1. **Purpose.** The purpose of this Conflict of Interest Policy (this “Policy”) is to set forth the standards applicable to members of the Holy Cross Health Medical Staff (the “Medical Staff”) with respect to actual or potential conflicts of interest. Not all potential conflicts of interest are actual conflicts of interest and the purpose of disclosure is to allow good faith assessment of the facts and circumstances.

2. **Standard.** Members are expected to act in good faith to ensure that interactions with third parties are ethical and do not create conflicts of interest, or perceived conflicts of interest, that could compromise patient care or the reputation of the member, the Medical Staff or the Hospital.

3. **Potential Conflicts of Interest.** A conflict of interest means any circumstance or situation which would preclude a Member of the Medical Staff from acting in good faith and in the best interests of the patient, Medical Staff and Hospital. The Medical Staff seeks to avoid conflict of interests through (A) adherence to the guidelines for behavior in this Policy, and (B) requiring disclosure by the member of potential or actual conflicts.

4. **Guidelines.** The following guidelines apply:

   A. **Financial Relationships.** A financial relationship, whether ownership/investment or a compensation arrangement with a third party, e.g. pharmaceutical or medical device company, may present a conflict of interest if the member or the Hospital uses the company’s products or services. Members of the Medical Staff are expected to disclose financial relationships with any company that does or seeks to do business with the Hospital in the Conflict of Interest Disclosure Form described in Paragraph 5. Further, prior to participation in any institutional decision-making involving a company with which a Member of the Medical Staff has a financial relationship, he/she must disclose to the chair of the decision-making body the potential conflict. The chair, in consultation with the Chief Medical Officer and other Medical Staff and Hospital leadership as appropriate, will determine the appropriate parameters of the individual’s participation (if any) in the decision-making.

   B. **Gifts, Gratuities, Favors and Entertainment.** Neither Members nor their immediate family members should solicit, receive, offer or give valuable gifts, gratuities, favors or entertainment from or to any individual or organization that does business with or seeks to do business with the Hospital. Notwithstanding the foregoing, Members may accept gifts of nominal value from vendors or third parties (e.g. pens, mugs, free samples) and meals in connection with a legitimate business or educational program. Adherence to the AMA Statement on Gifts to Physicians from Industry is expected. Note: This policy does not apply to gifts between family
members unrelated to Hospital business; rather, it applies to solicitation or receipt of gifts by a Medical Staff member (which for purposes of this provision also includes the member’s immediate family) from an individual or an organization that does business with (or is seeking to do business with) the Hospital. In those instances in which family members are employed by or otherwise associated with an organization doing business with (or seeking to do business with) the Hospital, that relationship should be disclosed in the Conflict of Interest questionnaire but, in and of itself, should not present a conflict of interest.

C. **Educational Support.** Support by industry for educational and other professional activities that uses any Hospital facility or resources must be approved by the Chief Medical Officer (in consultation with the Hospital President as appropriate) and the General Counsel. Adherence by Members of the Medical Staff to the Accreditation Council for Continuing Medical Education Standards for Commercial Support is expected.

D. **Use of Proprietary Information or of Hospital Name.** Members should not use for personal gain or other unauthorized purposes, confidential or privileged information acquired in connection with the individual’s Medical Staff membership or access to the Hospital.

5. **Disclosure.** Each Member will complete a Conflict of Interest form at the time of appointment and reappointment to the Medical Staff. Any material change to the information provided should be updated within 30 days by the Member. A Member shall disclose any potential or actual conflict before he/she participates in any Hospital institutional decision-making involving any company with which he/she has a financial interest. Further, if a Member anticipates a situation which otherwise may involve a potential violation of the standard set forth in Paragraph 2 above, he/she should make full disclosure to the Chief Medical Officer and, if applicable, request an exception. Exceptions will be made by the Chief Medical Officer in consultation with Medical Staff and Hospital leadership, as appropriate, and will be communicated in writing. All information reported on this form is confidential.

6. **Exceptions.** There may be instances in which the particular circumstances presented warrant involvement of a Medical Staff Member in an activity notwithstanding a potential conflict of interest (e.g. a physician receives compensation from an industry source for providing bona fide educational services and is involved in setting up the educational program). In such cases, it is expected that disclosure of the relationship be made as appropriate to those involved and that the Member would not be involved in decision making on any financial aspect of the program.
7. Holy Cross Health Medical Staff Conflict of Interest Disclosure Form

NAME: ____________________________________________

By signing below, I acknowledge that I have read the Medical Staff Conflict of Interest Policy before completing this form.

1. Do you (or your spouse, domestic partner, parent or child) have a material financial interest (investment of > $5,000, service as a director or officer, employment by or other contracted service arrangement) in or with (i) another health care facility or provider excluding your individual or group practice, or (ii) any organization providing products or services under an existing or contemplated business relationship with Holy Cross Health or any of its affiliates?
   a. Yes ______
   b. No ______
   c. If Yes, please specify in detail:
      ______________________________________________________
      ______________________________________________________

2. Do you have any other relationship, activity or interest which may raise a conflict of interest or impair your objectivity?
   a. Yes ______
   b. No ______
   c. If Yes, please specify in detail:
      ______________________________________________________
      ______________________________________________________

3. Do you agree to inform your Holy Cross Health patient(s) of any financial relationship, other than stock or mutual fund ownership, that you may have with any company which could give the appearance of influencing your recommendation of products or services which are or may be inconsistent with the exercise of your independent medical judgment in the best interests of your patient(s)?
   a. Yes ______
   b. No ______

4. Do you agree to promptly notify the Holy Cross Health Medical Staff Office, in writing, should any responses to the above questions change prior to your next reappointment cycle?
   a. Yes ______
   b. No ______

____________________________________  ______________________
Signature of Medical Staff Member      Date