

ANNUAL CONFLICTS OF INTEREST DISCLOSURE STATEMENT

Name: _____

Date: _____

Position: _____

Conflict of Interest Policy

's (the "Facility") Conflict of Interest Policy requires each executive employee and contractor in a position to influence the Facility's decision making regarding contracts to disclose annually his or her affiliations and to execute an acknowledgement confirming that he or she has complied with the Facility's Code of Conduct.

Disclosure of an executive employee and contractor's affiliations is intended to assist the Facility in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that an unacceptable conflict of interest exists or that the affiliation would unduly influence the executive employee or contractor.

Instructions

Please answer all of the questions in Section 3 to the best of your knowledge. If you answer "yes" to any question on this form, please respond fully to the information requested or identify whether the position or relationship is compensated, involves equity (i.e. stock, or other beneficial ownership interest), or involves another financial interest. Use additional sheets if necessary to fully answer any question.

DISCLOSURE STATEMENT

1. Do you or, to your knowledge, any member of your family have any interest in any entity which conducts business with the Facility?

_____No _____Yes If yes, please explain

2. Do you or, to your knowledge, any member of your family hold any position as a director, officer, partner, trustee, employee, agent or consultant of any entity which conducts business with the Facility?

____No ____Yes If yes, please explain

3. Have you or, to your knowledge, any member of your family given, directly or indirectly, any gift, entertainment, compensation, reward, or other benefit during the past twelve (12) months to any entity which conducts business with the Facility?

____No ____Yes If yes, please explain

4. Have you or, to your knowledge, any member of your family received, directly or indirectly, any gift, entertainment, compensation, reward, or other benefit of more than nominal value during the past twelve (12) months from any entity which conducts business with the Facility?

____No ____Yes If yes, please explain

5. Are you a member of the governing body or an officer, trustee, employee, agent, or consultant of, any other healthcare provider or supplier other than the Facility?

_____No _____Yes If yes, please explain

6. Please indicate whether you are currently debarred, suspended, excluded, or otherwise ineligible to participate in any federal program.

_____No, I am NOT currently debarred, suspended, excluded, or otherwise ineligible to participate in any federal program

_____Yes, I am currently debarred, suspended, excluded, or otherwise ineligible to participate in any federal program. Please provide details of debarment, suspension, or exclusion.

7. Please indicate whether you have ever been convicted of a criminal offense related to the provision of health care items or services.

_____No, I have never been convicted of a criminal offense related to the provision of health care items or services.

_____Yes, I have been convicted of the following criminal offense related to the provision of health care items or services. Please explain and include the offense, date of conviction, and state where offense occurred.

8. Please indicate whether you have entered into or been a party to any agreement or settlement with any governmental body or agency relating to an allegation of non-compliance with, or violation of, any healthcare laws.

_____No _____Yes If yes, please explain the nature of the settlement and include the violation, date of settlement, and state where the violation occurred

Please indicate your knowledge of whether or not the Facility is currently noncompliant with any applicable healthcare laws or regulations or under investigation, audit, or review for any alleged noncompliance with healthcare laws.

_____No, I have NO knowledge of any non-compliance with applicable healthcare laws by the Facility, or knowledge of any investigation, audit, or review of alleged noncompliance with healthcare laws by the Facility.

_____Yes, I am aware of and have knowledge of noncompliance with healthcare laws by the Facility, or I have knowledge of an investigation, audit, or review of alleged noncompliance with healthcare laws. Please explain, in detail, what you have knowledge of by providing a complete explanation and all relevant facts and circumstances.

Acknowledgement

I hereby certify that I have carefully read and understand all of instructions, questions and disclosures in this Annual Disclosure Statement. I agree to immediately update the information provided in this Annual Disclosure Statement in writing to the Facility Compliance and Ethics Officer in the event of any changes.

I further certify that the information contained on this form is true and correct to the best of my knowledge and I have made reasonable efforts to assure that accurate and complete information has been provided.

Additionally, I certify that it is my responsibility to read, understand and abide by the Facility Code of Conduct and agree to comply with my obligations under the Code of Conduct.

Signature: _____ **Date:** _____