***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Personnel **CODE: C-1**

SUBJECT: Conflict of Interest **EFFECTIVE:**

**COORDINATOR: Director of Human Resources**

1. General Principle:

All employees, officers and Directors of *[Hospital Name]* have a duty to be free from the influence of any of any conflicting interest when they represent the Hospital. They are expected to deal with all persons on a basis that is for the best interest of the Organization without favor or preference to third parties or to personal considerations.

1. *[Hospital Name]* follows the policy and procedures of the Local Division of Seventh-Day Adventist as depicted in the Union Employee Handbook. A copy of this handbook is available for review in the office of the Chief Executive Officer, the Business Manager, and the Chief Medical Officer.
2. The attached form is used to report potential and/or actual conflicts of interest. Employees and officers are required to self-report any changes in conflict of interest status this form will be:
3. Completed by all employees at the time of their initial employment
4. Completed annually by all Department Heads, Officers and members of the Board of Directors.
5. By employees, Officers and members of the Board of Directors any time a potential conflict of interest arises.
6. Will be filed in the personnel file of all employees and in the Office of the Chief Executive Officer for all members of the Board of Directors.
7. Completed conflict of interest forms of non-officer employees will be reviewed by the Chief Executive Officer and the Director of Human Resource and the review process as outlined in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Union Employee Handbook followed.
8. Completed conflict of interest forms of officers and Board Members will be reviewed by the Board Chair and Board Vice-Chair and the review process as outlined in the Local Union Employee Handbook followed.

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**CONFLICT OF INTEREST STATEMENT 2016**

In accordance with the Conflict of Interest Policy (the Policy) adopted by the Board of this corporation, during the period in which I am a\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(write in your position) of the corporation, I will:

1. Remain loyal to the corporation and act in the corporation’s best interests when I participate in or vote upon any matter involving the business activities of the corporation, and when I represent the corporation among persons or entities doing or interested in doing business with the corporation.
2. Avoid investing or participating in business opportunities or purchasing property or other assets which are of interest to the corporation and which are related to the business of the corporation without first offering the business opportunity or asset purchase opportunity to the corporation, whenever I have notice of the corporation’s interest in the property or business opportunity.
3. Avoid investing or participating in businesses which compete with the corporation (except passive investments).
4. Not accept or seek from any person or entity doing or interested in doing business with the corporation a gratuity, favor, benefit, loan or gift of greater than nominal value beyond the common courtesies usually associated with accepted business practices.
5. Not use my position, or any confidential information acquired through or from the corporation, for my personal profit or advantage.
6. Not enter into financial transactions with the corporation without first obtaining the necessary approvals specified in the Policy.
7. Notify the President or Chief Financial Officer if I acquire or maintain an ownership interest in or serve in a position or responsibility for an entity doing or interested in doing business with the corporation, or an entity which is superior, subordinate or related to this corporation through ownership or control.
8. Notify the President or Chief Financial Officer immediately of any circumstances which are or may appear to others to be a conflict of interest.
9. Ensure that members of my immediate family are not engaged in any of the activities contemplated by Paragraphs 1-7 above, and report to the President or Chief Financial Officer any actual or potential conflict of interest involving my family members.

I hereby disclose that as of the date of this response, I ❒**have** ❒**have no** conflicts of interest(s) to declare. The conflict of interest(s) I have to declare is/are: (use additional page(s) if necessary)

EXECUTED on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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