

KING'S DAUGHTERS MEDICAL CENTER

**AUDIT, COMPLIANCE &
ETHICS PROGRAM POLICY**

POLICY AND PROCEDURE

**EFFECTIVE DATE:
DECEMBER 17, 2013**

**SUPERCEDES POLICY DATED:
6/21/12; 5/11; 5/92; 12/95; 7/98;
11/01**

FILE: SECTION A (7)

**SUBJECT: CONFLICTS OF
INTEREST**

POLICY: All Medical Center team members and their Immediate Family shall avoid any actions that involve, or appear to involve, a conflict of interest with their obligations to Medical Center. Medical Center team members may participate in financial, business and other activities free of conflicts with their job responsibilities, Medical Center's mission and its business operations.

Medical Center adopts this policy to ensure that it accomplishes its charitable purposes and that no activities jeopardize its status as a tax-exempt organization. A conflict of interest occurs, or could occur, if a non-work-related activity or interest of a team member or Immediate Family:

- could influence business decisions of the Medical Center;
- could be detrimental to the Medical Center's mission or business operations; or
- could result in an improper or illegal gain for the team member and/or Immediate Family.

PROCEDURE:

- * 1. All Team Members must complete a Conflict of Interest Disclosure Statement ("CIDS") upon hire and annually thereafter.
- 1.1. The CIDS completed upon hire shall be retained in Team Member's personnel file in Human Resources.
- 1.2. The annual CIDS shall be obtained and retained by the Office of Audit, Compliance & Ethics.
2. Occurrence of Conflict of Interest.
- 1.1. If any team member believes there could be a conflict of interest, such team member shall complete a Potential Conflict of Interest Disclosure Statement ("PCIDS").
- 1.2. The PCIDS shall be provided to the team member's immediate supervisor.

1.3. The supervisor will forward the PCIDS to the General Counsel who will review the conflict.

If an actual or potential conflict exists, (a) the team member shall be removed from involvement in the activity or transaction in which the conflict of interest exists; (b) to the extent necessary, the team member's direct or ultimate supervisor shall assign related responsibilities to a different team member.

3. Failure to Disclose a Conflict of Interest. Failure to report conflicts of interest may subject a team member to disciplinary action up to and including termination.

4. Policy Education. The Office of Audit, Compliance & Ethics will provide policy education and training to team members no less than annually or as needed to address developments in governing law or internal events.

* 5. Defined terms.

5.1. Immediate Family. A team member's Immediate Family includes

- a. spouse or significant other
- b. child, stepchild
- c. parent, step-parent, or in-laws
- d. sibling, step-sibling, or sibling-in-law
- e. grandparent or grandchild.

Vice President/Chief Legal & Regulatory Officer

CONFLICT OF INTEREST DISCLOSURE STATEMENT

Instructions: Complete the form to disclose any relationship you, or an immediate family member, has with an entity that does business with the Medical Center or its subsidiaries. Examples include landscaping services, snow removal, catering, housekeeping, transcription, consulting, as well as employment or ownership of drug companies, medical device providers, health care providers, etc. For each relationship disclosed, complete the attached supplemental form. If there is no relationship other than your employment with KDMC, mark the appropriate box below.

	Employed by KDMC	Sells Goods or Services to KDMC or its subsidiaries	Leases Space from or to KDMC or its subsidiaries	Gives Gifts to KDMC or receives Gifts from KDMC or its subsidiaries	Owns or Works for a Company that KDMC does Business With or its subsidiaries
* Team Member					
Spouse or significant other					
Parent or Stepparent or In-law					
Child or stepchild					
Sibling, Step-sibling or sibling-in-law					
Grandparent					
Grandchild					

* I have no family members that have a financial relationship with KDMC or its subsidiaries, and I have no financial relationship with KDMC other than my employment. _____ (team member initials)

CERTIFICATION. I (a) have read and understand the Conflicts of Interest Policy and agree to be bound by the obligations contained therein; (b) understand that it is my responsibility to report any conflict of interest and to disclose the information requested; and (c) will provide an updated form whenever a material change occurs in the information provided herein.

Printed Name: _____

Position: _____

Department: _____

Signature: _____

Date: _____

RELATIONSHIP SUPPLEMENTAL FORM

For each relationship noted above, please complete the information below.

Name	
Relationship to You	
Relationship to KDMC	
Contact information for Person or Company	

Name	
Relationship to You	
Relationship to KDMC	
Contact information for Person or Company	

Name	
Relationship to You	
Relationship to KDMC	
Contact information for Person or Company	

Name	
Relationship to You	
Relationship to KDMC	
Contact information for Person or Company	

Name	
Relationship to You	
Relationship to KDMC	
Contact information for Person or Company	

POTENTIAL CONFLICT OF INTEREST DISCLOSURE STATEMENT

The Medical Center has adopted a policy regarding actual or potential conflicts of interest involving the Corporation and its employees. The policy requires disclosure of all conflicts. The following individual has made a disclosure pursuant to this Agreement.

I, _____, am employed at King's Daughters Medical Center as _____.

The Medical Center has adopted a policy regarding actual or potential conflicts of interests. This policy requires that I disclose any type of business transaction or business ownership interest that I, and/or an immediate family member, may have. Based upon this policy, I, and/or my immediate family member as identified below, have the following transaction to report:

Describe nature of actual or potential conflict and the person(s) involved.

Team Member Handwritten Name Signature Date:

TO BE COMPLETED BY MANAGEMENT: The above-described conflict was reviewed and a determination was made that:

___ NO CONFLICT EXISTED ___ CONFLICT EXISTED

If a conflict is determined to exist, then the following remedial measures must occur:

CEO Date: _____