

Froedtert Health Conflict of Interest Disclosure Statement

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| Name: | |
| Froedtert Health Department: | |
| Froedtert Health Title: | |

Instructions:

Employees and providers working at Froedtert Health or an FH Affiliate must make full disclosure of all potential or actual Conflicts of Interest. Employees and providers who work at Froedtert Health or a FH Affiliate must complete this form and return it to ComplianceConflictofInterest@froedtert.com so that it may be reviewed by the Froedtert Health Compliance Department for evaluation.

Note: See definitions at the end of this document

Conflict of Interest Disclosure:

1. Do you have any outside business activities beyond your position with Froedtert Health and/or its' Affiliates

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| <input type="checkbox"/> No | <input type="checkbox"/> Yes – If yes, question 1a must be completed |
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1a.

| | |
|---|--|
| Name of Business: | |
| Address of Business: | |
| Nature of Business: | |
| URL of Business (if applicable): | |
| Describe relationship with outside entity | |

2. Does a family member or someone you have a close personal relationship with have any business activities that may influence your decision making while serving in your role at Froedtert Health and/or its' Affiliates?

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|-----------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes – If yes, question 2a must be completed |
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2a.

| | |
|--|--|
| Name of Business: | |
| Address of Business: | |
| Nature of Business: | |
| URL of Business (if applicable): | |
| Describe relationship with outside entity: | |

3. Do you serve in a role with an organization that is a customer, vendor or competitor of Froedtert Health and/or its' Affiliates? This includes, but is not limited to a role as an executive officer, board member, leader, consultant, partner in a partnership, sales rep, etc.

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| <input type="checkbox"/> No | <input type="checkbox"/> Yes – If yes, question 3a must be completed |
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3a.

| | |
|--|--|
| Name of Business: | |
| Address of Business: | |
| Nature of Business: | |
| URL of Business (if applicable): | |
| Describe relationship with outside entity: | |

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4. Does a family member or someone you have a close personal relationship with, serve in a role with an organization that is a customer, vendor or competitor of Froedtert Health and/or its' Affiliates? This includes, but is not limited to a role as an executive officer, board member, leader, consultant, partner in a partnership, sales rep, etc.

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| <input type="checkbox"/> No | <input type="checkbox"/> Yes – If yes, question 4a must be completed |
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4a.

| | |
|--|--|
| Name and relation of the individual: | |
| Name of Business: | |
| Address of Business: | |
| Nature of Business: | |
| URL of Business (if applicable): | |
| Describe relationship with outside entity: | |

5. List any Financial Interests you have (see definition below – you do not need to include investments in diversified mutual funds, pension funds or other institutional investment funds where the individual does not have direct control over the investments).

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| <input type="checkbox"/> | None to report |
| <input type="checkbox"/> | I have Financial Interests to disclose. They are listed below: |
| Financial Interests: | |
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6. List any Financial Interests that a family member, or someone you have a close personal relationship, has. (see definition below – you do not need to include investments in diversified mutual funds, pension funds or other institutional investment funds where the individual does not have direct control over the investments).

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|--------------------------|--|
| <input type="checkbox"/> | None to report |
| <input type="checkbox"/> | I have Financial Interests to disclose. They are listed below: |
| Financial Interests: | |
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7. Are any of your family members or someone you have a close personal relationship with employed or contracted by Froedtert Health or one of its' Affiliates in a leader level position or a position that may influence decision-making? (e.g., spouse is the director of a nursing unit, sibling is the medical director at Froedtert Menomonee Falls Hospital)?

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| <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes – If yes, please explain: |
| Explanation (please include name of individual): | |
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8. Have you accepted and/or solicited gifts or entertainment (over \$50 per person) or other favors, from a third party that has a past and/or current business relationship, or may have a future contract or business transactions with Froedtert Health and/or its' Affiliates?

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|--------------------------|-------------------------------|
| <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes – If yes, please explain: |
| Explanation: | |
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9. Has a family member or someone you have a close personal relationship with accepted and/or solicited gifts or entertainment (over \$50 per person) or other favors, from a third party that has a past and/or current business relationship, or may have a future contract or business transactions with Froedtert Health and/or its' Affiliates?

| | |
|--------------------------|-------------------------------|
| <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes – If yes, please explain: |
| Explanation: | |
| | |

10. Are you aware of any other relationships, compensation or other situations that you should disclose at this time?

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|--------------------------|-------------------------------|
| <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes – If yes, please explain: |
| Explanation: | |
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Additional Questions to be completed by Providers only:

1. Do you receive any compensation from an outside organization (this would not include the salary, wages, or bonus you receive from your employer).

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|--------------------------|--|
| <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes – If yes, please explain compensation: |
| Explanation: | |
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2. Do you personally utilize space at a FH Affiliate that is not used for direct or indirect patient care activities or FH business (i.e., office space, research space, exam room to see non-Froedtert patients)? If you are not sure, please indicate.

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|--------------------------|-------------------------------|
| <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes – If yes, please explain: |
| <input type="checkbox"/> | Unsure / Do Not Know |
| Explanation: | |
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3. If you are employed by a physician group other than MCW or CP, and have a Financial Interest in the physician group, please disclose.

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Froedtert Health

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Certification:

By signing this document, I am attesting the above information is complete and accurate. I have received a copy of the Froedtert Health Conflict of Interest and Code of Business Conduct policies, I have read and understand the policies, and agree to comply with them. On an ongoing basis, I agree to disclose to the Froedtert Health Compliance department any potential conflicts of interest that may arise in the course of my official duties on behalf of Froedtert Health and its' Affiliates, and am responsible for immediately completing and submitting a revised statement. I understand that failure to provide accurate information or to update the questionnaire and this attestation should changes occur, will result in disciplinary action, up to and including termination of employment and/or medical staff privileges.

Print Name _____

Signature _____ Date _____

Definitions:

Conflict of Interest - Conflict of Interest - Occurs when a staff member or provider has authority to negotiate, recommend or influence a business decision, and this authority results in a personal financial benefit or a family members' financial benefit. A conflict of interest arises when a personal interest, relationship, or activity may interfere with our business objectivity or loyalty to Froedtert Health.

Family member/family relationship – is a spouse, domestic partner, parent, child, stepchild, sibling, grandparent, grandchild, in-laws, and step-parent, step child, guardian and ward, or member of one's household.

Close Personal Relationship is a regular ongoing relationship that could be romantic, familial, financial, or any other relationship that could influence your decision making in your capacity at Froedtert Health and its' Affiliates.

Froedtert Health and FH Affiliates - Froedtert Health and its' Affiliates means for purposes of this form: Froedtert Memorial Lutheran Hospital, Inc.; Community Memorial Hospital of Menomonee Falls, Inc.; St. Joseph's Community Hospital of West Bend, Inc.; Froedtert & The Medical College of Wisconsin Community Physicians, Inc.; West Bend Surgery Center, LLC; Froedtert Surgery Center, LLC; Menomonee Falls Ambulatory Surgery Center, LLC; Drexel Town Square Surgery Center, LLC; Inception Health, LLC; Exceedent, LLC; Froedtert Neighborhood Hospital, LLC; Holy Family Memorial. Any other entity that becomes controlled by Froedtert Health after adoption of this form also may be considered an affiliate.

Financial Interest - An ownership or investment in a business and/or a Compensation relationship with Business.

- a) Ownership or investment interest includes but is not limited to:
 - (1) Stock, stock options, debt interests and any other ownership, potential ownership or investment rights in privately held entities;
 - (2) Stock, stock options, debt interests and any other ownership, potential ownership investment rights with an ownership of greater than 5% in publicly traded entities but excludes diversified mutual funds, pension funds or other institutional investment funds where the individual does not have exercise direct control over the investments.
- b) Compensation relationship incudes but is not limited to, the receipt or expectation to receive any remuneration such as consulting fees, honoraria, salary, rent or royalties.