



CONFLICT OF INTEREST

DEPARTMENT: Administration	RESPONSIBLE EXECUTIVE: VP Legal, LGH
MANUAL: Lafayette General Health	ORIGINAL DATE: 08-26-96

I. PURPOSE

It is the practice of Lafayette General Medical Center that its employees not concurrently engage in any business or occupation, which would create a conflict of interest in its performance of duties while employed at Lafayette General Medical Center.

II. SCOPE

LGHS and each of its subsidiary entities and their respective departments, including:

Abrom Kaplan Memorial Hospital
Acadia General Hospital
Lafayette General Medical Center (including Lafayette General Southwest campus)
Lafayette General Foundation
Lafayette General Surgical Hospital
Lafayette Health Ventures (LGMD)
Oil Center Surgical Plaza
St. Martin Hospital
University Hospitals & Clinics

LGSH and each of its subsidiary entities as named above are hereinafter to individually as "Company".

III. DEFINITION OF TERMS

N/A

IV. GENERAL INFORMATION

N/A

V. PROCEDURE

- A. A conflict of interest exists when an individual employee's interest are contrary to those of Company such as:
1. Financial interest where the individual serves to gain at the expense of Company in a business transaction;
 2. Using information and inside knowledge acquired by an individual's position with Company, which could provide personal advantage or gain.
- B. Employees of Company are expected to maintain a high standard of conduct and disqualify themselves from exerting influence in any transaction where an employee finds his/her own interest may conflict with the best interest of Company.



- C. All management level staff will be required to sign a conflict of interest statement once a year on the occasion of their performance evaluation. These forms will be kept in their respective personnel file. (See attachment)
- D. Should an employee feel that a conflict of interest may possibly exist, the employee is expected to call this matter to the attention of their immediate supervisor's attention for resolution. Employees that are medical assistants (allied health) staff are required to complete a conflict of interest statement annually. Refer to LGHS Human Resource Policy V-D8 ("Second Jobs").
- E. See also Company's Board specific policy on "Conflict of Interest" applicable to Board of Trustee members.

VI. ATTACHMENTS/REFERENCES

- A. LGHS – Executive Staff – Conflict of Interest
- B. LGHS – Management Staff – Conflict of Interest
- C. LGHS – Medical Assistants (Allied Health) Staff – Conflict of Interest



**LAFAYETTE GENERAL HEALTH SYSTEM
EXECUTIVE STAFF
CONFLICT OF INTEREST**

Check applicable Company:

- Abrom Kaplan Memorial Hospital
- Acadia General Hospital
- Lafayette General Health System
- Lafayette General Medical Center – Main Campus
- Lafayette General Medical Center – Southwest Campus
- Lafayette General Foundation
- Lafayette General Surgical Hospital
- Lafayette Health Ventures
- Oil Center Surgical Plaza
- St. Martin Hospital
- University Hospital & Clinics

I hereby state that I or members of my immediate family have the following affiliations or interests. Additionally, I have taken part in the following transactions that, when considered in conjunction with my position with or relation to Company might possibly constitute a conflict of interest. {Check “none” where applicable.}

PRODUCT OR SERVICES

1. I, or members of my immediate family, hold, directly or indirectly, a position in the following outside concerns from which I have reason to believe Company secures, or will secure, products or services:

[] None

Name of Concern _____

Position Held _____

2. I, or members of my immediate family, hold, directly or indirectly, a material financial interest (e.g. investments) in the following outside concerns from which I have reason to believe Company, secures or will secure products or services:

[] None

Name of Concern _____

Position Held _____



COMPETITION

3. I, or members of my immediate family, hold, directly or indirectly, a position in the following outside concerns with which I have reason to believe Company competes, directly or indirectly, in the provision, purchase or sale of services, property rights or interests:

None

Name of Concern _____

Position Held _____

4. I, or members of my immediate family, hold, directly or indirectly, a material financial interest (e.g. investments) in the following outside concerns with which I have reason to believe Company competes, directly or indirectly, in the provision, purchase or sale of services, property rights or interests:

None

Name of Concern _____

Position Held _____

OTHER

5. The following are other positions, interests, investments activities or situations I, or my immediate family, have not otherwise disclosed that might constitute a conflict of interest:

None

I hereby certify that neither I nor any of my immediate family has accepted gifts, gratuities, or entertainments that might influence my judgement or actions concerning business of Company, except as listed below:

I hereby agree to report to the President of Company or his/her designee, any further situation(s) that may develop before the completion of my next annual questionnaire.

Signature

Print Name

Position: _____

Date



**LAFAYETTE GENERAL HEALTH SYSTEM
MANAGEMENT STAFF
CONFLICT OF INTEREST**

Check applicable Company:

- Abrom Kaplan Memorial Hospital
- Acadia General Hospital
- Lafayette General Health System
- Lafayette General Medical Center – Main Campus
- Lafayette General Medical Center – Southwest Campus
- Lafayette General Foundation
- Lafayette General Surgical Hospital
- Lafayette Health Ventures
- Oil Center Surgical Plaza
- St. Martin Hospital
- University Hospital & Clinics

I hereby state that I or members of my immediate family have the following affiliations or interests. Additionally, I have taken part in the following transactions that, when considered in conjunction with my position with or relation to Company might possibly constitute a conflict of interest. {Check “none” where applicable.}

PRODUCT OR SERVICES

1. I, or members of my immediate family, hold, directly or indirectly, a position in the following outside concerns from which I have reason to believe Company secures, or will secure, products or services:

[] None

Name of Concern _____
Position Held _____

2. I, or members of my immediate family, hold, directly or indirectly, a material financial interest (e.g. investments) in the following outside concerns from which I have reason to believe Company, secures or will secure products or services:

[] None

Name of Concern _____
Position Held _____

COMPETITION

3. I, or members of my immediate family, hold, directly or indirectly, a position in the following



outside concerns with which I have reason to believe Company competes, directly or indirectly, in the provision, purchase or sale of services, property rights or interests:

None

Name of Concern _____
Position Held _____

4. I, or members of my immediate family, hold, directly or indirectly, a material financial interest (e.g. investments) in the following outside concerns with which I have reason to believe Company competes, directly or indirectly, in the provision, purchase or sale of services, property rights or interests:

None

Name of Concern _____
Position Held _____

OTHER

5. The following are other positions, interests, investments activities or situations I, or my immediate family, have not otherwise disclosed that might constitute a conflict of interest:

None

I hereby certify that neither I nor any of my immediate family has accepted gifts, gratuities, or entertainments that might influence my judgment or actions concerning business of Company, except as listed below:

I hereby agree to report to the President of Company any further situation that may develop before the completion of my next annual questionnaire.

Signature

Print Name

Date

Position



**LAFAYETTE GENERAL HEALTH SYSTEM
MEDICAL ASSISTANTS (ALLIED HEALTH) STAFF
CONFLICT OF INTEREST**

Check applicable Company:

- Abrom Kaplan Memorial Hospital
- Acadia General Hospital
- Lafayette General Health System
- Lafayette General Medical Center – Main Campus
- Lafayette General Medical Center – Southwest Campus
- Lafayette General Foundation
- Lafayette General Surgical Hospital
- Lafayette Health Ventures
- Oil Center Surgical Plaza
- St. Martin Hospital
- University Hospital & Clinics

I hereby state that I or members of my immediate family have the following affiliations or interests. Additionally, I have taken part in the following transactions that, when considered in conjunction with my position with or relation to Company might possibly constitute a conflict of interest. {Check “none” where applicable.}

PRODUCT OR SERVICES

1. I, or members of my immediate family, hold, directly or indirectly, a position in the following outside concerns from which I have reason to believe Company secures, or will secure, products or services:

[] None

Name of Concern _____

Position Held _____

2. I, or members of my immediate family, hold, directly or indirectly, a material financial interest (e.g. investments) in the following outside concerns from which I have reason to believe Company, secures or will secure products or services:

[] None

Name of Concern _____

Position Held _____

COMPETITION

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outside concerns with which I have reason to believe Company competes, directly or indirectly, in the provision, purchase or sale of services, property rights or interests:

None

Name of Concern _____
Position Held _____

4. I, or members of my immediate family, hold, directly or indirectly, a material financial interest (e.g. investments) in the following outside concerns with which I have reason to believe Company competes, directly or indirectly, in the provision, purchase or sale of services, property rights or interests:

None

Name of Concern _____
Position Held _____

OTHER

5. The following are other positions, interests, investments activities or situations I, or my immediate family, have not otherwise disclosed that might constitute a conflict of interest:

None

I hereby certify that neither I nor any of my immediate family has accepted gifts, gratuities, or entertainments that might influence my judgment or actions concerning business of Company, except as listed below:

I hereby agree to report to the President of Company any further situation that may develop before the completion of my next annual questionnaire.

Signature

Print Name

Position

Date