

South Peninsula Hospital Board of Directors Policy

Title: Conflict of Interest

Category: Self-Management

Policy Number: SM - 01

Date Adopted: September 24, 2003

Board service carries with it a requirement of loyalty and fidelity to the hospital. It is the responsibility of the members of the board to govern the hospital's affairs honestly and economically, exercising their best care, skill, and judgment for the benefit of the hospital. Any duality of interest or possible conflict of interest can best be handled through full disclosure of such interest, together with abstention from any vote where the interest is involved.

1. The Board has identified potential conflict of interest situations in the "Conflict of Interest Questionnaire." Candidates for appointment shall complete the questionnaire prior to appointment. Responses to the questionnaire will be considered by the Board when evaluating candidates.
2. Any duality of interest or possible conflict of interest on the part of board members will be disclosed to the other members of the board and made a matter of record, annually or when the interest becomes a matter of board action. Discussion of the Conflict of Interest Questionnaire for each board member will be an agenda item for the January meeting each year.
3. Any board member having a duality of interest or possible conflict of interest on any matter will not vote or use his personal influence on the matter. He/she will not be counted in determining the quorum for the vote. The minutes of the meeting will reflect that a disclosure was made, the abstention from voting, and the quorum situation.
4. The foregoing requirements will not be construed as preventing the board member from stating his/her position in the matter, nor from answering pertinent questions of other board members, since his/her knowledge may be of assistance.

(Replaced Board Policy AB-04-02)

SOUTH PENINSULA HOSPITAL, Inc.
Conflict of Interest Questionnaire

I have reviewed the Board’s Conflict of Interest policy and understand the policy requires disclosure of information concerning conflicts of interest or potential conflicts of interest. I hereby state that I or members of my immediate family have the following affiliations or interests and/or have taken part in the following transactions that, when considered in conjunction with my appointment to the board of South Peninsula Hospital, Inc. might possibly constitute a conflict of interest. (Circle “None” where applicable.)

1. OUTSIDE INTERESTS

- A. To hold directly or indirectly, a position or a material financial interest in any outside concern from which the individual has reason to believe the hospital secures goods or services (including the services of buying or selling stocks, bonds, or other securities) or that provides services competitive with the hospital.
- B. To compete, directly or indirectly, with the hospital in the purchase or sale of property or property rights, interests or services.

Identify any interests, other than investments, of yourself or your immediate family as described above. _____

None

2. INVESTMENTS

List and describe with respect to yourself or your immediate family, all investments, other than publicly traded securities, that might be within the category of “A material financial interest.” _____

None

3. OUTSIDE ACTIVITIES

To render directive, managerial, or consultative services to any outside concern that does business with, or competes with, the services of the hospital or to render other services in competition with the hospital.

Identify any outside activities, of yourself or your immediate family, as described above. _____

None

4. **GIFTS, GRATUITIES AND ENTERTAINMENT**

To accept gifts, excessive entertainment, or other favors from any outside concern that does, or is seeking to do, business with, or is a competitor of, the hospital - under circumstances from which it might be inferred that such action was intended to influence or possibly would influence the individual in the performance of his/her duties. This does not include the acceptance of items of nominal or minor value that are clearly tokens of respect or friendship and not related to any particular transaction or activity of the hospital.

Please list any gifts, gratuities, or entertainment accepted by you or any member of your immediate family that might influence your judgment or actions concerning business of the hospital. _____

None

5. **INSIDE INFORMATION**

Using or disclosing information relating to the hospital's business for personal profit or advantage of the individual or his immediate family. Full disclosure of any situation in doubt should be made so as to permit an impartial and objective determination. It should be particularly noted that disclosure relates not only to yourself but also to your immediate family.

Please identify any area of hospital operations where inside information might be used for your or your immediate family's profit or advantage. _____

None

6. **OTHER**

List any other activities in which you or your immediate family are engaged that might be regarded as constituting a conflict of interest. _____

None

Signature: _____

Printed Name: _____

Date: _____