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| TITLE/DESCRIPTION | | | | FILING #: |
| Conflict of Interest/Confidentiality | | | | Leadership JC Standard LD.04.02.01 |
| Effective: 09/2009 | Reviewed: 11/03/2009 | Revised: | Applies to: DRMC Employees; Licensed Independent Practitioners; Licensed Dependent Practitioners | Approved by: MEC: 11/03/2009 BOT: 01/19/2010 |

Purpose: To ensure that all Davis Regional Medical Center (DRMC) employees, contracted personnel, licensed independent practitioners and licensed dependent practitioners disclose any activities that could result in a conflict of interest and maintain confidentiality of matters which are proprietary in nature.

Policy: It is the policy of Davis Regional Medical Center (DRMC) that all DRMC Staff, contracted personnel, licensed independent practitioners, licensed dependent practitioners and key personnel will disclose any activities that could result in a conflict of interest and maintain confidentiality on all matters which are sensitive or proprietary in nature within Davis Regional Medical Center and Health Management Associates, Inc. (HMA).

Definition of Conflict of Interest: A conflict of interest is a situation in which financial or other personal considerations have the potential to compromise or bias professional judgment and objectivity. A conflict of interest may include an employment arrangement; financial interest; official position; ownership interest; loan to or from; guarantee of any obligation of; or any other relationship that a DRMC employee, licensed independent practitioner, licensed dependent practitioner or member of his or her immediate family has with DRMC or HMA customer, vendor, competitor, or other business relation.

Procedure:

1. Employees:

At orientation and at least annually thereafter, each employee shall complete the employee affirmation statement in the HMA compliance manual.

When an employee becomes involved in any activities, interests, relationships, or financial holdings that create or have the potential to create a conflict of interest for the employee, the employee shall complete a conflict-of-interest

disclosure form. The disclosure form shall include any conflicts of interest that may have developed since the employee's previous completion of the Employee Affirmation Statement.

2. **Licensed Independent Practitioner/Licensed Dependent Practitioners:** At orientation each licensed independent practitioner/licensed dependent practitioner on staff at DRMC shall complete the affirmation statement in the HMA Compliance Manual. Thereafter, if the licensed independent practitioner/licensed dependent practitioner become involved in any activities, interests, relationships or financial holdings that create or have the potential to create a conflict of interest, the licensed independent practitioner/licensed dependent practitioner shall complete a conflict of interest disclosure form.

At least annually, each physician serving in an elected or appointed position in the organized medical staff shall complete a conflict of interest disclosure form identifying any activities, interest, relationships, or financial holdings that creates or has the potential to create a conflict of interest for the physician for carrying out the responsibilities of that position. Annually, the hospital will present corporate compliance and conflict of interest education to the general medical staff during a general medical staff meeting.

When an issue comes before the individual physician as a result of serving in a position in the organized medical staff, such as a Department Chairman or member of a committee, to which an actual or potential conflict of interest may be relevant, the physician shall disclose the conflict of interest prior to participating in consideration of that issue. Such disclosure shall include any conflicts of interest that may have developed since the physician's previous completion of the conflict of interest disclosure form.

3. **Process for Disclosure:** The conflict of interest disclosure form shall be submitted to the employee's supervisor, the Hospital Compliance Officer (HCO), the Divisional Compliance Officer (DCO), the Hospital Chief Executive Officer, or HMA General Counsel. After the disclosure of the perceived conflict of interest, the affected individual will have an opportunity to explain the facts and circumstance of the perceived conflict of interest to the HCO and/or DCO. The HCO and/or DCO will determine whether the contemplated transaction may be authorized as just, fair and reasonable to DRMC and HMA. The decision of the HCO and/or DCO on these matters will rest in their sole discretion, and their concern must be the welfare of DRMC and HMA. The affected individual shall not participate in negotiation of the contemplated transaction.

Failure to disclose potential conflicts of interest pursuant to this policy shall result in investigation and disciplinary action as necessary.

4. **Confidential and Proprietary Information:** No DRMC employee, contracted employee, licensed independent practitioner or licensed dependent practitioner shall use confidential or proprietary DMRC or HMA information for his or her own personal benefit or for the benefit of any other personal or entity, while employed by DRMC and/or HMA, providing services on behalf of DRMC and/or HMA, or at any time thereafter.

Confidential information includes but is not limited to, personal data, patient lists and clinical information, pricing and cost data, information pertaining to acquisitions, financial results, research data, marketing strategies, supplier and sub-contractor information and proprietary computer software.



CONFLICT OF INTEREST DISCLOSURE FORM

Name: _____

- _____ Licensed Independent Practitioner
- _____ Licensed Dependent Practitioner
- _____ Other: _____

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest between Davis Regional Medical Center and your personal interests, financial or otherwise:

_____ I have no conflict of interest to report

_____ I have the following conflict(s) or possible conflict(s) or interest to report:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

I hereby certify that I have read and understand and agree to abide by the Davis Regional Medical Center Conflict of Interest Policy. The information set forth above is true and complete to the best of my knowledge.

Printed Name: _____

Signature: _____

Date: _____