

**COLORADO HOSPITAL ASSOCIATION**

**CONFLICT OF INTEREST POLICY**

The Colorado Hospital Association (CHA) is a nonprofit, tax exempt organization, and maintenance of its tax-exempt status requires each trustee, officer, and employee to exercise a duty of care and a duty of loyalty in all dealings with CHA. Inherent in the duty of care and duty of loyalty is the responsibility to avoid conflicts of interest that adversely impact CHA.

1. Each trustee, officer, and each employee designated by the President is responsible for making full disclosure of any actual or potential conflict of interest, whether the conflict is financial or non-financial. A trustee and the President shall make such disclosures to the board of trustees. Designated employees shall make such disclosures to the President.
2. A trustee with a conflict on a matter coming before the Board may be excluded from Board discussion on the matter and shall not participate in the Board's decision on the matter.
3. In any matter involving a proposed material transaction between CHA and
  - a. a trustee, officer, or designated employee, or
  - b. an organization with which the trustee, officer or designated member is affiliated, or
  - c. a family member or business associate of the trustee, officer, or designated employee,the Board, before approving the transaction, must have determined that the transaction is in the best interest of CHA. This may require the Board to provide a comparable valuation of the transaction and to disclose the transaction in the audited financial statements of CHA.
4. No person shall use appointment to the Board or a committee of CHA for personal financial benefit.
5. No trustee and no designated employee shall release information obtained or discussed at a Board meeting that the individual knows to be confidential.

Adopted by the CHA Board of Trustees \_\_\_\_\_ 2009

---

I have read and understand the CHA Conflict of Interest Policy. Any actual or potential conflicts of interest are disclosed below (use attachment if necessary):

---

---

---

---

---

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_