

EMPLOYED PHYSICIAN CONFLICT OF INTEREST QUESTIONNAIRE AND DISCLOSURE AGREEMENT

Pursuant to the Conflict of Interest Resolution adopted by the Board of Commissioners for the North Broward Hospital District on September 25, 2013, I hereby disclose that I, and/or my immediate family members, (immediate family shall be defined as a current or former: spouse, natural or adoptive parent, child or sibling, step-parent, step-child, step-brother or sister, father-in-law, mother-in-law, brother-in-law, sister-in-law, grandparent, grandchild or spouse of a grandparent or grandchild) have the following affiliations or interests, and/or have taken part in the following transactions. These disclosures, when considered in conjunction with my position with, or in relation to the North Broward Hospital District, might possibly or presently constitute a conflict of interest, as defined by the North Broward Hospital District's Conflict of Interest Policy or other applicable law. Any such disclosures are explained below. (If response is "none", so state.)

1. **Specific Hospital Relationships/Activities** - serving on the board of directors or board of trustees of or serving as a medical staff officer at a non-North Broward Hospital District hospital, medical center, or other health care facility offering the services of the North Broward Hospital District, or an independent contractor physician of the North Broward Hospital District that practices in a group practice arrangement. **Yes (explain below)** **None – (write N/A below)**

2. **Outside Interests (Other than investments)** - e.g., holding a position as officer, partner, director, proprietor or otherwise, in any business entity (including health care facilities and organizations) which to the best of my knowledge does business directly with, or competes with the North Broward Hospital District. **Yes (explain below)** **None – (write N/A below)**

3. **Investments** - Having a material interest (including the direct or indirect ownership of the assets or equity of a business entity) in any business entity which to the best of my knowledge does business directly with or competes with the North Broward Hospital District, or where the opportunity for personal gain is materially increased due to the relationship of the District with the business entity in which there is a material interest. **Yes (explain below)** **None – (write N/A below)**

4. **Outside Activities** - Rendering services (including directive, managerial, or consultative) to any business entity doing business directly with, or competing with the North Broward Hospital District. **Yes (explain below)** **None – (write N/A below)**

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5. **Inside Information** - e.g., using or disclosing information relating to the North Broward Hospital District's business, not available to members of the general public and gained by reason of declarant's affiliation with the North Broward Hospital District, for the personal gain or benefit of the declarant. **Yes (explain below)** **None – (write N/A below)**

6. **Referrals** - e.g., as an employee, independent contractor, or partner of an entity which refers patients to and/or is referred patients from the North Broward Hospital District. **Yes (explain below)** **None – (write N/A below)**

7. **Gifts, Gratuities, Entertainment** - e.g., accepting anything of value, including a gift, loan, honoraria, reward, promise of future employment, favor, or service under circumstances from which it might be inferred that such action was intended to influence, or possibly would influence, the declarant in the performance of his or her duties. **Yes (explain below)** **None – (write N/A below)**

8. **Compensation Relationship** - e.g., employment (full, part-time, independent contractor physician), consulting services, medical directorship with District. **Yes (explain below)** **None – (write N/A below)**

I have read the referenced resolution regarding disclosure of conflict of interest, and agree to abide by the provisions thereof. I acknowledge that the disclosure of conflicts of interest or potential conflicts is an ongoing obligation and further agree to disclose any changes to these answers. I have disclosed to the best of my knowledge any potential conflict of interest in the comment's section (above) or have attached additional documents. I understand that my deliberate failure to make a full disclosure of any potential conflict of interest shall lead to disciplinary action up to and including termination of employment.

Name: _____ Department: _____

Signature: _____ Title: _____ Date: _____