



Policy Title: Conflict of Interest Policy & Disclosure Form	Origination Date: 5/4/2011
Departments Affected: SHS Organization Wide	Last Approval Date: 12/18/2023
Approved By: Compliance Committee, SHS Board of Directors	

Appendix A – Conflict of Interest Disclosure Form

Name:		
Position:		
	Yes/No	If Yes, Description
Do you or your family members have an Associational, Institutional, or Financial Interest with:		
A supplier of products or services to SHS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A competitor of SHS? (Including employment by another provider of designated health services)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
An entity that does any kind of business with SHS and involves you as a hospital employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
An outside organization contributing gift funds to SHS which are under your control, or which would directly benefit your work activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A current or past SHS patient and did this relationship develop as a result of your employment with SHS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you or your family members receive any gifts, gratuities, entertainment, or loans that influence, or might appear to influence, your judgement or actions concerning the business of SHS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you or your family members serve as a member city, county, state, or federally elected office?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you or your family members serve as a member of any other governance board which may have influence or might appear to have influence over your employment with SHS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have family members who are also employed or contracted as a member of the SHS work force?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please include name, relation, and position:



1311 N. Mildred Road, Cortez, CO 81321

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Name:	
Position:	
Attestation	
Initial One	
	I hereby state that, to the best of my knowledge, I, and my Family Members, have the affiliations and interests listed above. I understand that when these are considered in conjunction with my position with SHS, they could constitute a conflict of interest.
	I hereby state that, to the best of my knowledge, neither I nor my Family Members have any disclosable interest that could constitute a conflict of interest
<p>By signing this form I certify and acknowledge that (i) I have read and understand the Conflict of Interest Policy ("Policy") and agree to comply with the Policy; (ii) the information contained herein is complete and accurate to the best of my knowledge; (iii) I acknowledge that I have a continuing obligation to notify the Compliance Department and complete a new disclosure form when there is any actual or anticipated significant change in my outside activities or related financial interests; and (iv) to be bound by the confidentiality provisions of this Policy and any Confidentiality Policies of SHS.</p>	
Name (printed):	
Signature:	
Position:	
Date:	