



2018 ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT

Please review Policy EC-08 thoroughly before answering any questions and submit the completed statement to compliance@metrohealth.org

Your Name: _____	Spouse Name: _____
Title: _____	Employer's Name: _____
Employee ID: _____	

Question 1 (Financial Interests)

Do you or any Close Relationⁱ hold any financial interest(s) in an Entityⁱⁱ that does business with or is interested in doing business with The MetroHealth System (MetroHealth) including the Accountable Care Organization?

- No – Go to Question 2**
- Yes, please respond below:**

1.1 – Type of financial interest:

- Salary
- Equity interest (e.g., stocks, stock options, real estate interest, ownership interest)
- Other remuneration, please list (e.g., referral fees, honoraria, travel reimbursement, etc.):

1.2 – Current value (or annual income/salary) of the interest:

- Less than \$5,000
- \$5,001 - \$20,000
- \$20,001 - \$50,000
- \$50,001 - \$100,000
- \$100,001 and greater

1.3 - For ownership interests – Percentage of your ownership of the interest:

- Less than 1%
- 1% to less than 5%
- 5% to less than 25%
- 25% to less than 50%
- 50% and greater

1.4 – Please provide the name and address of the Entity(ies) in which you or your Close Relation has an interest:

Name and city/state of Entity	Name and relationship of (i.e., Self or John Smith – brother)
1.	
2.	
3.	
4.	

Question 2 (Intellectual Property Rights)

Do you or any Close Relation have any intellectual property rights (i.e., patents, copyrights, trademarks, trade secrets, contract rights, etc.) or royalty agreements that could be affected by MetroHealth’s selection of a particular product/vendor?

No – Go to Question 3

Yes, please respond below:

2.1 – Type of intellectual property rights that you/your Close Relation hold:

- Licensed Patent
- Royalties
- Copyright
- Upfront Fee
- Other Agreement to Share Royalties: _____

2.2 – Current value of the intellectual property rights:

- Less than \$5,000
- \$5,000 - \$20,000
- \$20,001 - \$50,000
- \$50,001 - \$100,000
- \$100,001 and greater

2.3 – Detail on Intellectual Property Rights:

Provide a description of the Intellectual Property Rights	Name and relationship of person with Intellectual Property Rights
1.	
2.	
3.	
4.	

Question 3 (Office, Directorship, Trusteeship, etc.)

Do you or any Close Relation hold any office, directorship, trusteeship, or any other policy-influencing employment position in an Entity that does business with or is interested in doing business with MetroHealth?

No – Go to Question 4

Yes, please respond below:

3.1 – Detail on office/position

Provide name and address of the Entity(ies)	Name and relationship of person with office/position
1.	
2.	
3.	
4.	

Question 4 (Gifts or Remuneration)

Have you or any **Close Relation** received gifts, or other remuneration (i.e., services, entertainment or favors) greater than \$10 per item/occasion or in excess of \$75 in the aggregate in the prior calendar year from any individual/organization that does business with or has an interest in doing business with MetroHealth?

No – Go to Section 5

Yes, please respond below:

4.1 – Detail on Gifts or Remuneration

Provide name and address of the person providing the remuneration	Date(s) remuneration received	Nature of remuneration	Estimated value or remuneration
1.			
2.			
3.			
4.			



Question 5 (Other Disclosure – if known):

I would like to disclose an actual or potential Conflict of Interest involving me or another MetroHealth employee that I believe may raise a significant concern about compliance with the MetroHealth Conflict of Interest policy.

Please include name and title of employee below, if applicable:

Provide name of another employee(s)	Potential Conflict of Interest
1.	
2.	
3.	

Other potential Conflict of Interest not self-disclosed above
1.
2.

I have read and understand the MetroHealth System’s Conflict of Interest Policy, Policy VIII-4. I understand that if there is any change in my circumstances, I will report it to the MetroHealth System’s Ethics & Compliance Department. I agree to report any situations I am aware of that raise a significant concern about compliance with MetroHealth policies.

The information provided by me in this document is true and accurate to the best of my knowledge and belief.

Please Print Name _____ Signature _____ Date _____

ⁱ **Close Relation:** includes the following (as well in-laws for each): spouse, domestic partner, children, grandchildren, parents, grandparents, siblings, nieces, nephews, aunts, uncles, or cousins (whether by marriage, lineal descent or adoption); relative by marriage, lineal descent or adoption who receives, directly or indirectly, more than one-half of his or her support from the MH Employee or whom the MH Employee receives, directly or indirectly, more than one-half of his or her support; and an individual claimed by the MH Employee or spouse as a dependent under the United States Internal Revenue Code. (**Business Associate** includes any individuals, companies, or organizations with which the official is acting together to pursue a common business purpose. Examples of a Public Official’s business associates include, but are not limited to, the official’s: (1) partners in a partnership; (2) co-owners of a business; (3) outside employer; and (4) co-members of an LLC. An outside employer is considered to be a business associate of MHS.)

ⁱⁱ **Entity:** includes, but is not limited to: corporation, partnership, proprietorship, firm, association, or organization.