Holy Family
Memorial
Conflict of Interest Disclosure Statement

Under Holy Family Memorial policy, employees are required to disclose the existence and nature of any actual or potential conflict between their individual interests or those of their family members, and the interests of Holy Family Memorial (HFM).

Name:	**Title:**
Employee ID:	**Department:**

Reason for Disclosure: ☐ New Hire ☐ New Potential Conflict

Definitions:
Conflict of Interest: Any circumstance where the financial or other private interests or activities of an HFM employee influence, or have the potential to influence, such person's exercise of independent judgment or objectivity in connection with an HFM Affiliate transaction or arrangement, or the performance of his or her obligations or responsibilities to an HFM Affiliate, or may be reasonably perceived as doing so.

Family member/family relationship - an employee's spouse, domestic partner, ancestors, siblings (whole or half), children, grandchildren and great-grandchildren, and the spouses of any of the foregoing individuals.

Financial interest - a financial interest exists if an HFM employee, directly or indirectly, through business, investments or family: a.) has an existing or potential ownership or investment interest of more than 5% in any entity with which an HFM Affiliate has, or is negotiating, a business transaction or arrangement; b.) has an existing or potential compensation arrangement (including, for example, an employment, consulting or other financial arrangement) with an entity with which an HFM Affiliate has, or is negotiating, a business transaction or arrangement; or c.) serves as a director, trustee, general or managing partner, officer or key employee of any entity with which an HFM Affiliate has, or is negotiating, a business transaction or arrangement.

1. Do you have any outside employment or provide outside services which may pose a conflict of interest? No ☐ Yes ☐
   If yes, please explain:_____

2. Do you or any of your family members serve in a capacity to exercise influence over the affairs or decisions of an organization that is *a customer, vendor, or competitor* of any HFM Affiliate? (Note: Examples of a person who has a "capacity to exercise influence" include, but are not limited to: an executive officer, board member, leader, consultant, partner in a partnership, or financial interest in the organization). The following is an <u>example</u> that should be reported: Serving on a Board of another healthcare organization that could compete with HFM's services. No ☐ Yes ☐
   If yes, please explain:_____

3. Are there any other activities in which you or a family member are engaged that might be regarded as constituting a conflict of interest? No ☐ Yes ☐
   If yes, please explain:_____

To the best of my knowledge, I certify that the above information is true. I further agree to promptly file another Conflict of Interest Disclosure Statement regarding any situation that may develop. I understand that failure to provide accurate information or to update the Conflict of Interest Disclosure Statement should changes occur will result in disciplinary action, up to and including termination of employment.

Print Name	Signature	Date

This signed form should be submitted to the HFM Human Resources Department. The Corporate Compliance Department is charged with determining if an actual conflict exists and making a determination as to any restriction that may be required, such as a prohibition from participating in deliberations and decisions related to the conflict of interest.