

Dallas County Hospital District d/b/a Parkland Health & Hospital System (PHHS) 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 and Procedure, which defines many terms used within this disclosure form. You should disclose all actual and potential conflicts of interest. In the event you have questions, please consult the Conflict of Interest Policy and Procedure located in the Compliance Policy and Procedure Manual or contact the Compliance Officer at (214) 590-2156.

A. Financial Relationships with Outside Organizations

1. Did you, or an immediate family member, during the past 12-months:
 - a. receive a salary, royalties, consulting fees, speaking fees, honoraria, gifts (including meals exceeding \$50), discounts, gift certificates, cash, or any other payments from any vendor or advisory board that is related or potentially related to your job responsibilities? **Yes No**
 - b. receive funding in any form, cash or in kind, directly or indirectly, for any research activities from a vendor, contractor or agent which conducts business with PHHS? **Yes No**
 - c. have any ownership interest in any business entity, the business operations of which are related to or potentially related to your job responsibilities at PHHS? **Yes No**
 - d. enter into or participate in executing a contract between PHHS and an entity which you or an immediate family member have/has a business or financial relationship? **Yes No**

2. Do you, or an immediate family member, anticipate in the upcoming 12 months:
 - a. receiving a salary, royalties, consulting fees, speaking fees, honoraria, gifts (including meals exceeding \$50), discounts, gift certificates, cash, or any other payments from any vendor or advisory board that is related or potentially related to your job responsibilities? **Yes No**
 - b. receiving funding in any form, cash or in kind, directly or indirectly, for any research activities from a vendor, contractor or agent which conducts business with PHHS? **Yes No**
 - c. having any ownership interest in any business entity, the business operations of which are related to or potentially related to your job responsibilities at PHHS? **Yes No**
 - d. entering into or participating in executing a contract between PHHS and an entity which you or an immediate family member have/has a business or financial relationship? **Yes No**

B. Fiduciary and Management Activities

During the past 12-month period, have you or an immediate family member had or expect to have in the next 12-month period, a fiduciary or management role such as, but not limited to, Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Director, Trustee, or Board Member:

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 a 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(s) 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 Section E, Conflict of Interest Management Plan. Please use additional paper if necessary.

D. Acknowledgment

I acknowledge that the information I have provided in this form is accurate as of the date of my signature and should any question arise as to a possible conflict of interest, I will promptly report the same to the Dallas County Hospital District. 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 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 member. Further, I have received a copy of the Dallas County Hospital District's conflict of interest policy and procedure.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Employee ID Number: _____ (if applicable)

E. Conflict of Interest Management Plan

I have identified an actual or apparent conflict of interest related to my job responsibilities 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 for 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. If remuneration is being exchanged as part of a relationship listed below, please indicate total dollar value of remuneration. Use additional paper if necessary.

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

This is my conflict of interest management plan (**circle one or both**):

1. I will recuse myself from participating in any negotiation, voting, decision-making or product recommendation or evaluation with respect to any transaction with, or on behalf of, PHHS that involves any of the listed companies or organizations.
2. In consultation with the PHHS Compliance Officer, I have also agreed on the following specific actions that I will take to manage the conflict(s) of interest effectively.

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

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

Title: _____ ID Number: _____