

**METRO HEALTH CORPORATION AND/OR UNIVERSITY OF MICHIGAN
HEALTH-WEST
CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE**

NAME:

The Conflicts of Interest Policy (collectively, the “Policy”) of University of Michigan Health-West (UMH-West) requires disclosure of certain actual or potential Conflicts of Interest or Conflicts of Commitment, each as defined in the Policy To carry out the purpose of the Policy, please state in this form whether you or your Family Members (as defined in the Policy) have any affiliations, interests or relationships, and/or have taken part in transactions that, when considered in conjunction with your position as an employee, staff member, or contractor of the Hospital, might possibly constitute or give rise to an actual, apparent or potential Conflict of Interest or Conflict of Commitment.

In completing this questionnaire, please explain in detail any possible Conflicts of Interest or Conflicts of Commitment including all material facts, on this questionnaire.

All actual, apparent or potential Conflicts of Interest or Conflicts of Commitment that existed or that exist since the filing of your last Interest Disclosure Questionnaire (or since you were first subject to the disclosure of interests, if no prior Interest Disclosure Questionnaire was filed) should be reported on this questionnaire.

If you have identified apparent or potential Conflict of Interest or Conflict of Commitment, you are required to notify and work with your manager and/or director in creating a management plan. Your manager and/or director is required to monitor the said plan to ensure compliance.

If you have any questions concerning the questionnaire, please contact the Office of Compliance & Regulatory Services at compliance@umhwest.org.

Definition(s):

Conflict of Commitment: A Conflict of Commitment exists or may exist when a Covered Person’s relationships or activities have the possibility (either in actuality or in appearance) of interfering or competing with the Hospital’s mission of patient care, education or research, or the Covered Person’s ability or willingness to perform the full range of responsibilities associated with his or her position at UMH-West.

Conflict of Interest: An actual, potential or perceived Conflict of Interest occurs in those circumstances where an Interested Person’s judgment could be affected because the Interested Person has a personal interest, including a financial interest, in the outcome of a decision over which the employee has control or influence. A personal interest can exist when an Interested Person or a member of his or her family stands to directly or indirectly financially gain as a result of a decision. Notwithstanding the foregoing, an ownership interest of five percent (5%) or less of the market value of publicly traded securities of an entity whose securities are listed on a national securities exchange shall not, in and of itself, be deemed a Conflict of Interest.

I. Do you or your Family Members have any affiliations, interests or relationships, and/or have taken part in transactions that when considered in conjunction with your position as an employee of the Hospital might possibly constitute or give rise to an actual, apparent or potential Conflict of Interest or Conflict of Commitment.

Yes or No

II. **DISCLOSURE.** If Yes, please disclose all potential Conflicts of Interest and Conflicts of Commitment below. If you need additional space, please attach additional sheets.

III. **DISCLOSURE – CLINICAL RESEARCH.** In regard to any study being conducted at Metro Health, do you or your immediate Family Members have any of the following:

a. Publicly Traded Entity: Remuneration (including salary and any payment for services not otherwise identified as salary) received from entity in the twelve months preceding the disclosure and value of any equity interest (includes any stock, stock options, or other ownership interest related to research) in the entity as of the date of the disclosure, when aggregated (you and your family combined) exceeds \$5,000 and no arrangement has been entered into where value of ownership interests will be effected by the outcome of research.

Yes or No

b. Non-Publicly Traded Entity: Remuneration (including salary and any payment for services not otherwise identified as salary) received from entity in the twelve months preceding the disclosure, which, when aggregated (you and your family combined), exceeds \$5,000 or any equity interest (includes any stocks, stock options, or other ownership interests related to research) in the entity.

Yes or No

c. Are you or your immediate family, a paid or unpaid member of an advisory or executive board or do you or your immediate family have a paid or unpaid executive relationship, consulting agreement, or management responsibilities with a sponsoring company or providers of products or services being evaluated, whether domestic and/or foreign/international?

Yes or No

d. **Do you or your immediate family receive gift funds, educational grants, subsidies or other remuneration from a sponsoring company, whether domestic and/or foreign/international?**

Yes or No

e. **Do you or your immediate family have any proprietary interest related to research including, but not limited to, a patent, trademark, copyright, or licensing agreement, whether domestic and/or foreign/international?**

Yes or No

f. **Have you gone on any trips that could be viewed as reimbursed or sponsored travel (i.e., that which is paid on your behalf and not reimbursed to you directly so that the exact monetary value may not be readily available), related to your research responsibilities, whether domestic and/or foreign/international?**

Yes or No

If you have answered yes to any of the above questions, please describe in detail entity or entities involved, describe in detail relevant activities in which you are involved, describe amount of any payment received and/or anticipated financial gain over the next 12 months, and any other relationships, commitments, or activities that you or any member of your family that might present a Conflict of Interest with your research. Also, please describe any steps planned to prevent the financial interests from interfering with the design, conduct, or reporting of the research, including interfering with the protection of participants.

IV. DISCLOSURE – PROCUREMENT. In regard to any procurement of goods and services, do you or any of your immediate family members have any affiliation(s), interest(s) or relationship(s), and/or have taken part in a procurement transaction(s) of goods and services that when considered in conjunction with your position as an employee of the Hospital might possibly constitute or give rise to an actual, apparent or potential Conflict of Interest or Conflict of Commitment.

Yes or No

If you have answered yes to the of the above question, please provide in detail entity or entities involved, describe in detail relevant activities in which you are involved,

describe amount of any payment received and/or anticipated financial gain, and any other relationship(s), commitment(s), or activities(s) that you or any member of your immediate family might present a Conflict of Interest or Conflict of Commitment.

V. ACKNOWLEDGMENT. [Please note that the statement made and affirmed in (7) below is required by federal Medicare laws. We are required to ask you to provide the affirmative statement in (7).]

By signing this form, I am acknowledging the accuracy, to the best of my knowledge, of what I have disclosed on this form. In addition, by signing this form, I am affirming each of the following statements:

1. I have received a copy of the Policy;
2. I have read and understand the Policy;
3. I agree to comply with the Policy;
4. I agree that the Policy applies to committees and subcommittees of the Board;
5. I understand that UMH-West is a charitable organization and that to maintain its federal tax-exempt status it must engage primarily in activities which accomplish its tax-exempt purposes;
6. I agree to refrain from voting or using my personal influence on any matter that may represent a Conflict of Interest or Conflict of Commitment.
7. I confirm that I have not been convicted of any crime, and have not been the subject to an exclusion, revocation or suspension of Medicare or Medicaid program participation, accreditation or state licensure. I further confirm that I would promptly report to the Reviewers, as defined in the Policy, any such conviction, exclusion, revocation or suspension.
8. I agree to report promptly in writing to the CEO and Compliance Officer, as defined in the Policy, (a) any change in the responses to each of the foregoing questions which may result from changes in circumstances or (b) any further financial interest, situation, activity, interest or conduct that may develop before completion of my next Interest Disclosure; and

9. The information contained herein is true and accurate to the best of my knowledge and belief as of this ____ day of _____, 20__.

Signature

Print Name