

Conflict of Interest Disclosure Certification

The MetroHealth System and MetroHealth Foundation ("MetroHealth") prohibit certain conflicts and seek to mitigate other potential conflicts to ensure that the work performed on behalf of MetroHealth is indeed in MetroHealth's best interests. It is important that potential conflicts be identified and disclosed so that, if necessary, they can be addressed. These questions are designed to identify potential conflicts of interest that you may have.

Potential conflicts of interest must be disclosed annually. If any new potential conflicts of interest are identified during the year, you are required to disclose those potential conflicts as soon as they arise. If you have any questions, please contact Ethics and Compliance compliance@metrohealth.org.

To prepare for completing this form, you may want to collect the following documents:

- any consulting agreements you have signed this year
- receipts from travel paid by outside companies
- any stock option agreements
- your stock portfolio summary
- your IRS 1040 and/or 1099 forms

Before proceeding to the questions, please read and affirm your understanding of the following policies as applicable:

- The MetroHealth System Code of Conduct
- EC-08: Conflicts of Interest (Workforce Members)
- EC-45: Research Conflicts of Interest (Researchers)
- BOT-01: Board of Trustees Conflicts of Interest (Board of Trustees and any affiliated or associated body's board members)
- MHF15: Conflicts of Interest (Foundation Board of Directors)

Institutional Responsibilities:

1. I understand that I am responsible for reading and complying with the above policies as applicable to my role and position at MetroHealth. Yes No

2. Check here if you have a question about MetroHealth's policies relating to conflicts of interest.

3. Please check the positions you currently hold for MetroHealth:
 - Member, MetroHealth System Boards (i.e., Board of Trustees, ACO Board or MetroHealth Community Health Centers (MHCHC) Board) (“MetroHealth Board Member”)

 - Member, MetroHealth Foundation Board of Directors

 - MetroHealth employee/workforce member (“Employee”) (including employees or contractors in a position to make decisions on behalf of MetroHealth (i.e., executives, billing providers, directors, managers, supervisors, etc.), credentialed individuals (including contracted providers), and any other employee or contractor who has a potential conflict of interest)

 - MetroHealth researcher (including individuals who have been identified as a project director, principal investigator or senior/key personnel on a sponsored project during the past twelve (12) months; faculty, who are investigators, or key personnel on protocols requiring review (or exemption) by the Institutional Review Board (IRB), Institutional Animal Care and Use Committee (IACUC) or Institutional Biosafety Committee (IBC) during the past twelve (12) months; and research staff members and students, who are listed as investigators or senior or key personnel on sponsored projects, or protocols requiring IRB, IACUC, or IBC review (or exemption).

4. Do you supervise any MHS employee(s) who is also an **Immediate Family Member**?
Yes No

If yes, name the person, their title, your relationship to the person at work, your family relationship to the person and any management plans currently in place:

5. Did you accept any item(s) of value (i.e., meals, gifts, business courtesies, etc.) from a MetroHealth vendor or prospective vendor in the last 12 months exceeding \$75?
Yes No

If yes, provide any details or comments that describe the relationship:

6. Do you or an **Immediate Family Member** have any other relationships, commitments or activities that present or appear to present a conflict of interest with respect to your MetroHealth obligations? Yes No

If yes, provide any details or comments that describe the relationship:

What to Disclose:

The following questions relate to any financial interests or fiduciary relationships which you, an **Immediate Family Member** or a **Business Associate** have with entities outside of MetroHealth.

Immediate Family Members includes spouse/domestic partner; children and step-children; parents and step-parents; siblings; grandparents; grandchildren; any other person related to you by blood or marriage who resides in your household; and Workforce Members related by blood or marriage residing in the same household.

Business Associates (limited to The MetroHealth System Board of Trustees/Employees) 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.

For example, a MetroHealth System Trustee or Employee co-owns a consulting business with someone who also owns a construction business (Trustee/Employee has no involvement with the construction business). Even though the Trustee/Employee plays no role in the construction company, the owner of that company is still her/his business associate since they own the separate consulting business together. Therefore, the Trustee/Employee could not award or persuade others to award a MetroHealth contract to her/his business associate with whom she/he owns the consulting company.

Outside entities include organizations that do or seeks to do business with MetroHealth or involves the **Health Care Sector** (includes, but not limited to pharmaceutical companies,

durable medical equipment suppliers, manufacturers of medical devices and supplies, insurance companies and payors, health care providers, health care related software applications and other health care related products and services) which you, an **Immediate Family Member** or **Business Associate** has or had a financial or fiduciary relationship in the previous 12 months, or with which you anticipate a financial or fiduciary relationship in the next 12 months.

Financial Interests include:

1. **Equity (share/options/ownership) in an external company** – disclose any equity interest(s) in a company that does or wants to do business with MetroHealth:
 - Publicly traded companies – report any significant ownership or control (defined as 5% or more of shares outstanding)
 - Privately held companies – report any ownership interest. For instance, you, an **Immediate Family Member** or **Business Associate** owns a catering business that does business with MetroHealth or a cleaning company that may want to do business with MetroHealth.
 - Do not include diversified mutual funds

2. **Compensation (i.e., salary, moonlighting, consulting, advisory or speaking engagements)** – includes all forms of cash payments provided in exchange for services. Please disclose all outside compensation, even if you have an approved Reportable Outside Activity per EC-08: Conflicts of Interest. MetroHealth employees do not need to disclose salary paid by MetroHealth. Do not disclose compensation for **Immediate Family Members** or **Business Associates** unless they hold a position with an **Outside Entity** that does/did business with MetroHealth and they were involved in the business decision making process.

3. **Intellectual Property (license/royalties paid directly to the individual)** – intellectual property rights (i.e., patents, copyrights, trademarks, trade secrets, contract rights, etc.) or royalty agreements paid directly to the individual.

4. **Reimbursement (excluding sponsored travel)** – includes payments for expenses (per-diem) for advisory board, speaking, or consulting services but from which you did NOT receive any personal compensation. For instance, you spoke at a conference and the vendor paid for your travel and lodging, but no other personal compensation.

5. **Sponsored Travel (Researchers only)** – occurrence of any reimbursed or sponsored travel (i.e., that which is paid on behalf of the Researcher and not reimbursed to the Researcher so that the exact monetary value may not be readily available), related to the Investigator's MetroHealth responsibilities. However, the disclosure requirement does not apply to travel that is reimbursed or sponsored by the following:
 - a federal, state, or local agency,
 - an institution of higher education as defined at 20 U.S.C. 1001(a)

- an academic teaching hospital,
- a medical center, or
- a research institute that is affiliated with an institution of higher education

Fiduciary Relationships (i.e., board of directors) – where you, an **Immediate Family Member** or **Business Associate** serve as a member of a board of directors, a member of a board committee, or an officer role for any non-MHS entity – whether the service is paid or unpaid, and whether the entity is for-profit or non-profit.

- For yourself – please disclose all fiduciary relationships
- For **Immediate Family Members/Business Associates** – disclose those relationships that involve a **health care** organization, or the organization did business with MetroHealth in the past 12 months.

***Are there any outside organizations or companies with which you, an Immediate Family Member or a Business Associate have a financial or fiduciary relationship?**

Yes No

If yes, please continue to the next set of questions. If no, please continue to page 9.

Disclosure Details (1):

1. External Organization Name: _____

2. Relationship to Discloser:

Self

Immediate Family Member – Spouse/domestic partner; children and step-children; parents and step-parents; siblings; grandparents; grandchildren; any other person related to you by blood or marriage who resides in your household; and Workforce members related by blood or marriage residing in the same household.

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.

3. What type of relationship do you have with the external organization?

Equity (shares/options/ownership) in external company – please refer to definition on page 4

- Do you, an Immediate Family Member or Business Associate own stock/partnership shares in this organization? Yes No

If yes, what is the current value? _____

- Do you, and Immediate Family Member or Business Associate own stock options or any other form of equity (including any ownership) in this organization? Yes No

If yes, what is the current value? _____

- Additional information that would help clarify this disclosure:

Consulting, advisory, or speaking compensation (i.e., salary, moonlighting, consulting, advisory or speaking engagements, etc.) - please refer to definition on page 4

*Do not disclose compensation for **Immediate Family Members** or **Business Associates** unless they hold a position with an **Outside Entity**, that does/did business with MetroHealth and your Immediate Family Members was involved in the business decision making process.

- Compensation for the past 12 months: _____
- Please provide a copy of the consulting, advisory, or speaking agreement.
- Additional information that would help clarify this disclosure:

Intellectual Property Rights (license/royalties paid directly to individual) - please refer to definition on page 4

***Excludes** any remuneration paid to you by MetroHealth. For example, if you received a royalty payment for some intellectual property that was paid by MetroHealth, and not by the outside entity, it does not need to be disclosed. **Includes** intellectual property rights and interests (e.g., patents, copyrights), upon receipt of income related to such rights and interests. These payments must have been made **directly** to you or an **Immediate Family Member**, instead of through your/their employing institution.

- Compensation for the past 12 months, paid directly to you or an Immediate Family Member: _____
- Describe the invention or intellectual property and its relationship to the organization:

Reimbursements - please refer to definition on page 4

- Estimated reimbursement (e.g. travel, per diem) for the past 12 months:
- _____
- Additional information that would help clarify this disclosure:

Sponsored Travel (Researchers only) - please refer to definition on pages 4 and 5

- Estimated value of sponsored travel in the past 12 months (including airfare, lodging, meals, entertainment, and per diem):

- Destination, duration, and purpose for each trip sponsored by this outside entity:

Fiduciary Relationships - please refer to definition on page 5

- Estimate the value of any compensation received (e.g. salary, shares of stock, stock options) for the past 12 months:

- Additional information that would help clarify this disclosure:

Do you have additional disclosures? Yes No

- *If yes, go to page 10*
- *If no, go to page 9*

Additional Information:

Please share any additional disclosures or details regarding any of your disclosures:

Assurance and Certification:

- I hereby acknowledge that I have read and understand the applicable conflicts of interest policy(ies):
- MHS Policy EC-08: Conflicts of Interest (Workforce Members)
- MHS Policy EC-45: Research Conflicts of Interest (Researchers)
- MHS BOT GEN-01: Conflicts of Interest (Board of Trustees and any affiliated or associated body's board members)
- MHF-15: Conflicts of Interest (Foundation Board of Directors)
- I affirm that the information provided is to the best of my knowledge true and complete and does not misstate any facts.
- I will provide any additional information as requested by the Ethics and Compliance Department.
- I agree to cooperate in the development of any needed management plan as required by The MetroHealth System or MetroHealth Foundation to manage, reduce, or eliminate existing conflicts of interest related to my role at MetroHealth. I agree to comply with the terms and conditions contained in any management plan.

***My disclosures are up-to-date and accurate to the best of my knowledge and I confirm that I understand and agree with the above statements.**

Signature

Date

Disclosure Details (2):

1. External Organization Name: _____

2. Relationship to Discloser:

Self

Immediate Family Member – Spouse/domestic partner; children and step-children; parents and step-parents; siblings; grandparents; grandchildren; any other person related to you by blood or marriage who resides in your household; and Workforce members related by blood or marriage residing in the same household.

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.

3. What type of relationship do you have with the external organization?

Equity (shares/options/ownership) in external company – please refer to definition on page 4

- Do you, an Immediate Family Member or Business Associate own stock/partnership shares in this organization? Yes No

If yes, what is the current value? _____

- Do you, and Immediate Family Member or Business Associate own stock options or any other form of equity (including any ownership) in this organization? Yes No

If yes, what is the current value? _____

- Additional information that would help clarify this disclosure:

Consulting, advisory, or speaking compensation (i.e., salary, moonlighting, consulting, advisory or speaking engagements, etc.) - please refer to definition on page 4

*Do not disclose compensation for **Immediate Family Members** or **Business Associates** unless they hold a position with an **Outside Entity**, that does/did business with MetroHealth and your Immediate Family Members was involved in the business decision making process.

- Compensation for the past 12 months: _____
- Please provide a copy of the consulting, advisory, or speaking agreement.
- Additional information that would help clarify this disclosure:

Intellectual Property Rights (license/royalties paid directly to individual) - please refer to definition on page 4

***Excludes** any remuneration paid to you by MetroHealth. For example, if you received a royalty payment for some intellectual property that was paid by MetroHealth, and not by the outside entity, it does not need to be disclosed. **Includes** intellectual property rights and interests (e.g., patents, copyrights), upon receipt of income related to such rights and interests. These payments must have been made **directly** to you or an **Immediate Family Member**, instead of through your/their employing institution.

- Compensation for the past 12 months, paid directly to you or an Immediate Family Member: _____
- Describe the invention or intellectual property and its relationship to the organization:

Reimbursements - please refer to definition on page 4

- Estimated reimbursement (e.g. travel, per diem) for the past 12 months:

- Additional information that would help clarify this disclosure:

Sponsored Travel (Researchers only) - please refer to definition on pages 4 and 5

- Estimated value of sponsored travel in the past 12 months (including airfare, lodging, meals, entertainment, and per diem):

- Destination, duration, and purpose for each trip sponsored by this outside entity:

Fiduciary Relationships - please refer to definition on page 5

- Estimate the value of any compensation received (e.g. salary, shares of stock, stock options) for the past 12 months:

- Additional information that would help clarify this disclosure:

Do you have additional disclosures? Yes No

- *If yes, go to page 13*
- *If no, go to page 9*

Additional Information:

Please share any additional disclosures or details regarding any of your disclosures:

Disclosure Details (3):

1. External Organization Name: _____

2. Relationship to Discloser:

Self

Immediate Family Member – Spouse/domestic partner; children and step-children; parents and step-parents; siblings; grandparents; grandchildren; any other person related to you by blood or marriage who resides in your household; and Workforce members related by blood or marriage residing in the same household.

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.

3. What type of relationship do you have with the external organization?

Equity (shares/options/ownership) in external company – please refer to definition on page 4

- Do you, an Immediate Family Member or Business Associate own stock/partnership shares in this organization? Yes No

If yes, what is the current value? _____

- Do you, and Immediate Family Member or Business Associate own stock options or any other form of equity (including any ownership) in this organization? Yes No

If yes, what is the current value? _____

- Additional information that would help clarify this disclosure:

Consulting, advisory, or speaking compensation (i.e., salary, moonlighting, consulting, advisory or speaking engagements, etc.) - please refer to definition on page 4

*Do not disclose compensation for **Immediate Family Members** or **Business Associates** unless they hold a position with an **Outside Entity**, that does/did business with MetroHealth and your Immediate Family Members was involved in the business decision making process.

- Compensation for the past 12 months: _____
- Please provide a copy of the consulting, advisory, or speaking agreement.
- Additional information that would help clarify this disclosure:

Intellectual Property Rights (license/royalties paid directly to individual) - please refer to definition on page 4

***Excludes** any remuneration paid to you by MetroHealth. For example, if you received a royalty payment for some intellectual property that was paid by MetroHealth, and not by the outside entity, it does not need to be disclosed. **Includes** intellectual property rights and interests (e.g., patents, copyrights), upon receipt of income related to such rights and interests. These payments must have been made **directly** to you or an **Immediate Family Member**, instead of through your/their employing institution.

- Compensation for the past 12 months, paid directly to you or an Immediate Family Member: _____
- Describe the invention or intellectual property and its relationship to the organization:

Reimbursements - please refer to definition on page 4

- Estimated reimbursement (e.g. travel, per diem) for the past 12 months:

- Additional information that would help clarify this disclosure:

Sponsored Travel (Researchers only) - please refer to definition on pages 4 and 5

- Estimated value of sponsored travel in the past 12 months (including airfare, lodging, meals, entertainment, and per diem):

- Destination, duration, and purpose for each trip sponsored by this outside entity:

Fiduciary Relationships - please refer to definition on page 5

- Estimate the value of any compensation received (e.g. salary, shares of stock, stock options) for the past 12 months:

- Additional information that would help clarify this disclosure:

Do you have additional disclosures? Yes No

- *If yes, please contact Sarah Partington at spartington@metrohealth.org*
- *If no, go to page 9*

Additional Information:

Please share any additional disclosures or details regarding any of your disclosures:
