

**Dallas County Hospital District
D/B/A
Parkland Health & Hospital System
Conflict of Interest Disclosure Form**

Prior to completion of this form you should be familiar with Parkland Health & Hospital System's Conflict of Interest Policy which defines many terms used within this disclosure form. In the event you have questions please consult the Conflict of Interest Policy located under the Administrative Procedure Manual or contact the Compliance Officer at (214) 590-1171.

A. Financial Relationships with Outside Organizations

Do/Did you or a member of your immediate family, during the 12-month period preceding the date of this disclosure or anticipate within the 12-month period after completing this disclosure:

1. receive/received a salary, royalties, consulting fees, speaking fees, honoraria, gifts (including meals exceeding \$50.00), discounts, gifts certificates, cash, or any other payment from any vendor or advisory board that is related or potentially related to your job responsibilities? Yes No
2. receive/received funding in any form, cash or kind, directly or indirectly for any research activities, in part or in full, from a vendor, contractor or agent which conducts business with PHHS? Yes No
3. have/had any ownership interest in any business entity whose business operations are related to or potentially related to your job responsibilities at PHHS? Yes No
4. enter/entered into or participated/participate in executing a contract between PHHS and an entity which you or an immediate family member have a business or financial relationship? Yes No

B. Fiduciary and Management Activities

During the past 12-month period, have you or a member of your immediate family had a fiduciary or management role such as service as but not limited to a President, Chief Financial Officer, Chief Operations Officer, Director, Trustee, Board Member, or other legal obligation or expect in the next 12-month period to do so:

1. with/for any pharmaceutical manufacturer? Yes No
2. with/for any manufacturer of durable medical equipment? Yes No
3. with/for any provider of healthcare supplies? Yes No
4. with/for provider of healthcare consultant services? Yes No
5. with/for any other PHHS vendor, contractor or agent? Yes No

C. Other Conflicts

Do you have any other potential or actual conflict of interest? Yes No

If you have identified above any actual or apparent conflict of interest related to your job responsibilities at PHHS, you must complete Appendix A, Conflicts of Interest Management Plan. Please use additional paper if necessary.

D. Acknowledgement

I acknowledge that the information that I provided in this form is accurate as of the date of my signature, and should any question arise as to possible conflict of interest, I will promptly report the same to the Dallas County Hospital District and I commit to providing an updated form whenever a material change occurs in the information I have provided. I understand that as a public servant that I am subject to the laws of the State of Texas concerning conduct by public servants. Neither I nor any member of my immediate family have used or disclosed information relating to the Dallas County Hospital District's business for personal profit or advantage for myself or any immediate family members. I further have received a copy of the Dallas County Hospital District's conflict of interest procedure.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Employee ID Number: _____

Appendix A Conflict of Interest Management Plan

I have identified an actual or apparent conflict of interest related to my job responsibility at Parkland arising from my or an immediate family member's financial relationship, or my fiduciary relationship.

List all actual or potential conflicts of interest you or any member of your immediate family. Include the names of all respective Parkland parties (e.g. you or your immediate family member), the name of the person or entity with which the potential or actual conflict of interest arises (e.g. name of vendor, contractor or agent conducting business with Parkland), and explain why this is a potential or actual conflict of interest. Use additional paper if necessary.

You/ Immediate Family Member	Entity (Name of vendor, contractor, agency, etc.)	Explain Conflict
1.		
2.		
3.		
4.		
5.		
6.		
7.		

This is my conflict of interest management plan:

1. I will be disqualified from participating in any negotiation, voting, decision-making or product evaluation with respect to any transaction with or on behalf of Parkland that involves any of the listed companies or organizations, and I will request any related responsibilities be assigned to another individual, by the appropriate individual either the committee chair or a Parkland Administrative Representative, that is free from conflicts of interest(s).

2. If applicable, the committee chair and I, in consultation with Parkland's Compliance Office, have also agreed on the following specific actions that I or we will take to manage the conflict(s) of interest(s) effectively.

Employee, Resident, Fellow
or Medical Staff Member Signature: _____ Date: _____

Print Employee, Resident, Fellow
or Medical Staff Member Name: _____

Title: _____ ID Number: _____