

## **Conflicts of Interest Questionnaire**

The Conflicts of Interest Policy (the “Policy”) of Hospital (the “Hospital”) requires that all Affiliated Persons of the Hospital make certain annual and ongoing disclosures. In responding to this Questionnaire, please include all material details of any possible or actual conflict of interest.

The term “Family” includes the following (whether by blood, adoption, or marriage): spouses, siblings (whole and half), parents, grandparents, children, grandchildren, parents of spouses (*i.e.*, father- and mother-in-law), spouses of (whole and half) siblings (*i.e.*, brother- and sister-in-law), and spouses of children (*i.e.*, daughter- and son-in-law).

Please be aware that you must report on a continuing basis any affiliation, relationship, interest, transaction, or other matter that arises from now until the next annual Questionnaire that responds to any of these questions or otherwise may give rise to an actual or possible conflict of interest. Reporting methods are described in the Policy.

(If your response exceeds the blank space provided, please attach additional sheets.)

**Please do not leave blank spaces; write “None” where applicable.**

### CONTACT INFORMATION

1. Please indicate your name, business address, and phone number.

### RELATIONSHIP TO HOSPITAL

2. What positions do you hold in the Hospital (*i.e.*, trustee, officer, medical staff, committee member, employee, advisor, vendor, etc.)?

3. Briefly summarize the history of your position/employment for the last five (5) years or since you were first elected, appointed, or hired by the Hospital, whichever is longer.

OTHER RELATIONSHIPS/POSITIONS

4. Do you serve as a *director, trustee, officer, manager, or in any other fiduciary capacity* for any corporations, partnerships, or other business entities or organizations (public, private, or charitable)? (Describe each position and entity.)
  
  
  
  
  
  
  
  
  
  
5. Do you serve as a *partner, shareholder, member, or principal* for, or do you *have an ownership or financial interest* (including stock, partnership, limited liability company, membership, or otherwise) in:
  - a. any public entity or organization in which your interest is at least five percent (5%) of the total outstanding interests in such entity/organization? (Describe each interest held/position and entity.)
  
  
  
  
  
  
  
  
  
  
  - b. any privately held corporations, partnerships, limited liability companies, or other business entities or organizations? (Describe each interest/position and entity.)
  
  
  
  
  
  
  
  
  
  
6. Do you serve as a *consultant, spokesperson, creditor, or employee* for or do you have any other *compensation or financial relationship* with any other corporations, partnerships, or other business entities or organizations (public, private, or charitable)? (Describe each position and entity.)

7. With respect to any trade organizations, professional associations, or similar entities (*i.e.*, charitable organizations or professional, legal, accounting, medical, or business organizations, or the like):
- a. are you a *member* of or otherwise affiliated with such an entity/organization? (*Describe your involvement. List positions and titles.*)

*SIMILAR BUSINESSES/COMPETITIVE SERVICES*

8. With respect to any entity that you have reason to believe is in a similar business as, or competes with, or provides services competitive with the Hospital or its affiliates:
- a. do you serve as a *partner, shareholder, member, or principal* for, or do you have an *ownership interest* (including stock, partnership, limited liability company, membership, or otherwise) in such an entity? (*Describe interest and entity.*)
  
  - b. do you serve as a *director, trustee, officer, or in any other fiduciary capacity* for such an entity? (*Describe position and entity.*)
  
  - c. do you serve as a *consultant, spokesperson, creditor, or employee* for such an entity? (*Describe position and entity.*)
  
  - d. do you ***otherwise*** have a *financial interest* in or a *business, financial, or compensation relationship* with such an entity? (*Describe interest/relationship and entity.*)

ENTITIES DOING BUSINESS WITH HOSPITAL.

9. With respect to any supplier, service provider, lender, or any other entity/organization that you have reason to believe does business with the Hospital or any affiliate of the Hospital:
- a. to the best of your knowledge, do you serve as a *partner, shareholder, member, or principal* for, or do you have a *financial or ownership interest* (stock, partnership, limited liability company, membership, or otherwise) [greater than 10% of total outstanding interests, if publicly traded] in, such an entity? (Describe interest and entity.)
  
  - b. do you serve as a *director, trustee, officer*, or in any *other fiduciary capacity* for such an entity? (Describe position and entity.)
  
  - c. do you serve as a *consultant, spokesperson, creditor, or employee* for such an entity? (Describe position and entity.)
  
  - d. do you **otherwise** have a *business, financial, or compensation relationship* with such an entity? (Describe interest/relationship and entity.)
10. Within the past 5 years, have you or your Family members had any *personal loans, advances, or borrowings* from any customer or supplier who also does business with the Hospital? (Excluding



- c. do you or does any member of your Family serve as a *consultant, spokesperson, creditor, or employee* for such an entity? (Describe position and entity.)
- d. do you or does any member of your Family **otherwise** have a *financial interest* in or a *business, financial, or compensation relationship* with such an entity? (Describe interest/relationship and entity.)

COMPENSATION/REMUNERATION; HIRING/RETENTION

14. Have you received any compensation or any other payment or remuneration (directly or indirectly) from the Hospital or its affiliates during the past 12 months? (If yes, describe in detail.)
15. Has any member of your Family, or any business in which you or your Family member has an interest, received any compensation or any other payment or remuneration (directly or indirectly) from the Hospital or its affiliates during the past 12 months? (If yes, describe in detail.)
16. Describe any gifts, gratuities, benefits, discounts, favors, honoraria, or entertainment received by you or any member of your Family which might tend to influence your judgment or actions concerning business of the Hospital or its members or its affiliates.  
(Include the source, whether from the Hospital, its affiliate, or a competitor, or someone seeking to do business with the Hospital. You may exclude those permitted by the Hospital Code of Conduct and applicable policies.)



OTHER

19. List any other activities or relationships in which you or members of your Family are engaged which could reasonably be construed as constituting a conflict of interest with the performance of your fiduciary duties to the Hospital or its affiliates.

**CERTIFICATIONS**

1. I, the undersigned, received a copy of the Hospital Board Conflicts of Interests Policy (the “**Policy**”) on \_\_\_\_\_ (*DATE*).
2. I have reviewed the complete Policy, and I understand the terms and conditions of the Policy.
3. I understand that for as long as I remain an “**Affiliated Person**” (as that term is defined in the Policy), I agree to comply with all of the terms of the Policy, as amended from time to time.
4. I understand that the Policy applies to my participation in all matters brought before the Hospital, whether to the Board of Trustees or committees or subcommittees of the Board of Trustees or Hospital.
5. I understand the Hospital is a not-for-profit organization and that in order for the Hospital to maintain such not-for-profit status, the primary objective of the Hospital’s activities must be to accomplish its tax exempt purpose of providing health care services, education and research for the benefit of the community.
6. I further agree to promptly report to the Conflicts Committee any change in matters previously reported on any *Conflicts of Interest Questionnaire* or otherwise.

**I, THE UNDERSIGNED, UNDERSTOOD THE QUESTIONS INCLUDED IN THIS QUESTIONNAIRE AND HAVE ANSWERED EACH QUESTION FULLY, TRUTHFULLY, AND ACCURATELY, TO THE BEST OF MY KNOWLEDGE AND BELIEF WITHOUT OMITTING ANY MATERIAL FACT.**

**I FURTHER UNDERSTAND, AND ACCEPT ALL OF THE ABOVE CERTIFICATIONS.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**SAMPLE  
Conflicts of Interests Disclosure Letter**

(Date)

Hospital  
Conflicts of Interests Committee

Re: Conflicts or Potential Conflicts of Interests Related to

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*(please describe)*

Dear Sir or Madam:

I am sending you this disclosure letter pursuant to the Conflicts of Interests Policy of Hospital (the “Hospital”). The purpose of this disclosure letter is to inform you, the entire Board of Trustees (the “Board”) and the Conflicts Committee of the Hospital that I have a possible conflict of interest regarding the potential transaction with:

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*(Describe possible conflicts, including both the other entity in which you have an interest and the nature of the actual or possibly conflicting dealings it has with the Hospital.)*

I recognize that the Hospital’s Conflicts of Interests Policy may prohibit my involvement in transactions in which I have a conflict of interest and requires that I recuse myself in accordance with the procedures of that Policy. Therefore, I will take no actions regarding the above-described transaction and will recuse myself from discussions and votes on this topic in meetings, until I receive notice from the Board or from the Conflicts Committee as to what actions I may and may not take regarding this transaction. I will also recuse myself from discussions and votes regarding whether or not I have a conflict of interest.

Sincerely,

*(Signature)*