

All policies, procedures, and forms reprinted are intended not as models, but rather as samples submitted by Quality First Healthcare Consulting, Inc. for illustration purposes only. QFHC is not responsible for the content of any reprinted materials. Healthcare laws, standards, and requirements change at a rapid pace, and thus, the sample policies may not meet current requirements. QFHC urges all clients to consult with their legal counsel regarding the adequacy of policies, procedures, and forms.

**Insert Logo Here**

<b>DEPT/OPS AREA:</b> HR	<b>POLICY NAME:</b> CONFLICT OF INTEREST DISCLOSURE FORM	<b>POLICY NUMBER:</b> HR0000
<b>EFFECTIVE (ORIGINAL) DATE:</b>		<b>REVISED DATE(S):</b>
<b>APPROVAL DATE(S):</b>	<b>DATE(S) REVIEWED:</b>	<b>REVIEWED/APPROVED BY:</b> BOARD OF DIRECTORS

**APPLIES TO:** ALL EMPLOYEES

**Anywhere in the policy where it says “the company” please replace that with your facility’s name.**

### Conflict of Interest Disclosure Form

Please check the statement that pertain to your disclosure:

\_\_\_\_\_ (initial) I hereby report that to the best of my knowledge, information and belief, no situation in which I am involved personally or professionally could be construed as a violation of the Employee Conflict of Interest Policy, or as placing me in a position of having a conflict of interest with THE COMPANY.

\_\_\_\_\_ (initial) I hereby disclose the following circumstances that may constitute a conflict of interest, as described in the Employee Conflict of Interest Policy above (please document all situations below that are or may be considered a conflict of interest):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (initial) I understand that it is my responsibility to contact the CEO and/or COO to complete a new Employee Conflict of Interest Disclosure form to notify THE COMPANY of any changes and/or additions that may occur throughout the year.

**I certify by signing below I acknowledge receipt of the Employee Conflict of Interest Policy and that I have accurately completed this disclosure form to the best of my knowledge.**

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



<b>DEPT/OPS AREA:</b> HR	<b>POLICY NAME:</b> CONFLICT OF INTEREST DISCLOSURE FORM	<b>POLICY NUMBER:</b> HR0000
<b>INSERT ORGANIZATION NAME HERE</b>		

<b>RELATED POLICIES AND/OR PROCEDURES:</b> Conflict of Interest
<b>KEYWORDS:</b> Conflict, Gifts, Outside Employment, Form, New Hire

