



## KANSAS HOSPITAL ASSOCIATION

### CONFLICT OF INTEREST DISCLOSURE STATEMENT

I, \_\_\_\_\_, state that in carrying out my duties as a director, officer or employee of the Kansas Hospital Association (“the Association”), I acknowledge my responsibility to act solely in the best interest of the Association without consideration of the interests of any other entity and to refrain from taking part in any transaction where I do not believe in good faith that I can act with undivided loyalty to the Association.

I shall disclose herein any financial interest which I or a member of my family may have and shall refrain from participating in any action on such matters except upon approval of the Association’s Board of Directors according to the Association’s Conflict of Interest Policy. I shall also disclose any opportunity of which I may become aware and which may be within the scope of activities of the Association, and shall refrain from exploiting such opportunity.

With regard to any inside information as to activities of the Association or any of its members, I shall refrain from utilizing any such information for the benefit of myself, my family, or any entity in which I may have a financial interest.

**In this Statement, unless otherwise stated, all references to the interests of the Association also apply to the interests of KHA-related organizations specifically the Kansas Hospital Education and Research Foundation (KHERF), Kansas Health Service Corporation (KHSC), Associated Purchasing Services (APS), KHA Workers’ Compensation Fund, and Kansas Hospital Association Political Action Committee (KHA PAC).**

**Definitions.** Terms used herein shall have the same meaning as set forth in the Conflict of Interest Policy.

**Director:**

Director refers to a member of the Association’s Board of Directors.

**Employee:**

Employee refers to an employee of the Association or one of its related organizations.

**Family:**

Family includes a spouse/significant other, child, step-child, parent, sibling or in-law of a KHA director, officer or employee.

**Financial Interest:**

A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:

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- a. an ownership or investment interest in any entity with which the Association has a transaction or arrangement,
- b. a compensation arrangement, including employment, with any entity or individual with which the Association has a transaction or arrangement, or competes with the Association, or
- c. a potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Association is negotiating a transaction or arrangement.
- d. a business relationship with any current or former officer, director, trustee, or key employee of the Association.

Officer:

Officer refers to an employee of the Association who has the title of president, executive vice president, senior vice president or vice president.

Related Organization:

Related Organization refers to Kansas Hospital Education and Research Foundation (KHERF), Kansas Health Service Corporation (KHSC), Associated Purchasing Services (APS), KHA Workers' Compensation Fund, and Kansas Hospital Association Political Action Committee (KHA PAC).

**Please respond to the following statements:**

(1) I (or a member of my family) have an ownership or investment interest in an entity which has a transaction or arrangement with the Association or competes with the Association.

\_\_\_ yes    \_\_\_ no    If "yes" please list all such entities below (or attach a separate sheet).

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(2) I (or a member of my family) have a compensation arrangement, including employment, with an entity or individual, with which the Association has a transaction or arrangement, or competes with the Association.

\_\_\_ yes    \_\_\_ no    If "yes" please list all such entities below (or attach a separate sheet).

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(3) I (or a member of my family) have a potential ownership or investment interest in, or a potential compensation arrangement with, any entity or individual with which the Association is negotiating a transaction or arrangement.

\_\_\_ yes    \_\_\_ no    If "yes" please list all such entities below (or attach a separate sheet).

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(4) Other. I disclose the following circumstances which may involve a possible conflict of interest:

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(5) Affirmation.

- I hereby acknowledge receiving a copy of the KHA Conflict of Interest Policy.
- I understand that the Association is a tax exempt organization and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax exempt purposes.
- I have disclosed above any and all activities and interests that I, or a member of my family, have or have taken part in that might possibly 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 not accept gifts, payments, services, supplies, equipment, or entertainment intended to influence my judgment or actions concerning the business of the Association and will report the receipt of any such item valued at over fifty (50) dollars to the Corporate Compliance Officer within thirty (30) days of receipt.
- If any situation should arise in the future which may involve me in a conflict of interest, I will promptly provide a new Disclosure Statement to the Corporate Compliance Officer.

By signing below, I attest that I have read and understand this document and I have been given the opportunity to ask questions about this information. I am fully aware that I must comply with these standards or face disciplinary measures, up to and including termination or resignation and, where applicable, legal action.

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Signature

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Name (printed)

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Title (Designate as Board Member, Employee or Other)

**KHA**

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KHA Organization (Choose One: KHA, KHERF, KHSC, APS, Work Comp Fund or KHA PAC)

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Date

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