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	EFFECTIVE DATE: NOVEMBER 2007	NUMBER: 9050
	ORIGINATOR: Vice President, Corporate Compliance and Internal Audit	
ORGANIZATIONAL POLICY Conflicts of Interest	CONCURRENCE: Vice President, Human Resources Vice President, Finance/CFO Executive Vice President, Operations/COO Vice President, Medical Affairs	
	APPROVAL: CEO/PRESIDENT	

PURPOSE OF POLICY

Ellis Hospital recognizes the right of individuals to participate in financial, business and other activities outside of their jobs at Ellis Hospital provided such participation is lawful and free of conflicts with their job responsibilities and the mission of Ellis Hospital.

It is the policy of Ellis Hospital that individuals are to avoid any actions that may involve, or may appear to involve, a conflict of interest with their obligations to the hospital

- A. To identify types of activities that may constitute a conflict of interest.
- B. To set forth disclosure requirements.

SCOPE

This policy applies to all individuals, including but not limited to, employees/staff, trustees and medical staff members with administrative responsibilities and/or decision making responsibilities at Ellis Hospital.

DEFINITION OF TERMS

A conflict of interest occurs if an individual’s activities or personal interest appear to or might influence the business decisions required by his responsibilities, are detrimental to the mission of Ellis Hospital, or result in an improper or illegal gain for the individual or a third party.

CONFLICTS OF INTEREST

Some circumstances which may involve a conflict of interest could include but are not limited to:

- A) Receiving gifts, loans or other special preferences from a person or organization that does or wants to do business with the hospital. *See Policy#9100 Hospital Employee Relationships with Healthcare Vendors*

- B) Holding significant financial interest in or engaging in outside activities on a consulting basis or otherwise with a firm or organization which provides supplies, materials or equipment to the hospital;
- C) Borrowing money from contractors or suppliers to the hospital;
- D) Misuse of information gained through a person's position with the hospital, such as disclosure of confidential information to competitors, suppliers, third party payors or other entities that do business with the hospital;
- E) Failure of new individuals to notify Human Resources if they were employed by a Medicare intermediary/carrier or a New York State Medicaid office.

PROCEDURES

DISCLOSURE REQUIREMENTS

- A) The Ellis Hospital Corporation Bylaws require Trustees, Officers, Administrative staff members, Medical Staff members with administrative responsibilities and/or decision making responsibilities, Divisional Directors, Directors, Managers, Supervisors, and other selected individuals, as identified by the Director of Human Resources and the Vice President, Corporate Compliance and Internal Audit, to file a conflict of interest disclosure statement on an annual basis.
- B) Individuals should disclose possible conflicts of interest involving themselves or their immediate families to the Vice President, Corporate Compliance and Internal Audit and their supervisor, who will evaluate the situation and provide any necessary guidance to avoid any appearance of impropriety.
- C) If an individual has concerns about a possible conflict of interest involving other individuals, the individual should contact the Vice President, Corporate Compliance and Internal Audit or the Compliance and Fraud Hotline.
- D) Each new individual at Ellis Hospital if required (as above) must file a Conflict of Disclosure Statement with the Vice President, Corporate Compliance and Internal Audit before the first scheduled day of work. A copy of the disclosure statement and Policy 9050 will be provided to each individual during the new employee orientation process.
- E) Each existing individual at Ellis Hospital if required (as above) will receive annually a Conflict of Interest Disclosure Statement for completion and a copy of Policy 9505. The Statement should be completed and sent to the Vice President, Corporate Compliance and Internal Audit in a sealed envelope marked "Private and Confidential". Upon receipt the Vice President, Corporate Compliance and Internal Audit will review the disclosure. In any case where a potential conflict has been disclosed the Vice President, Corporate Compliance and Internal Audit will meet with the appropriate level supervisor to discuss the disclosure and need for action if any.
- F) In the event potential conflicts are resolved, by agreements among the parties involved, such agreements must be documented, signed by all parties, and preserved.

- G) A complete copy of the Conflict of Interest Disclosure Statement and related documents will be maintained in the Audit and Compliance Department. The original will be send under sealed transport to the Human Resource Department for placement in the individual file.
- H) When necessary, Trustees, Officers, Administrative staff members, Medical Staff members with administrative responsibilities and/or decision making responsibilities, Divisional Directors, Directors, Managers, Supervisors, and other selected individuals, as identified by the Vice President of Human Resources and the Vice President, Corporate Compliance and Internal Audit, with actual or potential conflicts of interest must disclose such conflicts and, if indicated, excuse themselves from any vote or decision making action.

REFERENCES

Hospital Corporation Bylaws, Conflict of Interest (Article XIII)

EXHIBITS

Exhibit A - Ellis Hospital Conflict of Interest Disclosure Form

ORIGINAL IMPLEMENTATION DATE: 05/06/97
REVIEW DATE: 05/99, 11/01, 12/02, 11/10
REVIEWED: 12/00, 11/07
REVISED: 11/21/99, 04/2003, 1/2004



**Exhibit A
ELLIS HOSPITAL**

CONFLICT OF INTEREST DISCLOSURE FORM

NAME:		
DEPARTMENT:		
DATE:		

Instructions

Employees who are in a position to influence or make business decisions on behalf of the Hospital are required to file an annual disclosure form concerning situations that may create actual, potential, or apparent conflict of interest.

In this regard, you should read the Hospital's Conflict of Interest Policy which is enclosed, complete this form and forward it in a sealed envelope marked "PERSONAL AND CONFIDENTIAL" to the Vice President, Corporate Compliance and Internal Audit. The Vice President, Corporate Compliance and Internal Audit will review the disclosure and discuss the content as needed with the respective Director, Divisional Director, Vice President, President or Chairman of the Board, to whom you report. In the event a potential conflict exists this discussion may include any steps necessary to resolve identified conflicts.

Upon completion of this review and resolution of potential conflicts the Vice President, Corporate Compliance and Internal Audit will then certify either that:

- There are no conflicts or any conflict disclosed is not one that is prohibited under the Conflict of Interest Policy or other Hospital policies;
- or
- The employee has taken appropriate steps to resolve the conflict.

B. Disclosure

1. Are you, your spouse or a dependent or significant other, an officer, director, trustee, partner (general or limited), employee, or regularly retained agent or owner of any organization that has or may have a business relationship with Ellis Hospital?

YES NO

If "YES" please provide the following information:

Organization	Position	Name (You or Name of Family Member)	Nature of Organization's Business

2. Have you, any members of your family or household, or a significant other had, or do any of you presently have, a financial interest in an outside business or firm which has a relationship with Ellis Hospital – either as a supplier of goods or services, customer, or competitor ?

YES NO

If "YES" please provide the following information, and complete question 3 and 4:

Organization	Position	Name (You or Name of Family Member)	Nature of Organization's Business

3. Does this financial interest represent an ownership interest of 10% or more of the company listed above? YES NO

4. Can you affect how much business this outside company receives from Ellis Hospital? YES NO

5. Have you received, or do you presently receive salaries, fees, honoraria, royalties, gifts or other financial benefit from contributions to (or work on) books, articles, lectures,

participation on committees, consulting work, or other activities in which you draw upon the reputation, experience or information of Ellis Hospital?

YES NO

6. Please briefly describe any other interest, relationship, or transaction including any relationship which might result in payment of more than \$100.00 to you, that could create, a real, apparent, or potential conflict of interest contrary to the requirements, spirit, or general principles set forth in ELLIS HOSPITAL's Conflict of Interest Policy. For questions regarding vendor relationships, see Policy #9100 Hospital Employee Relationships with Healthcare Vendors for clarification.

7. Have you devoted or do you presently devote an average of eight hours or more per week to the activities of an outside firm or organization, the business or activities of which relate to your responsibilities or relationship as an Ellis Hospital employee?

YES NO

If yes please explain:

8. Have you or any members of your family or household, or significant other accepted gifts or favors from an outside concern – including suppliers of goods or services, patients and/or competitors of Ellis Hospital while you are or were in a position to influence Ellis Hospital decisions that may affect this outside concern?

YES NO

Examples of Gifts/Favors:

- Accepting free concert tickets from a vendor that is bidding on an Ellis contract and one in which your recommendation is needed.
- Money of any amount
- Stocks, bonds, notes, obligations of any value
- Loans of any value
- Gift certificates, free or discounted services and/or products (except as made available to the general public)
- Lodging, transportation, meals and entertainment, sporting events
- Any other gift or favor of nominal value in violation of existing Ellis Hospital Policy

Explain:

9. Are you or have you been, in a position to have direct authority or influence over the hiring, promotion, or salary decisions of a spouse, relative or significant other, or close personal friend ?

YES NO

If yes please provide the names of those individuals involved:

Employee's Certification

The above is an accurate and current statement of all my reportable outside interests and activities.

Employee's Signature:		
Date:		

Please return this form to the Vice President, Corporate Compliance and Internal Audit in a sealed envelope.

VICE PRESIDENT, CORPORATE COMPLIANCE AND INTERNAL AUDIT CERTIFICATION

Describe any arrangements you worked out with the employee AND their respective Director/Divisional Director/Vice President/President to resolve any conflict of interest.

I certify, to the best of my knowledge, that the person named above does not have any conflicts of interest or has reported them and resolved them.

Vice President, Corporate Compliance and Internal Audit		
Director/Divisional Director/VP/President/Chairman of Board		
Employee		
Date:		