

2020
CONFLICT OF INTEREST DISCLOSURES & CERTIFICATION
CONFIDENTIAL

The disclosure of potential COI through this questionnaire is a normal part of our ongoing business. Disclosure of potential COI is the first step in effectively addressing them. Disclosure helps to protect the reputations of both BSMH and associates. Even if you are uncertain as to whether a particular matter should be disclosed, you should disclose it on this form so we can objectively determine whether a potential conflict exists.

Disclosure Type

- New Hire
- Annual

Contact Information

First Name: _____ M.I. _____ Last Name: _____

Phone Number: _____ Title: _____

Location: _____

(Please be specific regarding the BSMH entity that you work for)

Department: _____

Relationship to BSMH

- Paid Associate (i.e., W-2)
- Independent Contractor (i.e., 1099)
- Volunteer/No Payment or Contact
- Other _____

Primary Responsibility: (Select all that apply)

- Board Member
- Board Committee Member
- Employed Physician
- Associate
- Independent Physician Contractor
- Independent Contractor

**EXCLUSION FROM FEDERAL HEALTH CARE PROGRAMS
& RELATED CRIMINAL OFFENSES**

BSMH will not knowingly employ, appoint, elect, contract or bill for any individual or entity that has been listed as debarred, excluded or is otherwise ineligible for participation in federal or state health care programs.

We routinely screen our associates, vendors and Board Members with those that are included on applicable state or federal exclusion lists. Exclusion lists are provided by, but not limited to, agencies such as: the U.S. Department of Health and Human Services (Office of Inspector General), the General Services Administration and the various State Department of Health’s exclusion lists.

You are required to report to us if you become excluded, debarred or ineligible to participate in Federal or state health care programs or have been convicted of a criminal offense related to the provision of health care items or services.

Select all that apply:

- I am currently debarred, suspended, excluded or otherwise ineligible to participate in any Federal or State Program.
- I have been convicted of a criminal offense (misdemeanor or felony) related to the provision of health care items or services.
- I have been indicted or convicted of a violation of Federal or State Law (including misdemeanor or felony).
- I am currently being investigated for any of the above or similar.

OR

- I have no Reportable Adverse Legal Events (i.e., any of the situations referenced above).

When did this occur? (Please enter the month and year.)	Where did this occur? (Please enter the U.S. state in which it occurred.)	Please enter a description of the reportable action(s):

OUTSIDE EMPLOYMENT OR PERSONAL BUSINESS INTEREST

List all outside employment or personal business interests that you currently have or have had within the past 2 years.

OR

- I have no outside employment or personal business interest to report

Name of outside employer or personal business	Employed or Personal Business?	Avg. hours worked per week	Cash or noncash value of employment or services (Annual)	Type of relationship that this business has with BSMH: (Service Provider, Supplier, Partner, Competitor, No relationship to BSMH, Other)
Please enter a description if you chose “Other” above.				

DIRECT & INDIRECT SUPERVISION

Identify any individuals that you directly or indirectly supervise at BSMH and with whom you have a family or close personal relationship.

OR

I have no direct or indirect supervision to report.

When did this occur? (enter the month and year)	Name of Family Member/Close Personal Relationship	Family Member or Close Personal Relationship?	Role of Family Member or Close Personal Relationship (Family Member/Close Personal Relationship)

FAMILY CONFLICTS

List any family member or close personal relationship who is involved in activities that may influence your decision-making in your role at BSMH.

OR

I have no family conflicts to report.

Family Member or Close Personal Relationship?	Name of Individual	Name of Organization	Role in Organization	Nature of relationship with BSMH (Patient/Competitor/Supplier/Other Business Partner)	When did this occur? (Please enter the month and year)

Please enter a description if you chose "Other" above.

OUTSIDE FINANCIAL INTERESTS

List all direct and indirect financial interests that you, your family or any business entity related to you current has or has had within the past 2 years. Do not report an interest related to widely held securities.

OR

I have no outside financial interests to report.

Direct or Indirect Financial Interest	Nature of Relationship	When did this occur? (Please enter the month and year)	Ownership Percentage (Enter zero if none)	Cash or noncash value of Relationship (Annual)

BOARDS & PUBLIC SERVICE

Identify all organizations or businesses where you or a family member serve in a fiduciary role (e.g. officer, director, committee member, elected or appointed official);

OR

I have no conflicting Board or Public Service memberships to report.

Person who serves in role (You/Family Member)	Name of Family Member and Relationship to you	Type of Role (Fiduciary /Public Service)	Name of Organization	Role in the Organization	Voting Rights (Yes or No)

POLITICAL RELATIONSHIPS

Identify all political activities you've conducted and/or relationships that you have.

OR

I have no political relationships to report.

Political Activity or Relationship	Nature of relationship	When did this occur? (enter the month and year)	Cash or Noncash Value of Contrib., as applicable (Enter zero if none)	Time spent annually, as applicable. (Enter zero if none)

GIFTS

Receiving or offering gifts, gratuity, services, hospitality, favors or entertainment that might reasonably be regarded as influencing or having the potential of influencing your judgement/actions in relation to the entity concerned. This includes any entity that conducts business, competes, and/or could be perceived as conflicting with BSMH.

OR

I have no gifts, favors or entertainment to report.

Name of Individual or Entity that made the offer	Name of Recipient	When did this occur (enter the month and year)	Type of offer (Gift, Gratuity, Service, Hospitality, Favor, Entertainment, Other)	Cash or noncash value of Gift, Favor or Entertainment

NOTE: *It is not necessary to report gifts, favors or entertainment <\$100.*

SPEECHES AND PRESENTATIONS

List any speech or presentation that you made in the past year for which you were paid a fee, reimbursed for travel/hospitality expenses or offered a personal benefit for speaking.

OR

I have no speeches or presentations to report.

Purpose and/or Nature of Speech or Presentation	When did this occur? (Enter the month and year)	Type of Compensation (Fee, Reimb., Personal Benefit)	Cash or noncash value of the fee, reimbursement or personal benefit received

Definitions:	
Affiliate	A party that, directly or indirectly through one or more intermediaries, controls, is controlled, or is under common control with an entity.
Close Personal Relationship	A close personal relationship includes a romantic relationship and/or a friendship that involves frequent, non-work-related social interaction.
Financial Interest	A Financial Interest may be direct or indirect through a business, investment, family, or other relationship and includes active or potential: A. Ownership or an investment interest in any entity involved or proposed to be involved in a contract, transaction, or arrangement with BSMH; or B. Compensation arrangement (through employment, contractual relationship, consulting agreement, or otherwise) with any individual or entity involved or proposed to be involved in a contract, transaction, or arrangement with BSMH;
Family Member	Relation by blood, marriage or adoption, or with whom the individual resides: spouse/partner, parents, children, spouses/partners of children, siblings, or spouses/partners of siblings.
Political Activities	Direct or indirect participation in, or intervening in, any political campaign on behalf of (or in opposition to) any candidate for elective public office
Substantial Influence	Substantial influence by virtue of title: Board and Board Committee members; senior and executive leaders; medical staff leadership; internal auditors and corporate responsibility officers. Substantial influence by virtue of function: any BSMH associate or agent who is directly involved in decisions relating to any of the following activities: (1) Purchasing; (2) Vendor selection and/or monitoring; and, (3) Negotiations related to mergers and acquisitions, contracts and agreements, insurance products and services, joint ventures, or contracted consultants.

YOUR CERTIFICATION

Pursuant to the Bon Secours Mercy Health System Conflict of Interest Policy, I hereby certify the following:

- I am an employee with substantial influence, or Board member or Board Committee member of Bon Secours Mercy Health ("BSMH") or an affiliate of BSMH, or a physician with an employment agreement or contract with BSMH. (Collectively referred to as BSMH).
- I have read and understand the Code of Conduct and agree to comply with my obligations under the Code.
- I agree to maintain the confidentiality of all matters which are sensitive or proprietary relating to BSMH.

Your Responsibility to Disclose

- On an ongoing basis, and as necessary based on changes since my last report, I agree to disclose to BSMH any potential conflicts of interest that may arise in the course of my official duties on behalf of BSMH.

Your Responsibility to Cooperate and Resolve Conflicts

- I agree to provide all necessary information to enable BSMH to determine the materiality of a potential conflict of interest. I also agree to assist BSMH to resolve any potential conflicts.

By signing below, I attest that I have responded accurately to the questionnaire and that I have reported any and all potential conflicts.

Name (please print)

Phone number

Signature

Date

Please return completed COI disclosure to the Compliance Department at COI@BSMHealth.org.

Should you have any questions, please send a detailed email to COI@BSMHealth.org and someone will respond accordingly.