

**ST. JOHN HEALTH
CONFLICTS OF INTEREST DISCLOSURE STATEMENT
AND CONFIDENTIALITY AGREEMENT**

(Please attach additional pages if necessary)

Covered Individual: _____

Social Security Number: _____

Organization: _____

Title: _____

Filing Period (check one): _____ Initial _____ Yearly Update _____ Specific Event

Received by: _____

Date Received by Filing Officer: _____

Please answer the following questions:

DEFINITIONS – Terms used herein shall have the meanings set forth in the Conflicts of Interest Policy.

1. **DISCLOSURE OF FINANCIAL INTEREST** – Please fill out a new Disclosure Statement each time you become aware of a financial interest.

a. Do you (or members of your immediate family) have an ownership or investment interest in any entity that has a transaction or arrangement with St. John Health (SJH) or competes with SJH?

Yes _____ No _____ If “Yes,” name on a separate sheet all such entities and the approximate amount (e.g., dollar amount, number of shares, percentage ownership, etc.) of your interest.

b. Do you (or members of your immediate family) have a compensation arrangement (i.e., other than through employment or payment via SJH payroll) with SJH or any entity or individual that SJH has a transaction or arrangement or competes with SJH? Remember, compensation can include direct and indirect remuneration as well as gifts or favors that are in excess of amounts permitted by the Policy.

Yes _____ No _____ If “Yes,” disclose on a separate sheet all such compensation arrangements.

c. Do you (or, to the best of your knowledge, do your immediate family members) have a potential ⁽¹⁾ ownership or investment interest in or a potential compensation arrangement with any entity or individual that SJH is negotiating a transaction or arrangement? Remember compensation can include direct and indirect remuneration as well as gifts or favors that are in excess of amounts permitted by the Policy.

Yes _____ No _____ If “Yes,” disclose on a separate sheet all such potential interest.

2. **OTHER DIRECTORSHIPS** – List the names of all entities for which you serve as a member of the board of directors and the estimated amount of annual compensation you receive from such entities for your service as a director (attach additional sheets if necessary).

_____	\$ _____
_____	\$ _____
_____	\$ _____

3. **OTHER POSITIONS** – List the names of all entities which transact business with SJH or compete with SJH and which you serve any capacity (other than as director but including directive, managerial or consultative) and the estimated amount of annual compensation you receive from such entities for such service (attach additional sheets if necessary).

_____	\$ _____
_____	\$ _____
_____	\$ _____

4. **BORROWINGS** – Disclose the terms (i.e., amount, interest rate, security given and duration) of any loans (of money or other property) where you are the borrower and the lender is a patient, individual or entity that is transacting business with SJH.

5. **GIFTS** – Disclose all cash gifts regardless of the amount of cash and any non-cash gifts (other than those of nominal values) that you or members of your immediate family have received from individuals or entities that transact business or seek to transact business with SJH.

6. **OTHER** – I hereby disclose the following circumstances that may involve a possible conflict of interest:

7. **CONFIDENTIALITY AGREEMENT** – The undersigned recognizes and agrees that the board and committee meetings of SJH are conducted in strictest confidence and matters are discussed that are sensitive in nature and therefore confidential and of a proprietary nature within Ascension Health. Accordingly, the undersigned agrees in connection with any and all participation at meetings of the board of directors or committees of the board to maintain all information, whether or not specifically identified as confidential and proprietary, in strictest confidence absent specific authorization to release or disclose information to third parties by the board of directors or its President/Chief Executive Officer. By signature below, I also certify that neither I (nor any member of my immediate family) have disclosed or used information relating to SJH business for the personal profit or advantage of myself or any member of my immediate family.

⁽¹⁾ An example of a potential ownership investment interest is when you are presently contemplating the making of an investment in an entity that does business with SJH. Another example is when you are aware or become aware that SJH is contemplating a transaction with an entity that you either presently have an ownership or investment interest or you are contemplating such an interest.

8. **AFFIRMATION –**

I hereby acknowledge receiving a copy of the Conflicts of Interest Policy.

I have read, understand and agree to comply with the terms of the Policy.

I understand that SJH is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities that accomplish one or more of its tax-exempt purposes.

I have disclosed in numbers 1 – 6 above any and all activities and interests that I, or members of my immediate family, have or have taken part in, that when considered in conjunction with my position with or relation to SJH might possible constitute a conflict of interest.

I agree to refrain from voting or using my personal influence on any matter that may represent a conflict of interest.

I agree to refrain from accepting gifts, gratuities or entertainment intended to influence my judgment or actions concerning the business of SJH.

If any situation should arise in the future that may involve me in a conflict of interest in accordance with the Policy, I will promptly provide a new Disclosure Statement to the Corporate Responsibility Officer.

SIGNED AND DATED:

Signature

Date