



## Conflict of Interest Disclosure Statement

I \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Title), as an employee, contractor, consultant, or Member of the Board of Directors of Hometown Health Centers (HHC), understand my duty and responsibility to disclose any Conflict of Interest (COI) at the start of and during service to the organization.

COI may arise when a person affiliated with HHC benefits directly and to the detriment of the organization. He or she may volunteer, work at another organization (perhaps part-time) or have an immediate family member working or volunteering at another organization in conflict or competition with HHC.

COI may arise if an employee, contractor, consultant, or Member of the Board of Directors has a financial interest in an enterprise from which HCC purchases supplies, leases equipment, or receives services that may include real estate transactions.

Examples of COI include, but are not limited to:

- Serving on a board of another healthcare organization that does or could compete with HHC.
- An immediate family member or close relation serves on the board of an organization or works for it whose mission is contrary to HHC.
- A financial interest by you, your family, or any business entity currently affiliated with you or your family doing business with HHC. This could include, but not be limited to, rental agreement, investment interest, or contracted services with HHC.
- Receipt of gifts like meals, gift cards, or tickets to a concert or sports event, regardless of value, that could be perceived as an attempt to influence you in your capacity as an HHC employee or Board Member. Accepting gifts worth more than a small, nominal value such as a marketing pen or key chain, are prohibited.

**Please Answer the Following:**

1. Identify all business or organizations where you or a family member serve in a fiduciary role (e.g. officer, director, committee member, elected or appointed official), *if the organization's interests* may compete or otherwise be in conflict with the interests of HHC. *If none exists write N/A (Not Applicable).*
2. Identify all businesses or organizations where you play a role and where the organization's interest or philosophy may be contrary to the interest or philosophy of HHC. *(If none exists write N/A).*
3. Identify (please specify how) the individual(s), with whom you may be related, are employed by, contracted by, hold an investment interest, or serve on the Board of Directors of HHC *(If not related to anyone write N/A)*. If you have a relative at HHC, do you supervise the person or work in the same department? Does the relative supervise you?
4. Please list any personal interests, activities, or relationships involving you, another employee, or family member that could compromise, or appear to compromise, your duty, loyalty, or objectivity during employment or affiliation with HHC. *(If none exists write N/A).*
5. Are you aware of any HHC contractor, consultant, or organization seeking to do business with HHC who has given you or a family member a gift? *Answer Yes or No.* If Yes, please explain in detail.
6. Are you barred, excluded, under investigation, or otherwise ineligible to participate in a healthcare program overseen or operated by HHC? This includes state and federally funded programs. *If Yes, please explain in detail using additional sheets, if necessary.*

7. Have you ever been convicted of a criminal offense regarding the provision of healthcare services? If Yes, please explain in detail using additional sheets, if necessary, including but not limited to any mandatory reporting list you may be on.
  
8. Have you ever been convicted of a criminal offense for endangering the welfare of a child? If Yes, please explain in detail using additional sheets, if necessary.

I \_\_\_\_\_ (Print Name) affirm that I have fully and honestly answered this Statement, and have disclosed or do not have any *actual, potential, or perceived* conflicts. I understand it is my responsibility to keep the Compliance Officer apprised of any actual, potential, or perceived conflicts that may arise at any time during my affiliation at HHC and assist him or her with any review.

Furthermore, I understand HHC is a tax-exempt organization and to maintain this federal status it must engage primarily in charitable activities for tax-exempt purposes. Furthermore, I will maintain confidentiality on all sensitive or proprietary matters relating to HHC or its affiliates.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date