

## **Conflict of Interest Disclosure for All Broward Health Employees Information Sheet**

The North Broward Hospital District, dba Broward Health is responsible for knowing what conflicts might exist and to manage, reduce, or eliminate those conflicts. The key to handling these potential conflicts is full disclosure of any potential conflict or the appearance of a conflict. It should be noted that we believe it is appropriate to disclose any family members that may be supported by, employed by, a vendor of, or business associate of Broward Health. Each employee will complete a conflict of interest disclosure form upon hire and annually to inform Broward Health of situations that pose or may give the appearance of a conflict of interest. If you have questions as to whether a conflict of interest exists, we encourage you to discuss this with Human Resources, Chief Ethics Officer or Chief Compliance Officer and/or disclose this information on the disclosure form.

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Pursuant to the Conflict of Interest Resolution adopted by the Board of Commissioners for the North Broward Hospital District on September 25, 2013, all employees and employed Physicians are required to disclose that they 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 affiliations or interests, and/or have taken part in transactions that pose a potential conflict of interest.

A conflict of interest exists when there is evidence of or the appearance that an employee's personal interests have influenced or can influence Broward Health's transactions or operations, or that these interests take precedence over the interests, goals, and/or mission of Broward Health. Additionally, it is a situation in which regard for private interest tends to lead to disregard of a duty or interest, or would impair the impartiality of the full and faithful discharge of the Fiduciary's or Workforce's member responsibility. It includes an act conducted by the Fiduciary or Workforce member with the wrongful intent and for the purpose of obtaining, or compensating or receiving compensation for, any benefit resulting from some act or omission by the Fiduciary or Workforce member which is inconsistent with the proper performance of his or her duties.

Per the Conflict of Interest Policy # GA-001-015, updated 09/2013, all employees who work for Broward Health must disclose any actual or potential conflict of interest.

To assist you with completing the form, here are some examples of potential opportunities for conflict of interest:

- Referring or arranging for the referral of patients to a skilled nursing facility that you or your immediate family member has ownership interest in.
- Being employed by Broward Health and working for another employer while "on the clock" for Broward Health.
- Being employed by Broward Health and working part-time for another employer that competes with Broward Health.
- Accepting gifts of favors (free tax returns, tickets to shows, etc.) from individuals or business entities that do business with Broward Health, or that compete with Broward Health.
- Failing to disclose your or your immediate family member's financial relationship with a medical device manufacturer to patients in whom you implant those medical devices.
- Serving in a managerial, executive, medical staff officer, or other Fiduciary capacity with Broward Health and influencing a contractual agreement between Broward Health and an outside entity from which you or your immediate family member may derive personal gain.

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### Important things to think about when you are filling out the form

- You must disclose actual or potential conflicts of interest as they pertain to yourself or to your immediate family members. (See policy and disclosure form for definition)
- 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.
- We strongly encourage full disclosure of all relationships that may pose an actual or potential conflict of interest. Failing to do so will not enable Broward Health to collaboratively assist you with managing actual or potential conflicts of interest.

### Sample of Key Employee Conflict of Interest Form Responses

**Question 1: Outside Interests**

Response: Board Member at BH Foundation, Treasurer on CDTC Board, partner at Miracle Home Health

**Question 2: Investments**

Response: Part owner Miracle Home Health

**Question 3: Outside Activities**

Response: Miracle Home Health and Board memberships as disclosed above

**Question 4: Gifts, Gratuities, Entertainment**

Response: Floral arrangement from CDTC

**Question 5: Inside information**

Response: None

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For any questions regarding the Conflict of Interest Form or Program, please contact Adlin M. Tuya at 954.473.7515 or [atuya@browardhealth.org](mailto:atuya@browardhealth.org).