

Section: Leadership
Scope: System
Policy Name: Conflict of Interest
Number: LD.1.30
Date: 03/00, 11/01, 10/04, 2/08

Purpose

Foote Health System (FHS) is committed to the highest standard of ethical business and professional conduct. FHS staff are expected to conduct all interactions with patients, customers, vendors, and the community at large, in a manner which preserves and promotes FHS mission, vision, values, and interests. As agents of FHS, all staff members are responsible for acting in the best interests of FHS, for apprising themselves of policies and procedures governing conflicts of interest, consulting with leadership when questions arise about potential conflicts, and avoiding interactions which may give rise to the appearance of conflict. This policy is intended to create a process by which real and potential conflicts can be identified and resolved in an appropriate manner.

Scope

All employees or agents of FHS including those in a regular employment status of: full-time, part-time, per diem, on-call, temporary employment, and those non-employees contracted to perform specific duties.

Definitions

A real or potential conflict of interest exists where an employee or contracted staff member is in a position to use access to patient or business information obtained through his/her employment or relationship with FHS in a way that would benefit that employee or contracted staff member personally or benefit others with whom the employee or contracted staff member may have a relationship. A conflict of interest also exists where an employee or contracted staff member is in a position to use information gained via patient contact or business access for competitive benefit to themselves or others.

Policy

- I. Employees, contracted staff members, or agents of FHS must avoid placing themselves in a position where personal interests are, or may be, in conflict with their duty to the organization. Whenever a possible conflict exists or arises, personal interests and/or alternative employment relationships, which are, or may be, in conflict with the interest of the organization, or its subsidiaries, are expected to be disclosed. (See attached Declaration Form).
- II. The following are examples of Conflict of Interest:
 - A. Employee, or contracted staff member actions which create revenue for another organization (through which the employee or a member of the employee's family is also receiving compensation) to the detriment of FHS
 - B. On-duty employees or contracted staff members referring patients to another organization through which the employee or a member of the employee's family receives compensation.

Section: Leadership
Scope: System
Policy Name: Conflict of Interest
Number: LD.1.30
Date: 03/00, 11/01, 10/04, 2/08

Page 2 of 4

-
- C. Sharing strategic or business information with a competitor or using FHS strategic or business information to impact the business decisions of a competing organization.
 - D. Exercising any form of personal influence regarding referrals to competing organizations. (Example: “I also work for XYZ Home Care, and they are very good.”)
 - E. Acceptance by an individual (including members of their family) of gifts or other favors from any outside concern, which does or is seeking to do business with, or is a competitor of the organization, under circumstances from which it might be inferred that such action was intended to influence the individual in the performance of his duties. This does not include the acceptance of items of minor value which are of such a nature as to indicate that they are merely tokens of respect, thanks, or friendship and not related to any particular transaction or corporate activity.
- III. All employees and contracted staff members of FHS are required to disclose any and all current employers and contractual relationships with which there could be a real or perceived conflict of interest.
 - IV. Disclosure of conflict is required at the time of hire and upon occurrence. Human Resources will include completion of the disclosure form as a component of the hiring process.
 - V. Managers are to include a review of conflicts of interest during the annual performance appraisal process.
 - VI. It is the responsibility of each employee to inform his/her immediate supervisor whenever they begin employment or contractual relationships with any other organization. Approval to continue in dual employment will be made at the discretion of organizational leadership. All dual employment relationships are to be reviewed by the director of the department.
 - VII. Members of FHS management team may not hold a position in a competing organization. Individuals in a management capacity at a competing organization may not simultaneously be employed at FHS. In addition, employees with primary responsibility for patient referrals may not hold a position in a competing healthcare company to which they make referrals by nature of their position.
 - VIII. Except in limited FHS approved circumstances employees or contracted staff members of FHS, in the course of performing their job duties, are prohibited from referring patients/family members to a business entity outside FHS by which they are employed or otherwise receiving payment for services.

Section: Leadership
Scope: System
Policy Name: Conflict of Interest
Number: LD.1.30
Date: 03/00, 11/01, 10/04, 2/08

Page 3 of 4

This includes direct referrals or less formal suggestions to patients to use such a business entity. In addition, consistent with the confidentiality policy, employees are strictly prohibited from sharing patient information with anyone outside of the organization. **If a situation arises where a referral to another organization is appropriate, except for the existence of this policy, the situation should be referred to the department's manager or other appropriate employee.**

IX. Violation of this policy will result in disciplinary action, up to and including termination.

This policy is not intended to capture every possible incidence of real, perceived, or potential conflict of interest in which an employee or contracted staff member may engage. FHS management reserves the right to sever employment and or agency relationships at its sole discretion if it determines a conflict of interest exists.

Approvals:

1. Signature on File _____ Ken Empey, General Counsel
2. Signature on File _____ Jan Blair, Vice President, Human Resources

Author(s):

Jan Sinclair, Director, Human Resources



Conflict of Interest Declaration

Instructions: (See Conflict of Interest Policy HLD 1.30 for specific requirements)

1. Employees, agents, or those individuals under contract with W.A. Foote Memorial Hospital d/b/a Allegiance Health ("Allegiance") are required to disclose to their immediate supervisor any activity, other than their employment with Allegiance, which they pursue for wage or profit.
2. Such disclosure is to be made according to the following schedule:
 - A. Upon hire or the execution of an agreement to perform work for Allegiance;
 - B. Annually, as part of performance evaluation and required policy and procedure review;
 - C. Upon the commencement of any alternative employment or activity pursued for wage or profit.
3. Employees, agents, or those individuals under contract with Allegiance are required to attest, by signing this Conflict of Interest Declaration, they understand and agree to abide by Allegiance's conflict of interest requirements.
4. Supervisors and/or managers are to consult with their department head to evaluate any declaration received which indicates other employment or activity pursued by their staff for wage or profit.
5. Allegiance may, at its sole discretion, limit or end its employment relationship with any employee who continues employment or activity deemed to be in conflict with Allegiance's interests.

Attestation:

I understand that if I become employed or otherwise compensated for services by a healthcare or healthcare related organization in the future, while employed at Allegiance, I will immediately report such employment or compensation to my immediate supervisor. I further understand that if I engage in business activity (including making recommendations or referrals from which an individual or business, other than Allegiance, with whom I have a relationship benefits I must also report such engagement to my immediate supervisor.

Signature

Date

Employee ID#

Please check all that may apply:

- I am not employed or otherwise compensated for services by any other organization.
- I am currently employed by an organization other than Allegiance (if applicable, please complete the following):
- I am otherwise receiving compensation from an alternative business interest (if applicable, please complete the following):

Name of other employer or business interest

Street address of other employer or business interest

City, state & zip code of other employer or business interest

Telephone number of other employer or business interest

Nature of business or type of organization of other employment or business interest