexual harassment or sexual violence) must be submitted in writing to the human resources department or the office of the vice president of academics. The complaint must contain the following information:
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- Name of the complainant(s)
- Contact information, including address, telephone number, e-mail address
- Name of person(s) directly responsible for alleged violation(s)
- Date(s) and place(s) of alleged violation(s)
- Nature of alleged violation(s) as defined in this policy
- Detailed description of the specific conduct that is the basis of alleged violation(s)
- Copies of documents pertaining to the alleged violation(s)
- Names of any witnesses to alleged violation(s)
- Action requested to resolve the situation
- Complainant’s signature and date of filing
- Any other relevant information
- The following communications do not constitute a complaint and will not be investigated or resolved pursuant to the complaint resolution process:
  - Oral allegations
  - E-mail correspondence
  - Anonymous communications
  - Courtesy copies of correspondence or a complaint filed with others
  - Inquiries that seek advice or information only
  - Precomplaint consultations and informal resolution activities

2. Time Limit
A written complaint must be filed within ninety calendar days of the occurrence of the alleged violation. In the case of a currently enrolled student, if the last day for filing a complaint falls prior to the end of the academic term in which the alleged violation occurred, then the complaint may be filed within thirty calendar days after the end of that term.

3. Acknowledgment
Within five working days after receipt of a written complaint, the human resources department or the office of the vice president of academics, as appropriate, will send the complainant(s) a brief acknowledgment of the complaint, stating that the complaint will be evaluated, and advising the complainant(s) that he or she will be contacted within a given time. The acknowledgment letter will include a copy of these complaint procedures.

4. Complaint Evaluation
- A formal investigation will be initiated if a complaint is complete, timely, within the scope of this policy, and articulates sufficient specific facts, which,
if determined to be true, would support a finding that this policy was violated. AOMA may not proceed with a complaint investigation under a variety of circumstances, if for instance:

- a person fails to provide a written, signed complaint;
- a complaint fails to describe in sufficient detail the conduct that is the basis of the complaint;
- the conduct described in the complaint is not covered by this policy;
- the complaint is not timely;
- the complainant(s) declines to cooperate in AOMA’s investigation;
- the complaint has been withdrawn; or
- an appropriate resolution or remedy has already been achieved, or has been offered and rejected.

If it is determined that AOMA will not proceed with a complaint investigation, human resources department or the office of the vice president of academics, as appropriate, will send a notification letter explaining the reason(s) to the complainant(s), with a copy to the alleged offender(s). The notification letter will also include a statement informing the complainant(s) that, within ten working days of the notification, he or she may appeal the determination not to proceed with a complaint investigation to the president. The request for appeal must be a signed, written document articulating why the decision to dismiss the complaint was in error. The president will respond within twenty working days of receipt of the appeal. If the decision to dismiss is upheld, that decision is final. If the decision is overturned, the complaint is sent back to human resources department or the office of the vice president of academics, as appropriate, for investigation in accordance with the procedures outlined below.

5. Notification of Respondent
If it is determined that AOMA will proceed with a complaint investigation, human resources department or the office of the vice president of academics will give the respondent(s) written notification of the complaint investigation. The notification letter will include a copy of the written complaint. The notification letter will provide the respondent(s) an opportunity to submit a written response to the allegations within ten working days, unless unusual circumstances warrant additional time. The notification letter will include a statement advising the respondent(s) that retaliation against the complainant(s) is prohibited and will subject the respondent(s) to appropriate disciplinary action.
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6. Investigation Responsibility
The office of the vice president of academics is responsible for conducting formal investigations of complaints against students alleging sex discrimination and sexual harassment. The human resources department is responsible for conducting formal investigations of complaints against nonstudents alleging sex discrimination and sexual harassment. If a complaint is directed against an individual who would otherwise play a role in investigating and attempting to resolve the complaint, the function assigned to that person by these procedures will be delegated to another person.

7. Investigative Process and Findings
The investigator will interview both the complainant(s) and the respondent(s) and persons who are considered to have pertinent factual information related to the complaint. The investigator shall also gather and examine documents relevant to the complaint. Facts will be considered on the basis of what is reasonable to persons of ordinary sensitivity and not on the particular sensitivity or reaction of an individual. Findings will be based on the totality of circumstances surrounding the conduct complained of, including but not limited to the context of that conduct, its severity, frequency, whether it was physically threatening, humiliating, or was simply offensive in nature.

8. Representation
During the complaint process, the complainant(s) and the respondent(s) may designate and thereafter be accompanied by an adviser of his or her choosing at meetings and interviews at which he or she is present; however, no representative may examine witnesses or otherwise actively participate in a meeting or interview.

9. Submission of Evidence
During the complaint investigation process, the complainant(s) and the respondent(s) will provide the human resources department or the office of the vice president of academics, as appropriate, with all documents relied upon regarding the issues raised in the complaint.

   a. The investigator will provide a proposed statement of findings, copies of relevant documents, and any physical evidence considered to the appropriate vice president within thirty working days of receipt of the respondent’s statement, unless unusual circumstances require more time. The appropriate vice president to act on complaints against faculty and staff members will be the vice president or program director over the area where the respondent is employed.
The appropriate vice president to act on complaints against contractors and visitors will be the vice president for operations. If a complaint is directed against a vice president who would otherwise act on a complaint, the function assigned to that vice president will be delegated to another person.

b. The appropriate vice president or program director will promptly notify the complainant(s) and the respondent(s) that the investigation has been completed and attach a copy of the proposed statement of findings. Student identifiable information, if any, which is confidential by law, will be redacted. Within ten working days from the date of notification, the complainant(s) and respondent(s) may each submit, for consideration by the appropriate vice president, such comments and corrections as they may have.

c. Within fifteen days of the notification to the complainant(s) and the respondent(s) that the investigation has been completed, the appropriate vice president or program director and the investigator shall meet to discuss the findings and review the record, along with any comments and proposed corrections submitted by the complainant(s) and respondent(s).

d. Within fifteen working days from that meeting, the vice president shall take one of the following actions: 1) request further investigation into the complaint; 2) dismiss the complaint if the results of the completed investigation are inconclusive or there is insufficient reasonable, credible evidence to support the allegation(s); or, 3) find that this policy was violated.

e. If the vice president determines that this policy was violated, he or she, following consultation with the investigator or other knowledgeable persons as appropriate, shall determine a disciplinary action that is appropriate for the severity of the conduct. Disciplinary actions can include, but are not limited to, written reprimands, the imposition of conditions, reassignment, suspension without pay, and termination.

f. The vice president shall inform the complainant(s) and the accused individual(s) and the appropriate unit head in writing of his or her decision, and shall attach a copy of the final statement of findings. Copies of the vice president’s letter, the attached statement of findings, and relevant documents shall also be sent to the office of the vice president of student services and operations or human resources department as appropriate.


a. The investigator will provide a proposed statement of findings, copies of relevant documents, and any physical evidence considered to the vice president of student services and operations within thirty working days of
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receipt of the respondent’s statement, unless unusual circumstances require more time.

b. The vice president of academics and the investigator shall meet within fifteen working days to discuss the findings, and review the record.

c. Within fifteen working days from that meeting, the vice president of academics shall take one of the following actions: 1) request further investigation into the complaint; 2) dismiss the complaint if the results of the completed investigation are inconclusive or there is insufficient reasonable, credible evidence to support the allegation(s); or 3) find that this policy was violated.

d. If the vice president of academics determines that this policy was violated, the vice president, following consultation with the investigator or other knowledgeable person(s) as appropriate, shall determine whether to initiate a disciplinary action appropriate for the severity of the conduct. Disciplinary actions can include, but are not limited to, documented warning, the imposition of conditions, probation, suspension, and dismissal.

e. As required by federal law, any disclosure of the findings and decision of the office of the vice president of student services and operations will be governed by the provisions of the Family Educational Rights and Privacy Act.

Student Code of Conduct Special Provisions for Sexual Discrimination and Sexual Harassment, including Sexual Violence.

A. Refer to Student Code of Conduct MAC process. Special provisions for sexual discrimination, harassment and sexual violence include:

B. Timing. The institution will respond promptly when receiving a complaint of sexual discrimination, sexual harassment or sexual violence. Investigations will take no more than sixty calendar days.

C. Advisor/Advocate. All student parties to sexual misconduct complaints have the right to an advisor/advocate from the community to assist and support in connection with student conduct proceedings. Any advisors from outside the community must be approved by the Vice President of Academics.

D. Sexual History/Character. All parties to a complaint have the right not to face questions or discussion of their sexual history or character unless the hearing chair or administrative hearing officer decides that such information is highly relevant to determining whether the policy has been violated.

E. Right to present own complaint or use proxy. Alleged victims have the right to present their own complaint if they want to, or to ask the institution to stand as complainant in their place.
F. Right to know outcomes and sanctions. Whether in writing or an oral report, the complainant has the right to know the outcome and sanctions of the hearing. The complainant will not be required to sign a non-disclosure agreement.

G. Right to be informed of Review (Appeal) Status. The parties will be informed by the Vice President of Academics office if any of the parties in the complaint requests an appeal.

H. Right to Review (Appeal). All parties will have the right to a review of the outcomes of a hearing.

I. Right to Equity. All parties will be treated with as much equity as possible during this process.

V. MISCELLANEOUS

A. Employee Grievance of a Disciplinary Action
Any employee disciplined pursuant to this policy may grieve that action by submitting a written grievance, within ten working days of the imposition of the disciplinary action, to the president’s office. Ordinarily, the president will assign responsibility for review and action on the appeal of the vice president’s action to another vice president; however, when required by unusual circumstances, the president may review and handle a grievance pursuant to this policy.

If the disciplinary action that is being grieved does not involve termination, demotion, or suspension without pay, the vice president shall thoroughly review and finally decide the matter within thirty calendar days of its receipt unless unusual circumstances require more time. If the disciplinary action that is being grieved involves termination, demotion, or suspension without pay of an employee, the vice president who is assigned to review the grievance shall follow the procedures for appealing such actions contained in that section. Complainants will be required to appear and testify at hearings that may be a part of such proceedings.

B. Retaliation Prohibited
A student, faculty member, or staff member who retaliates in any way against an individual who has brought a complaint pursuant to this policy or participated in an investigation of such a complaint, is subject to disciplinary action, up to and including dismissal from AOMA.

C. Filing of False Complaints
Any person who knowingly and intentionally files a false complaint under this policy is subject to disciplinary action up to and including dismissal from AOMA.
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D. Effect on Pending Personnel Actions
The filing of a sex discrimination, sexual harassment, or retaliation complaint will not stop or delay any evaluation or disciplinary action related to the complainant who is not performing up to acceptable standards or who has violated AOMA rules or policies.

E. Relationship of Complaint Process to Outside Agency Time Limits
The filing of a sex discrimination or sexual harassment complaint under this policy does not excuse the complainant from meeting the time limits of outside agencies.

F. Title IX Grievance Procedure
This complaint procedure shall also constitute the grievance procedure for complaints alleging unlawful sex discrimination required under Title IX of the Education Amendments of 1972. As used herein, “complaint” is synonymous with “grievance.”

G. Time Frames
Time frames mentioned in these procedures may be extended for good cause, such as holidays or when classes are not in session, or when it is necessary to complete an investigation due to difficulties reaching witnesses or parties to the complaint.

H. Documentation and Confidentiality
AOMA shall maintain documents related to complaints under this policy as required by law. The office of the vice president of academics shall be primarily responsible for records related to complaints against students. The human resources department shall be primarily responsible for records related to complaints against nonstudents. The confidentiality of a complaint under this policy and all documents, correspondence, interviews, and discussions relating to the investigation of the information contained in a complaint will be maintained on a need-to-know basis to the extent permitted by law. Any person who knowingly and intentionally makes an unauthorized disclosure of confidential information contained in a complaint or otherwise relating to the investigation of a complaint under this policy is subject to disciplinary action.

I. Consensual Relationships
Participation of a supervisor, teacher, adviser, or coach in a consensual romantic or sexual relationship with a subordinate employee or student in all cases creates a prohibited conflict of interest. See AOMA’s policy.

For assistance: Questions regarding this policy should be directed to the Title IX Coordinator.
Appendix D: [removed – refer to appendix C which now includes this material]
Appendix E: Drug & Alcohol Abuse Prevention Policy

I. DRUG & ALCOHOL ABUSE PREVENTION POLICY

A. Purpose

The Drug-Free Schools and Communities Act Amendments of 1989, Public Law 101-226, require that, as a condition of receiving funds or any other form of financial assistance under any Federal program, an institution of higher education (IHE) must certify that it has adopted and implemented a program to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees on their campus or any part thereof.

In accordance with the Drug-Free Schools and Communities Act of 1986 and the Higher Education Act of 1965, as amended by the Drug-Free Schools and Communities Act Amendments of 1989, Public Law 101-226, AOMA adopts the following policy to prevent the unlawful possession, use, and distribution of illicit drugs and alcohol by employees and students. AOMA’s policy is in accordance with the Federal Drug-Free Workplace Act of 1988, part of the Anti-Drug Abuse Act of 1988, is incorporated herewith.

B. Standard of Conduct

It is the policy of AOMA that employees and students will be subject to criminal, civil and disciplinary penalties if they distribute, sell, attempt to sell, possess, or purchase controlled substances while at AOMA, while performing in a work-related capacity or at any campus clinic or activity.

Serving of alcohol or alcoholic beverages on AOMA’s campus or at an AOMA event must be pre-approved by the president or his designee. Food and non-alcoholic beverages must be available at any event where alcohol is served.

C. AOMA explicitly prohibits:

- The use, possession, solicitation for, or sale of narcotics or other illegal drugs, alcohol, or prescription medication without a prescription on AOMA premises or while performing an assignment.
- Being impaired or under the influence of legal or illegal drugs or alcohol away from AOMA, if such impairment or influence adversely affects the employee’s work performance, the safety of the employee or of others, or puts at risk AOMA’s reputation.
- Possession, use, solicitation for, or sale of legal or illegal drugs or alcohol away from AOMA, if such activity or involvement adversely affects the employee’s work performance, the safety of the employee or of others, or puts at risk AOMA’s reputation.
- The presence of any detectable amount of prohibited substances in the employee or student’s body while at work, while on the premises of AOMA, or while on AOMA
business. "Prohibited substances" include illegal drugs, alcohol, or prescription drugs not taken in accordance with a prescription given to the employee.

D. Sanctions
Employee or student violation of these standards of conduct could result in disciplinary action up to and including dismissal. An employee who is charged with a violation within AOMA may also be referred for criminal prosecution.

Employees and students should be fully aware that the college will impose sanctions in all cases where there has been a violation of any of the above standards.

Employees must abide by the terms of this statement and must notify Human Resources of any criminal drug statute conviction for a violation occurring at the workplace, or at a worksite, no later than five (5) working days after such conviction.

AOMA will make a good faith effort to maintain a drug-free workplace. That effort will include information about drug awareness education programs, counseling available through the Sol Community Counseling center, and the implementation and strict enforcement of this policy.

Counseling is available through the Sol Community Counseling center for employees or students who wish to seek assistance in dealing with drug or alcohol related problems, as well as other personal and family matters. Please call 512-366-0954 for information. Questions concerning this policy should be referred to Human Resources at 512-492-3038 or Student Services 512-492-3051.

E. Distribution and Review
This program will be distributed annually to all employees and students and reviewed biennially to determine its effectiveness, implement needed changes and ensure that disciplinary sanctions are consistently enforced. As part of this review, AOMA will determine the number of drug and alcohol-related violations and fatalities that occur on campus as well as the number and type of sanctions that are imposed by AOMA as a result of drug and alcohol-related violations and fatalities on campus or as part of school activities.

II. DRUG AND ALCOHOL ABUSE PREVENTION PROGRAM
A. Prevention and Treatment
AOMA contracts with Sol Community Counseling Center to provide counseling assistance to both employee and students. They are trained to assess and refer employees and students with alcohol and drug abuse problems to community based treatment and rehabilitation programs. Sol Community Counseling can also refer clients to workshops on many health related topics throughout the year, including alcohol and drug abuse.

B. Community Resources
- Austin Recovery – www.austinrecovery.org – (512) 697-8600
C. Description of Health Risks Associated with the Use of Illicit Drugs and Abuse of Alcohol

Profound acute impact on cognitive functioning, i.e., loss of inhibitions, disruption of memory functions. Profound chronic impact on cognitive functioning, e.g., permanent memory impairment, dementia. Impaired coordination. Increased risk of cancer, stroke, heart disease, heart conduction disturbances, stomach lesions, intestinal track injury and liver damage. Sexual functioning disturbances. Increased risk of accidents, including drowning, fires and falls. Increased risk of violence.

1. Amphetamines (Speed, Ups, Pep Pills, Meth)
   Elevated heart rate, blood pressure and respiration rate. Decreased appetite. Pupillary dilation. Effects at high doses include: cognitive confusion, physical disorganization, inability to relax and sleep, teeth-grinding, dry mouth, muscle twitching, convulsions, fever, chest pain, irregular heart beat, and lethal overdose.

2. Barbiturates, Sedatives, Tranquilizers (Yellow Jackets, Reds, Red Devils, Ludes, PCP or Angel Dust)
   Difficulty concentrating, maintaining coordination and staying awake. Reduces cognitive and motor functioning. Increases accident risks. Effects at high doses include: slurred speech, staggering, decreased ability to reason and solve problems, difficulty in judging distance and time, double vision, amnesia, depressed breathing, coma, brain damage, and respiratory failure, especially when mixed with alcohol.

3. Cocaine (Coke, Crack, Blow)
   Increase heart rate, blood pressure, breathing rate, and body temperature. Constriction of blood vessels. Pupillary dilation. Effects at high doses include: cognitive confusion and physical disorganization, perspiration, chills, elevated heart rate, nausea, vomiting, hallucinations, and possible death from convulsions and respiratory arrest.

4. Hallucinogens (LSD or Acid, Mesc, DMT, DET)

5. Heroin (H, Horse, Smack)
Causes constipation, itchy skin. Increases accident risk. High risk of respiratory collapse with overdose.

6. Inhalants (Poppers, Snappers, Rush, Glue)
Initial excitement, sedation, and confusion. Prolonged or regular use could cause bone marrow depression, cerebral damage, liver and kidney disorders, irregular heartbeat and blood pressure, and respiratory disorders.

7. Marijuana
Risks of short term memory problems, lung damage, major slowdown in cognitive functioning, loss of alertness and productiveness. Possible psychosis with chronic use.
Appendix F

Appendix F: Family Educational Rights and Privacy Act (FERPA)

What is FERPA?
FERPA, the Family Educational Rights and Privacy Act of 1974, is a federal law that pertains to the release of and access to educational records. FERPA protects the privacy of a student’s education records and applies to all schools that receive funds under an applicable program of the US Department of Education.

To whom does FERPA apply?
FERPA applies to all students. A student is defined as a person who is in attendance at an institution, regardless of the person’s age. At the post-secondary level, parents have no inherent right to access or inspect their son’s or daughter’s educational record. The right of access is limited solely to the student.

Each student upon admission to AOMA is provided the Authorization to Disclose Student Information form to complete if they wish to grant right of access to information to others. Upon completion, this form is submitted to the Registrar to place within the student’s record. A student may at any time make changes to disclosure authorization by obtaining the Authorization to Disclose Student Information form from the registrar and completing. In addition, annually in the spring term a notice is placed on the CAMS student portal alerting students of their FERPA rights and how to go about making any desired disclosure changes.

To which information does FERPA apply?
FERPA applies to personally identifiable information in educational records. This includes items such as the student’s name, names of family members, addresses, personal identifiers such as social security numbers, and personal characteristics or other information that make the student's identity easily traceable.

- Information that directly identifies an individual
- Information that indirectly – by combination with other released information – identifies an individual
- Information that can be reasonably linked to an individual by a member of the AOMA community with no special knowledge
- Information requested by an individual or organization that the school or government agency reasonably knows could be individually identified because of the requester’s special knowledge.

In addition to educational records, AOMA takes great care in safeguarding each student’s directory information. While per FERPA an institution may disclose without consent directory information, AOMA chooses to not release any information without prior student authorization. AOMA designates the following information as Directory Information for students who are currently enrolled:
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- Name
- Local address
- Email address
- Telephone numbers

While this information is solely available through the AOMA CAMS Student Portal, students can elect to have this information withheld from the student population. To withhold the release of the above information, a student must submit a written request to the registrar’s office. This request, once submitted, is permanent and will remain in force until rescinded in writing by the student. Upon graduation or withdrawal from AOMA, a student’s directory information is removed from the active student directory. Any appeal of this policy should be submitted to the registrar.

What are educational records?

Educational records are all records that contain information directly related to a student and are maintained by an educational agency or institution, or by a party acting on its behalf. Records are any information recorded in any way, including handwriting, print, tape, film, microfilm, microfiche, and digital images.

Who has access to student educational records?

According to FERPA, non-directory information may not be released without prior written consent from the student. Exceptions include access by appropriate AOMA administrators, faculty members, or staff members who require access to educational records in order to perform their legitimate educational duties, officials of other schools in which the student seeks or intends to enroll, and in connection with a student’s application for, or the receipt of, financial aid.

What is “legitimate educational interest”?

“Legitimate educational interest” is access to educational records by appropriate AOMA administrators, faculty members, staff members, or contractors acting on behalf of AOMA, who require such access in order to perform their legitimate educational and business duties, when such records are needed in furtherance of the educational or business purposes of the student or AOMA.

What are a student’s rights under FERPA?

Under FERPA, a student has a right to:

- Inspect and review his or her educational records
- Request to amend his or her educational records
- Have some control over the disclosure of information from his or her educational records
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Do students have a right to see and change their educational records?
Upon written request, AOMA shall provide a student access to his or her educational records except for financial records of the student’s parents or guardian; and confidential letters of recommendation where the student has signed a waiver of right of access. If the records contain information on more than one student, the requesting student may inspect, review, or be informed on only the specific information about his or her own records. Educational records covered by FERPA normally will be made available within forty-five (45) days of the request.

The contents of a student’s educational records may be challenged by the student on the grounds that they are inaccurate, misleading, or otherwise in violation of the privacy rights of the student by submitting a written statement to the custodian of records. The registrar’s office is the official custodian of records at AOMA.

When might an institution disclose personally identifiable information without student consent?
An educational institution may disclose personally identifiable information under the following circumstances:

- Ex Parte Orders
- Lawfully Issued Subpoenas and Court Orders, including Grand Jury and Law enforcement subpoenas
- Health or Safety Emergencies
- Law Enforcement Unit Records released to federal, state, or local law enforcement authorities
- Immigration and Naturalization Services (INS) requests

Whom should I contact with questions or concerns?
Students should direct general questions to the vice president for academics or the registrar, as appropriate.
Appendix G: Health Insurance Portability and Accountability Act (HIPAA)

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), AOMA clinics must take steps to protect the privacy of your "Protected Health Information" (PHI). PHI includes information that we have created or received regarding your health or payment for your health. It includes both your medical records and personal information such as your name, social security number, address, and phone number.

Under federal law, we are required to:

- Protect the privacy of your PHI. All of our employees and physicians are required to maintain the confidentiality of PHI and receive appropriate privacy training.
- Provide you with this Notice of Privacy Practices explaining our duties and practices regarding your PHI
- Follow the practices and procedures set forth in the Notice
- Protecting your privacy and healthcare information is fundamental in the course of our relationship. This notice will remain in effect until it is replaced or amended by changes in law.

We gather personal information and health information in several ways:

- Information we receive from you
- Information we receive from other healthcare providers
- Information we receive from third party payers

This information is used for treatment, payment and healthcare operations. You should be aware that during the course of our relationship with you we will likely use and disclose health information about you for the treatment, payment, and healthcare operations. We will only use and/or disclose your protected health information when the law allows us to do so. Any other use and disclosures will be made only with your authorization and, in those instances; you have the right to revoke that authorization. And if so, that authorization would be honored, where legal to do so, from that date forward.

Treatment
For example, from time to time, our practitioners may decide that it is medically necessary to refer you to a specialist for additional care. That practitioner will need your medical information in order to be able to treat you and that is why we send out your records.

Payment
Many of our patients utilize medical insurance that actually pays for their treatment. The insurers require your medical information to know how to pay us or your care and that is why we send out your records.
Health Care Operations
We are allowed to disclose your medical information if that is necessary for our office to function efficiently. There are also times when we may need the help of a special vendor, such as a medical billing specialist, and we would then send your records to that vendor in order for us to carry on our business.

You may specifically authorize us to use protected health information for any purpose or to disclose our health information by submitting the authorization in writing. Such disclosures will be made to any personal representation you choose to have your protected health information.

This office has many practitioners and Oriental medicine students. We reserve the right to share your file information within the confines of the professional and academic practices of AOMA.

Marketing
This office will not use your health information for marketing communications without your written authorization. This office may send birthday cards, holiday cards, thank you cards, newsletters and appointment reminders, by calls, postcards or letters.

Disclosure
This office may use or disclose your Protected Health Information when required by law. This includes but is not limited to Public Health needs, Health Oversight requirements, and issues of abuse or neglect, legal proceedings.

Patient Rights
Upon written request you have the right to access, review or receive copies of your healthcare records. Exceptions are:
1. psychotherapy notes
2. information we gather in preparation of an administrative action or proceeding
3. data that is subject to certain provisions of the Clinical Laboratory Improvements Act.

We may deny you request (in writing) under certain limited circumstances. Generally, if we agree to provide you with a copy of your records, we will do so within 15 days after you ask for it. We will charge you a reasonable, cost-based fee for the records.

Upon written request you have the right to receive a list of items this office disclosed about your healthcare information. We are required to give you that data except for any use or disclosure:
1. for treatment, payment and/or health care operations
2. made with your authorization
3. that we make to you
4. for any national security or intelligence purposes
5. made before April 14, 2003; or 6) that does not require your authorization.
We will provide this date for you (generally within 60 days) at no charge once each year, but after that, we will require that you pay a reasonable fee-based charge for the information.

You have the right to request that this office place additional restrictions on disclosure of your Protected Health Information. You may ask that we limit the use and disclosure of your protected health information; we are not required to accept your request. If we do agree, however, we will do as you wish except in an emergency. You may submit your request to us in writing and tell us:

1. what information you want us to limit
2. how you want us to limit that data and
3. to whom we are to limit the access to this data.

You have the right to request that we amend your Protected Health Information; the request must be in writing. We have the right to deny that request if you ask about medical information that:

1. was not created by any of our practitioners
2. is not part of the medical or billing records
3. is not part of the records you may access or
4. is accurate and complete.

We may ask that you tell us, in writing, why you want us to amend your medical information. Generally, we must act upon your request within 60 days after receipt of your request. If we agree to your request, we must make the appropriate amendment and follow the law regarding how and whom we inform about this amendment. If we do not agree, then we will tell you our reasons. You then have additional rights, including an appeal (by someone who did not participate in the decision not to allow you to amend your record) and you have the right to submit a written statement of disagreement. You have a right to receive all notices in writing.

You have the right to receive confidential communication by alternative means or at alternative locations. Please make this request in writing to our Privacy Officer. We will agree, so long as your request is reasonable, but you must tell us how to communicate with you and you must give us a complete address or contact information.

If you have questions, complaints or want more information contact:

Stephanee Owenby, Privacy Officer
512.454.1188
4701 West Gate Blvd.
Austin, TX 78745

This notice is effective as of September 1, 2016. From time to time, we may revise our Notice. If we do, we will post the most current version in our office, and you may ask for a copy of the Notice at any time.
Appendix H: Identity Theft Policy and Procedures, Fair & Accurate Credit Transactions Act (Red Flags Rule)

SECTION 1: BACKGROUND
The risk to AOMA (herein referred to as Institution), its employees and customers from data loss and identity theft is of significant concern to the Institution and can be reduced only through the combined efforts of every employee and contractor.

SECTION 2: PURPOSE
The Institution adopts this sensitive information policy to help protect employees, customers, its contractors and the Institution from damages related to the loss or misuse of sensitive information.

This policy will:
1. Define sensitive information;
2. Describe the physical security of data when it is printed on paper;
3. Describe the electronic security of data when stored and distributed; and
4. Place the Institution in compliance with state and federal law regarding identity theft protection.

This policy enables AOMA to protect existing customers, reducing risk from identity fraud, and minimize potential damage to the Institution from fraudulent new accounts.

The program will help the Institution:
1. Identify risks that signify potentially fraudulent activity within new or existing covered accounts;
2. Detect risks when they occur in covered accounts;
3. Respond to risks to determine if fraudulent activity has occurred and act if fraud has been attempted or committed; and
4. Update the program periodically, including reviewing the accounts that are covered and the identified risks that are part of the program.

SECTION 3: SCOPE
This policy and protection program applies to employees, contractors, consultants, temporary workers, and other workers of the Institution.

SECTION 4: POLICY
4.A: Sensitive Information Policy
4.A.1: Definition of Sensitive Information
Sensitive information includes the following items whether stored in electronic or printed format:
4.A.1.a: Credit card information, including any of the following:
   1. Credit card number (in part or whole)
   2. Credit card expiration date
   3. Cardholder name
   4. Cardholder address

4.A.1.b: Tax identification numbers, including:
   1. Social Security number
   2. Business identification number
   3. Employer identification numbers

4.A.1.c: Payroll information, including, among other information:
   1. Paychecks
   2. Paystubs

4.A.1.d: Medical information for any employee, temporary worker, and customer, including but not limited to:
   1. Doctor names and claims
   2. Insurance claims
   3. Prescriptions
   4. Any related personal medical information

4.A.1.e: Other personal information belonging to any employee, temporary worker, and customer, examples of which include:
   1. Date of birth
   2. Address
   3. Phone numbers
   4. Maiden name
   5. Names
   6. Customer number

4.A.1.f: Institution personnel are encouraged to use common sense judgment in securing confidential information to the proper extent. If an employee is uncertain of the sensitivity of a particular piece of information, s/he should contact their supervisor.

4.A.2: Hard Copy Distribution
Each employee and contractor performing work for the Institution will comply with the following policies:
   1. File cabinets, desk drawers, overhead cabinets, and any other storage space containing documents with sensitive information will be locked when not in use.
   2. Storage rooms containing documents with sensitive information and record retention areas will be locked at the end of each workday or when unsupervised.
3. Desks, workstations, work areas, printers and fax machines, and common shared work areas will be cleared of all documents containing sensitive information when not in use.
4. Whiteboards, dry-erase boards, writing tablets, etc. in common shared work areas will be erased, removed, or shredded when not in use.
5. When documents containing sensitive information are discarded, they will be placed inside a locked shred bin or immediately shredded using a mechanical shredding device. Locked shred bins are labeled “Security Container.” Institution records, however, may only be destroyed in accordance with the Institution’s records retention policy.

4.A.3: Electronic Distribution
Each employee and contractor performing work for the Institution will comply with the following policies:
1. Internally, sensitive information may be transmitted using approved Institution e-mail. If feasible, all sensitive information must be encrypted when stored in an electronic format.
2. Any sensitive information sent externally must be encrypted and password protected and sent only to approved recipients. Additionally, a statement such as this should be included in the e-mail:

“This message, including attachments, contains confidential information and is intended only for the individual(s) named. Any use by others is strictly prohibited. If you are not the named addressee, do not disseminate, distribute or copy this email. Please notify the sender immediately by email if you have received this email by mistake and delete this email from your system.”

SECTION 5: ADDITIONAL IDENTITY THEFT PREVENTION PROGRAM
If the Institution maintains certain covered accounts pursuant to federal legislation, the Institution may include the additional program details.

5.A: Covered accounts
A covered account includes any account that involves or is designed to permit multiple payments or transactions. Every new and existing customer account that meets the following criteria is covered by this program:
1. Business, personal and household accounts for which there is a reasonably foreseeable risk of identity theft; or
2. Business, personal and household accounts for which there is a reasonably foreseeable risk to the safety or soundness of the Institution from identity theft, including financial, operational, compliance, reputation, or litigation risks.
5.B: Red flags

5.B.1: The following red flags are potential indicators of fraud. This short list is by no means exhaustive. Any time a red flag, or a situation closely resembling a red flag, is apparent, it should be investigated for verification.

1. Alerts, notifications or warnings from a consumer reporting agency;
2. A fraud or active duty alert included with a consumer report;
3. A notice of credit freeze from a consumer reporting agency in response to a request for a consumer report; or
4. A notice of address discrepancy from a consumer reporting agency as defined in §334.82(b) of the Fairness and Accuracy in Credit Transactions Act.

5.B.2: Red flags also include consumer reports that indicate a pattern of activity inconsistent with the history and usual pattern of activity of an applicant or customer, such as:

1. A recent and significant increase in the volume of inquiries;
2. An unusual number of recently established credit relationships;
3. A material change in the use of credit, especially with respect to recently established credit relationships; or
4. An account that was closed for cause or identified for abuse of account privileges by a financial institution or creditor.

5.C: Suspicious documents

5.C.1: Documents provided for identification that appear to have been altered or forged.
5.C.2: The photograph or physical description on the identification is not consistent with the appearance of the applicant or customer presenting the identification.
5.C.3: Other information on the identification is not consistent with information provided by the person opening a new covered account or customer presenting the identification.
5.C.4: Other information on the identification is not consistent with readily accessible information that is on file with the Institution.
5.C.5: An application appears to have been altered or forged, or gives the appearance of having been destroyed and reassembled.

5.D: Suspicious personal identifying information

5.D.1: Personal identifying information provided is inconsistent when compared against external information sources used by the Institution. For example:

1. The address does not match any address in the consumer report;
2. The Social Security number (SSN) has not been issued or is listed on the Social Security Administration’s Death Master File; or
3. Personal identifying information provided by the customer is not consistent with other personal identifying information provided by the customer. For example, there is a lack of correlation between the SSN range and date of birth.
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5.D.2: Personal identifying information provided is associated with known fraudulent activity as indicated by internal or third-party sources used by the Institution. For example, the address on an application is the same as the address provided on a fraudulent application.

5.D.3: Personal identifying information provided is of a type commonly associated with fraudulent activity as indicated by internal or third-party sources used by the Institution. For example:
   1. The address on an application is fictitious, a mail drop, or a prison; or
   2. The phone number is invalid or is associated with a pager or answering service.

5.D.4: The SSN provided is the same as that submitted by other persons opening an account or other customers.

5.D.5: The address or telephone number provided is the same as or similar to the address or telephone number submitted by an unusually large number of other customers or other persons opening accounts.

5.D.6: The customer or the person opening the covered account fails to provide all required personal identifying information on an application or in response to notification that the application is incomplete.

5.D.7: Personal identifying information provided is not consistent with personal identifying information that is on file with the Institution.

5.D.8: When using security questions (mother’s maiden name, pet’s name, etc.), the person opening the covered account or the customer cannot provide authenticating information beyond that which generally would be available from a wallet or consumer report.

5.E: Unusual use of, or suspicious activity related to, the covered account

5.E.1: Shortly following the notice of a change of address for a covered account, the Institution receives a request for new, additional, or replacement goods or services, or for the addition of authorized users on the account.

5.E.2: A new student account is used in a manner commonly associated with known patterns of fraud patterns. For example, the student fails to make the first payment on their payment plan or makes an initial payment but no subsequent payments.

5.E.3: A covered account is used in a manner that is not consistent with established patterns of activity on the account. There is, for example:
   1. Nonpayment when there is no history of late or missed payments;
   2. A material change in registration/tuition charges or usage patterns.

5.E.4: A covered account that has been inactive for a reasonably lengthy period of time is used (taking into consideration the type of account, the expected pattern of usage and other relevant factors).

5.E.5: Mail sent to the customer is returned repeatedly as undeliverable although transactions continue to be conducted in connection with the customer’s covered account.
5.E.6: The Institution is notified that the customer is not receiving paper account statements.
5.E.7: The Institution is notified of unauthorized charges or transactions in connection with a customer’s covered account.
5.E.8: The Institution receives notice from customers, victims of identity theft, law enforcement authorities, or other persons regarding possible identity theft in connection with covered accounts held by the Institution.
5.E.9: The Institution is notified by a customer, a victim of identity theft, a law enforcement authority, or any other person that it has opened a fraudulent account for a person engaged in identity theft.

SECTION 6: RESPONDING TO RED FLAGS
6.A: Once potentially fraudulent activity is detected, an employee must act quickly as a rapid appropriate response can protect customers and the Institution from damages and loss.
   6.A.1: Once potentially fraudulent activity is detected, gather all related documentation and write a description of the situation. Present this information to the designated authority for determination
   6.A.2: The designated authority will complete additional authentication to determine whether the attempted transaction was fraudulent or authentic.

6.B: If a transaction is determined to be fraudulent, appropriate actions must be taken immediately. Actions may include:
   1. Canceling the transaction;
   2. Notifying and cooperating with appropriate law enforcement;
   3. Determining the extent of liability of the Institution; and
   4. Notifying the actual customer that fraud has been attempted.

SECTION 7: PERIODIC UPDATES TO PLAN
7.A: At periodic intervals, as required, the program will be re-evaluated to determine whether all aspects of the program are up-to-date and applicable in the current business environment.
7.B: Periodic reviews will include an assessment of which accounts are covered by the program.
7.C: As part of the review, red flags may be revised, replaced or eliminated. Defining new red flags may also be appropriate.
7.D: Actions to take in the event that fraudulent activity is discovered may also require revision to reduce damage to the Institution and its customers.

SECTION 8: PROGRAM ADMINISTRATION
8.A: Involvement of management
   1. The Identity Theft Prevention Program shall not be operated as an extension to existing fraud prevention programs, and its importance warrants the highest level of attention.
   2. The Identity Theft Prevention Program is the responsibility of the governing body. Approval of the initial plan must be appropriately documented and maintained.
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3. Operational responsibility of the program is delegated with an effective date of May 1, 2009 to Kelly Jennings, CPA, director of finance.

8.B: Staff training
1. Staff training shall be conducted for all employees for whom it is reasonably foreseeable that they may come into contact with accounts or personally identifiable information that may constitute a risk to the Institution or its customers.
2. The human resources coordinator is responsible for ensuring identity theft training for all requisite employees and contractors.
3. Employees must receive annual training in all elements of this policy.
4. To ensure maximum effectiveness, employees may continue to receive additional training as changes to the program are made.

8.C: Oversight of service provider arrangements
1. It is the responsibility of the Institution to ensure that the activities of all service providers are conducted in accordance with reasonable policies and procedures designed to detect, prevent, and mitigate the risk of identity theft.
2. A service provider that maintains its own identity theft prevention program, consistent with the guidance of the red flag rules and validated by appropriate due diligence, may be considered to be meeting these requirements.
3. Any specific requirements should be specifically addressed in the appropriate contract arrangements.
Appendix I: Intellectual Property Policy

I. STATEMENT
This policy provides guidelines for the management of intellectual property resources produced by AOMA faculty, staff, administration and/or students.

II. PROCEDURES AND RESPONSIBILITIES

A. Definitions of Terms

1. Intellectual Property
“Intellectual Property” refers to works that are typically eligible for copyright or patent protection, created when something new has been conceived or when a non-obvious result which can be applied for some useful purpose has been discovered using existing knowledge. Such works include but are not limited to literary, dramatic, musical, and artistic works, computer software, multimedia presentations, teaching materials, online course “shells” and inventions.

2. Creator
“Creator” refers to the inventor, developer, author, or creator of a copyrightable work or a patentable invention.

3. Work for Hire
“Work made for hire” is work prepared by an employee or student either:

   a. within the scope of his or her employment; or
   b. a work specially ordered or commissioned for use as a contribution to a collective work, as a part of a motion picture or other audiovisual work, as a translation, as a supplementary work, as a compilation, as an instructional text, as a test, as answer material for a test, or as an atlas, if the parties expressly agree in a written instrument signed by them that the work shall be considered a work made for hire. For the purpose of the foregoing sentence, a “supplementary work” is a work prepared for publication as a secondary adjunct to a work by another author for the purpose of introducing, concluding, illustrating, explaining, revising, commenting upon, or assisting in the use of the other work, such as forewords, afterwords, pictorial illustrations, maps, charts, tables, editorial notes, musical arrangements, answer material for tests, bibliographies, appendixes, and indexes, and an “instructional text” is a literary, pictorial, or graphic work prepared for publication and with the purpose of use in systematic instructional activities.
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4. Nominal Use of Resources
“Nominal Use of Resources” refers to use of tools, materials, and other resources that are generally available to all institution personnel in the performance of normal job responsibilities; including office space, office equipment, library resources and network resources.

5. Substantial Use of Resources
“Substantial Use of Resources” refers to use of tools, materials and other resources that are qualitatively and/or quantitatively beyond those which are normally provided to all institution personnel in the performance of normal job duties.

B. Ownership of Intellectual Property

1. Externally Sponsored Projects
AOMA may negotiate grants and contracts with external sponsors such as business and industry, government agencies, and foundations that specify the ownership of intellectual property created as a result of the sponsored activity. Employees and students working on these projects will be notified in advance of any terms of ownership specified in the grant or contract.

2. AOMA Sponsored Projects
AOMA will own intellectual property created by employees and students who were assigned or employed specifically to create the intellectual property, or when the creation of the intellectual property required substantial use of AOMA resources; to include but not limited to uniform syllabi, handbooks, AOMA web pages, computer programs, artwork or electronic media created for the AOMA, and online course “shells”. The institution retains ownership of materials created for AOMA publications including professional development documents.

3. Teaching and Classroom Materials
The creator will retain intellectual property rights to teaching and classroom materials, such as problem sets, lecture notes, hand-outs, lab manuals, class notes and study guides not subject to the above restrictions. When the creator is an AOMA employee or student, the institution will be granted a non-exclusive, non-transferable, royalty-free, perpetual license to use, display, copy, and prepare derivative works of such materials for its internal use.

4. Independent Projects
Intellectual property created by an AOMA employee that is not part of the creator’s employment responsibilities and that is produced on the employee’s own time without making more than nominal use of institutional resources shall be owned by the creator.

5. Joint Works
When a work involves multiple creators including individuals who are not AOMA employees, the guidelines described above will be used to determine the institution’s interest in the resulting intellectual property.
6. Logos, Trademarks, and Institution Name
AOMA owns all trademarks and service marks related to goods and services distributed by the institution. Identifying marks include but are not limited to, the name “AOMA Graduate School of Integrative Medicine”, “Academy of Oriental Medicine at Austin”, “AOMA”, the official seal, AOMA’s logo and derivative designs, and all future trademarks, service marks and logos used by the institution.

7. Use of the Institution Name
Employees are permitted to identify themselves using the name of AOMA in connection with activities outside AOMA environment that are consistent with AOMA’s mission, vision, and values. Employees must ensure that AOMA’s name is used in an appropriate context and in a manner that does not imply endorsement of a particular activity, product, service, or organization.

C. Administration of Intellectual Property

1. Use of Copyrighted Works
It is the responsibility of the creator of any form of intellectual property to ensure that copyrights held by other entities are not infringed and that appropriate permission has been obtained for the use of copyrighted material.

2. Disclosure
Any employee who plans to create intellectual property developed nominally or substantially with institutional equipment, materials, facilities, or other resources during working hours, and who intends to copyright or otherwise merchandise the products of that work will make a written disclosure to their immediate supervisor, who will transmit the disclosure through the established chain of authority to the president. This excludes those projects described in B2.

3. Compensation for Commercial Development
In cases where commercial development results from intellectual property that has been developed making substantial use of AOMA resources but is not a “work for hire” the president will assign a special committee to work with the creator(s) of the work to determine reasonable compensation for the work. AOMA will endeavor to recover its costs (materials, equipment, facilities, and time) associated with the work before assigning special compensation for the creator.

4. Textbooks and Teaching Materials Produced for Commercial Distribution
AOMA personnel who author textbooks or other materials for commercial distribution must not use their position within AOMA for personal gain by requiring purchase of the materials by students or AOMA.
Appendix J

Appendix J: Internet, E-mail, Printer, Copier and Computer Usage

The use of AOMA’s automation systems, including computers, fax machines, printers, copiers and all forms of Internet/Intranet access, is for company business and for authorized purposes only. The various modes of Internet/Intranet access are AOMA resources and are provided as business tools to employees who may use them for research, professional development, and work-related communications. Brief and occasional personal use of the electronic mail system or the Internet is acceptable as long as it is not excessive or inappropriate, occurs during personal time (lunch or other breaks), and does not result in expense to AOMA. Personal use of the copier, printer, postage and/or fax machine is permitted only if the usage costs are reimbursed to AOMA by the employee at 10 cents per page for the copier, printer and fax, and at the current rate for the postage machine.

Use is defined as "excessive" if it interferes with normal job functions, responsiveness, or the ability to perform daily job activities. Electronic communication should not be used to solicit or sell products or services that are unrelated to AOMA’s business; distract, intimidate, or harass coworkers or third parties; or disrupt the workplace.

Use of AOMA’s computers, networks, and Internet access is a privilege granted by management and may be revoked at any time for inappropriate conduct carried out on such systems, including, but not limited to:

- Sending chain letters or participating in any way in the creation or transmission of unsolicited commercial e-mail ("spam") that is unrelated to legitimate school purposes;
- Engaging in private or personal business activities, including excessive use of instant messaging and chat rooms (see below);
- Misrepresenting oneself or AOMA;
- Violating the laws and regulations of the United States or any other nation or any state, city, province, or other local jurisdiction in any way;
- Engaging in unlawful or malicious activities;
- Deliberately propagating any virus, worm, Trojan horse, trap-door program code, or other code or file designed to disrupt, disable, impair, or otherwise harm either the AOMA’s networks or systems or those of any other individual or entity;
- Using abusive, profane, threatening, racist, sexist, or otherwise objectionable language in either public or private messages;
- Sending, receiving, or accessing pornographic materials;
- Causing congestion, disruption, disablement, alteration, or impairment of AOMA networks or systems;
- Maintaining, organizing, or participating in non-work-related Web logs ("blogs"), Web journals, "chat rooms", or private/personal/instant messaging;
• Failing to log off any secure, controlled-access computer or other form of electronic data system to which you are assigned, if you leave such computer or system unattended;
• Using recreational games; and/or
• Defeating or attempting to defeat security restrictions on AOMA systems and applications.

Use of company resources for illegal activity can lead to disciplinary action, up to and including dismissal and criminal prosecution. AOMA will comply with reasonable requests from law enforcement and regulatory agencies for logs, diaries, archives, or files on individual Internet activities, e-mail use, and/or computer use.

Ownership and Access of Electronic Mail, Internet Access, and Computer Files
AOMA owns the rights to all data and files in any computer, network, or other information system used at the school. AOMA also reserves the right to monitor electronic mail messages (including personal/private/instant messaging systems) and their content, as well as any and all use of the Internet and of computer equipment used to create, view, or access e-mail and Internet content.

Employees must be aware that the electronic mail messages sent and received using AOMA’s equipment are not private and are subject to viewing, downloading, inspection, release, and archiving by AOMA officials at all times. AOMA has the right to inspect any and all files stored in private areas of the network or on individual computers or storage media in order to assure compliance with policy and state and federal laws. No employee may access another employee’s computer, computer files, or electronic mail messages without prior authorization from either the employee or an appropriate AOMA official. It is a violation of AOMA’s policy for any employee, including system administrators and supervisors, to access electronic mail and computer systems files to satisfy curiosity about the affairs of others. Employees found to have engaged in such activities will be subject to disciplinary action.

AOMA has licensed the use of certain commercial software application programs for business purposes. Third parties retain the ownership and distribution rights to such software. No employee may create, use, or distribute copies of such software that are not in compliance with the license agreements for the software. Violation of this policy can lead to disciplinary action, up to and including dismissal and legal action.

Employees are individually liable for any and all damages incurred as a result of violating AOMA’s security policy, copyright, and licensing agreements. All of AOMA’s policies and procedures apply to employees’ conduct on the Internet, especially, but not exclusively, relating to: intellectual property, confidentiality, company information dissemination, standards of conduct, misuse of company resources, anti-harassment, and information and data security.
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Electronic Mail Tampering
Electronic mail messages received should not be altered without the sender’s permission; nor should electronic mail be altered and forwarded to another user and/or unauthorized attachments be placed on another’s electronic mail message.
Appendix K: Employment Procedures

Purpose
The employment process and procedures used by AOMA are vital for our success in bringing the best candidates to AOMA, hiring the best qualified people, and compliance with federal, state and other laws and regulations. These procedures outline specific guidance designed to ensure a fair and unbiased selection process. To ensure that our selection process serves these purposes, everyone involved in the employment process must understand and consistently follow these procedures.

Overview
Hiring supervisors at AOMA are responsible for following the employment procedures so that we are in compliance with laws and policy. The following sections outline the hiring process and responsibilities. Comments, questions or proposed changes regarding this process should be addressed to the human resources department.

Process

Job Opening
- Hiring supervisor discusses hiring need with the appropriate president’s cabinet member and get approval for job posting.
- Hiring supervisor informs HR that they have a position open.
- Hiring supervisor provides HR with job description including rate of pay, work hours, benefits, etc.
- HR creates job posting and posts in mediums agreed upon with hiring supervisor/president’s cabinet member.

Application/Resume Review Process
- HR receives resumes/applications and forwards a copy to hiring supervisor.
- Depending on the type of position available, the hiring supervisor will either establish an interview committee or screen applicants for the initial interview.

Initial Interview
- Hiring Supervisor, or other qualified designee, will conduct initial interview
- Interviewer(s) will decide on applicants for 2nd interview

2nd Interview (If two interviewers are at initial interview, this step is not necessary for entry level positions)
- Applicants will be interviewed by two (2) AOMA team members, one of which must be a manager or Director of HR
- For management or professional position, an interview committee may be convened.
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Reference/Background Check
- Hiring Supervisor will conduct reference check(s), as appropriate, for top candidate.
- Hiring Supervisor will contact HR with results.
- If this position is a management or professional position, a criminal background check may be requested by HR.
- HR will inform the hiring supervisor of results of the background check.

Employment Offer
- Hiring Supervisor will contact top candidate and make job offer.
- Offer should include job title, salary/wage, hours, benefits, acceptable clothing, etc.
- Provide candidate with the date for the first day of work, time and place.

Applicants Not Selected
- Hiring Supervisor will inform applicants that were interviewed but not selected.
- Communication can be by email, letter or phone call.
- Rejection “letter” can be obtained from HR.

New Hire Documentation & Orientation
- On or before the first day of work, the new hire will meet with HR to complete all employment documentation and receive orientation from HR to include Employee Manual, Safety & Security Manuals (1 – 2 hours).

Completed Documentation
- HR will provide W-4, Direct Deposit form and Employee Data Sheet to Payroll.

Department Orientation
- After the HR orientation, the new hire will meet with hiring supervisor, or designee to receive department orientation and training.
- Hiring supervisor or designee will provide a tour and introduction to other staff and faculty.

Responsibilities

President
Final approval for employment requests and employment actions, including new positions and pay raises other than those annually budgeted, are at the discretion of the president or the president’s designee.

President’s Cabinet
A member of the president’s cabinet must approve requests to fill or create all full time or part time positions. The hiring supervisor will be responsible for the search process.
Appendix L: Employee Performance Evaluation Guidelines

AOMA’s Employee Performance Evaluation is designed to be an interactive tool between an employee and their supervisor to provide input and feedback on performance, and to document what is expected from the employee by AOMA.

Performance Appraisal Process Guidelines:

Annual Performance Evaluation Schedule
All AOMA employees will be on the same annual schedule after their first 12 months of employment. Performance evaluations will be completed during the months of August & September.

Evaluation Time Period
This form will be used to conduct 90 day, 6 month, and annual performance evaluations. New employees, or employees in a new position, will also receive a performance evaluation after 12 months. Future evaluations will be completed in accordance with AOMA’s annual August/September performance evaluation schedule.

Scheduling
The supervisor will schedule the performance evaluation meeting with the employee at least one week ahead of time.

Job Description
The current job description for the employee’s position should be included with the Employee Performance Evaluation. The employee and supervisor will review the job description and update as necessary. HR will use this information to update the job description on file.

Self Evaluation
Employees will complete a self evaluation using this form and bring it with them to their scheduled performance evaluation meeting.

Ratings of “5” or “1”
Both the supervisor and employee must explain in their “comments” section any ratings of “5” or “1”. If any performance standard is rated as “1”, a development action plan must be agreed upon and included as an attachment to the Performance Evaluation to correct the deficiency.

Performance Evaluation Scoring
Add up score for each category, put on “Total” line. On page 4 under “Performance Overall Average Rating” add up totals for each category and record on “Grand Total” line. Divide “Grand Total” by 19 (number of standards being evaluated) = average rating.
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- Example: Grand Total 78 / 19 = 4.1 (round to the tenth)

**Goals Scoring**
Add up total scores for goals, put on “Total” line. To calculate “Goals Overall Average Rating”,
take total score for goals and divide by 4 (number of goals being evaluated). Example: Total 18 / 4 = 4.5

**Acceptable Overall Scores**
An overall score of 3.0 or better is considered acceptable.

**Overall Comments**
Please add any relevant comments regarding the performance review or process.

**Signatures & Submission**
Please be sure both the employee and supervisor sign the review and each one gets a signed copy. The original copy of the signed performance evaluation should be forwarded to HR to put in the employee’s file.

**Employee Status Change Form**
If there is a change in the employee’s status due to completion of the performance evaluation,
please complete the Employee Status Change form and submit it along with the evaluation. If there is a pay increase request or promotion, the department director should forward documents to the appropriate president’s cabinet member for review and approval. Documents are then forwarded to the human resources coordinator for any required action and for retention in the employee’s personnel file.
Appendix M: Employee Professionalism Policy

Employee Professionalism Policy

AOMA Graduate School of Integrative Medicine is committed to providing an environment where students and employees can explore new ideas and seek new opportunities. Part of this goal is accomplished by a focus on high-quality educational services in an environment that supports the ideals of quality, flexibility, accessibility, and diversity.

Towards the fulfillment of its mission, AOMA has the right and duty to protect students, faculty, and staff from conduct that interferes with its primary educational responsibility and to maintain professional standards among all of its members. There will be no tobacco, illegal drugs, or alcoholic beverages allowed on or in any part of the campus or clinic. [Note: alcohol may be served at special functions with approval of the President.]

Employees at AOMA have rights to freedom of speech, peaceful assembly, petition, and association afforded to all persons under the U.S. Constitution. Similarly, each individual should afford the same rights to others. As willing partners in learning, it is expected that employees will comply with AOMA’s rules and procedures, as outlined in the various official publications of the school, including this Employee Professionalism Policy.

Professionalism Policy

Preamble
The objectives of the AOMA professionalism policy are:
- to demonstrate the priority placed on professional behavior by AOMA
- to identify exemplary professional behavior so that it may be recognized and used as a potential vehicle for peer-modeling
- to provide students, faculty, and staff with a clear articulation of expectations regarding professionalism
- to determine AOMA’s authority regarding professionalism lapses
- to identify procedures for managing professionalism issues

Scope
This policy applies to the following contexts:
- All classroom-based settings;
- All clinical settings that are part of the learning program (e.g. community clinics, clinics, community health centers, AOMA Herbal Medicine, Cureville, etc.);
- Other settings that are not part of the formal learning program, but contribute to the learning process. Examples include: Faculty offices, administrative offices, Herb lab, Library, Mind/Body Center, informal classes, interactions with other members of the
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campus community, and AOMA-supported events.

Institutional Responsibilities

- AOMA must ensure all students, faculty and staff are familiar with the objectives of the professionalism policy and require them to adhere to its principles.
- When employees fall short of professional behavior expectations, AOMA must provide good and timely feedback regarding unprofessional conduct. These responsibilities of the institution extend throughout all educational contexts.
- AOMA should provide exemplars of professional behaviors.
- AOMA must make all employees aware that exemplary behavior will be recognized and that lapses, depending on the level of severity, will be met with varying degrees of sanction.
- AOMA must ensure that all staff, faculty, preceptors, residents, etc. working with students are familiar with the objectives of the professionalism policy and must direct them to note any behavior that they view as either exemplary or contrary to the principles of the policy.
- AOMA must ensure accurate and timely documentation of all professionalism incidents and determine appropriate consequences.

Exemplary behavior (for recognition)

Incidents of exemplary employee professional behavior should be submitted in writing to the President. Submissions should include:

- The name of the person involved,
- The name and title of the individual filing the report,
- The time and location of the incident,
- Details outlining why the behavior can be constituted as exemplary,
- The name(s) and contact information of a reference with first-hand knowledge of the achievement.

The President will review the submission and share with the appropriate cabinet member and supervisor. A paper copy of the report will be placed in the employee file.

Lapses in professional behavior will be addressed following the disciplinary process outlined in the Employee Manual.

Definitions

- Minor lapses – These are errors that have minimal consequences. Often there is no awareness of the unprofessional act or awareness occurs after the fact. There may often be mitigating circumstances.
  Examples:
  - Employee parks in customer or handicapped parking spot.
  - Employee disparages a student or another employee.
  - Employee dresses unprofessionally.
• Major lapses – Major lapses are errors that have potentially serious consequences. Often there is awareness of the unprofessional act. Usually, there are no mitigating circumstances.

  Examples:
  • Employee engages in disrespectful discourse (verbal or written) with other members of the AOMA community (staff, faculty, or students).
  • Employee repeatedly fails to return phone calls and e-mails from an AOMA colleague or student.
  • Employee commits slander or defamation of character resulting in potential legally actionable items.
  • Employee violates patient confidentiality (HIPAA) or student privacy (FERPA).

• Critical lapses – Critical lapses have direct, harmful consequences or are clear breaches of well-recognized standards. They are serious errors that will require immediate action by a supervisor. They are a clear violation of professional conduct.

  Examples:
  • Employee is dishonest either by lying or misrepresenting himself/herself, including instances of dishonesty in the course of school-related activities.
  • Employee participates in a violent act such as hitting, verbally abusing, or intimidating another person.
  • Employee commits sexual harassment.

The disciplinary process outlined in the Employee Manual will be followed for all three levels of professional lapse. Depending on the severity of the lapse, employee may receive a verbal warning and/or a written warning. Severe lapses of professional behavior may result in termination.