



CONFLICT OF INTEREST DISCLOSURE FORM

Name: _____ Title: _____

Organization/Department: _____ / _____ Contact #: _____

The purpose of this form is for you to disclose any interest or affiliations that you or a family member(s) may have that, when considered in light of your position within or relationship to **Trinity Health** may potentially create a conflict of interest (see examples on following page).

*Please disclose your interests and affiliations with **Trinity Health** or its **Ministry Organizations**, and other related organizations referred to herein as the **Unified Enterprise Ministry (UEM)** in one of the following boxes:*

- I **do not** have any conflicts of interest with the **Trinity Health UEM**. Neither do any family members.
- I **do** have a conflict/family member have a conflict (*describe below*)**
- I or a family member **may have** a conflict/**not sure** (*describe below*)**

Electronic Signature and Date: _____

Please describe the actual or potential conflict of interest below:

***Potential and Actual Conflicts of Interest will be reviewed by the Integrity and Compliance Department and also Legal Services for Trinity Health Of New England. All potential or actual conflicts should be reported to the Integrity and Compliance Officer.**

POTENTIAL CONFLICTS OF INTEREST

- **IN GENERAL:** Medical staff members may not engage in any personal, business or professional activity which conflicts with the duties and responsibilities of their position within the organization.
- **ENDORSEMENTS AND TESTIMONIALS:** Suppliers, vendors, trade and professional organizations, and others may seek an endorsement or testimonial from medical staff members of **Trinity Health**. Medical staff members cannot agree to perform such endorsements or testimonials without prior written approval from the Department Chair, VP of Medical Affairs, Local Integrity Officer, or CEO.
- **FINANCIAL INTERESTS:** Except for investments in large, publicly traded companies, medical staff members should disclose financial relationships to Trinity Health, medical staff leadership, and patients that could create a risk that professional judgment or actions regarding a primary interest (patient care, research, medical education) will be unduly influenced by personal, family, or friends' gain.
- **MEDICAL STAFF MEMBERS** may not do business with, or on behalf of **Trinity Health**, or recommend that **Trinity Health** do business with a company in which the medical staff member or immediate family member has a financial interest or business relationship without first disclosing such relationship to the Department Chair, VP of Medical Affairs, Local Integrity Officer, or CEO.
- **If a medical staff's family member works for a vendor, contractor, customer or competitor**, and is in a position to influence the medical staff member's decisions affecting **Trinity Health** with that vendor, contractor, customer or competitor, the medical staff member must **promptly** disclose the family member's position to his/her Department Chair, VP of Medical Affairs, Local Integrity Officer, or CEO.
- **A conflict of interest may arise when a medical staff member serves as a board member** for an outside organization that does business with or seeks to do business with **Trinity Health**. Public service is encouraged, but such positions must be disclosed to the medical staff member's Department Chair, VP of Medical Affairs, Local Integrity Officer, or CEO.
- **Unless otherwise directed by Trinity Health**, when speaking on public issues or as a member of an outside organization, medical staff members should not give or permit the appearance that they are speaking on behalf of **Trinity Health**.
- **When serving as a member of an outside organization or in public office**, medical staff members should consider abstaining from any decisions or discussions that could affect **Trinity Health**. The medical staff member should make the reason for abstaining clear to the outside organization or to the applicable public officials and advise his/her Department Chair, VP of Medical Affairs, Local Integrity Officer, or CEO about such matter.
- **SELF-DEALING:** Actions disloyal to the organization for personal gain are called "self-dealing" and are prohibited. Examples of self-dealing are stealing, or disclosing proprietary information so that you, a friend, an associate, or a family member may obtain a profit or other advantage.
- **VENDORS and PHARMACEUTICAL INDUSTRY:** Medical staff members are expected to maintain objective relationships with all current and potential health industry and pharmaceutical representatives. Medical staff members must not exert, or appear to exert, special influence on behalf of an industry representative or potential representative because of friendship or any other relationship. Medical staff members must disclose potential conflict of interest/relationships to **Trinity Health**, medical staff leadership, and as applicable to patients who are or may use these products.
- **OUTSIDE EMPLOYMENT:** Employment or medical staff membership with outside entities must not interfere or conflict with the performance of the medical staff member's duties at **Trinity Health**.
- **CONFIDENTIAL INFORMATION:** The use of confidential, non-public information for personal advantage is prohibited.

Photocopies and/ or facsimile copies of this Authorization will serve the same purpose as the originally executed document.