

Your  
Hospital's  
Logo  
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# CONFLICTS OF INTEREST DISCLOSURE STATEMENT & CONFIDENTIALITY AGREEMENT

NAME:	TITLE:	FILING PERIOD : <input type="checkbox"/> Annual <input type="checkbox"/> Interim
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**1. DISCLOSURE OF FINANCIAL INTEREST:**

Please fill out a new Disclosure Statement each time you become aware of a financial interest.

- A.** Do you (or members of your immediate family) have a material ownership or investment interest in any entity which has a transaction or arrangement with the Hospital or which competes with the Hospital? For purposes of this disclosure statement, a material ownership or investment interest is one which has an aggregate value in excess of \$500,000 or represents in excess of five percent (5%) of the ownership or control of the entity.

YES     NO    If "YES", name on a separate sheet, all such entities.

- B.** Do you (or members of your immediate family) have a compensation arrangement with any entity or individual with which the Hospital has a transaction or arrangement or competes with the Hospital? Compensation includes direct and indirect remuneration<sup>1</sup> as well as gifts or favors that are substantial in nature (i.e., in excess of \$1,000 in any calendar year).

YES     NO    If "YES", name on a separate sheet, all such entities.

- C.** Do you (to the best of your knowledge, do your immediate family members) have a potential<sup>2</sup> ownership or investment interest, in a potential compensation arrangement with, any entity or individual with which the Hospital is negotiating a transaction or arrangement?

YES     NO    If "YES", name on a separate sheet, all such entities.

**2. OTHER DIRECTORSHIPS:**

List the names for any entity for which you serve as a member of the board of directors which has a transaction or arrangement with or which competes with the Hospital.

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## FOOTNOTES

- <sup>1</sup> An example of indirect remunerations is commission income received from an insurance carrier which pays you as a broker for arranging insurance coverage for the hospital.
- <sup>2</sup> An example of potential ownership or investment interest is where you are presently contemplating the making of an investment in an entity which does business with the Hospital or the Corporation that you invest in is considering a transaction with the Hospital.

**3. OTHER POSITIONS:**

List the names for all entities which transact business with the Hospital or which compete with the Hospital and with which you serve in any capacity (including directive, managerial, or consultative).

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**4. BORROWING:**

Borrowing money or anything of value from a patient, individual or entity which is transacting business with the Hospital could be considered a conflict of interest. List any borrowings which could constitute a conflict of interest.

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**5. GIFTS:**

Disclose all cash gifts regardless of the amount of cash, and non-cash gifts (other than those of nominal value) which you or members of your immediate family have received from individuals or entities which transact business with the Hospital. This does not include the acceptance of items of minor value that are clearly tokens of respect or friendship, ordinary business meals and business entertainment or items received at public events.

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**6. OTHER:**

I hereby disclose the following circumstances which may involve a possible conflict of interest.

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**CONFIDENTIALITY AGREEMENT**

The undersigned recognizes and agrees that the board and committee meetings of the Hospital are conducted in the strictest confidence and matters are discussed which are sensitive in nature, and therefore, confidential and proprietary in nature. Accordingly, the undersigned agrees in connection with any and all participation at meetings of the board of directors or committees of the board to maintain all information, whether or not specifically identified as confidential and proprietary in strictest confidence, absent specific authorization to release or disclose information to third parties by the board of directors or its President/CEO. By signature below I also certify that neither I (nor any member of my immediate family) have disclosed or used any information relating to the business of the Hospital for the personal profit or advantage of myself or my immediate family.

If any situation should arise in the future which may involve me in a conflict of interest in accord with the policy, I will promptly provide a new Disclosure Statement to the Administrative offices of the Hospital.

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SIGNATURE

\_\_\_\_\_  
DATE