

2024 PSJH CONFLICT OF INTEREST FORM

Instructions and Policies

Providence St. Joseph Health and our family of organizations (collectively known as "PSJH") requires each Affected and Interested Person, as defined in the PSJH Conflicts of Interest ("COI") [Policy](#), to review and disclose any possible personal, familial, or business relationships that could reasonably give rise to a conflict of interest or the appearance of a conflict of interest. The Policy requires disclosure of certain interests.

Additionally, Providence St. Joseph Health and our family of organizations require all applicable researchers, as defined in the PSJH Conflict of Interest in Research ("COIR") [Policy](#), to review and disclose any apparent, potential, actual, perceived significant financial conflicts of interest ("SFI") or other conflicts of interest.

Note: Family of organizations is defined as any entity that is wholly owned or controlled by Providence St. Joseph Health (PSJH), Providence Health & Services, St. Joseph Health System, Western HealthConnect, Covenant Health Network, Inc., or is jointly owned or controlled by PSJH or its Affiliates and bears the Providence, Swedish Health Services, Swedish Edmonds, St. Joseph Health, Covenant Health Network, Covenant Health, Kadlec Regional Medical Center, Tegria, or PacMed Clinics name, (includes Medical Groups, Hospice, Home Health, etc.).

To carry out the purpose of these policies, you must state on this form whether you or your immediate family members have a position, financial interest or are engaged in a prohibited activity and/or have taken part in transactions that, when considered in conjunction with your position with or relationship to PSJH, might possibly constitute or give rise to Conflicts of Interest.

Note: "Immediate Family members" include an individual's spouse, partner, or similar relationship; parents; grandparents, children (including their spouse, partner, or similar relationship), grandchildren, great grandchildren; siblings (whether step, whole or half-blood); and in-law relatives of all the preceding categories. To allow the organization to determine independently whether a personal relationship creates a conflict of interest or an appearance of a conflict of interest *please be overly inclusive in listing such a relationship* on this disclosure form.

Each Affected and Interested Person is required to complete the COI Disclosure Form on an annual basis for the duration of their service to Providence in a role covered by PSJH policy. Whenever an Affected or Interested Person is aware of a circumstance that requires a disclosure pursuant to policy, the Affected or Interested Person shall update their disclosure form.

Additionally, any individual conducting sponsored and/or funded research at PSJH must comply with the PSJH COIR Policy and complete this disclosure form. The disclosure form must be completed at a minimum annually and prior to submitting research studies through a PSJH IRB or non-PSJH IRB of record, or prior to submitting a grant, regardless of the source of funding.

If a reporting individual discovers or acquires a new significant financial or other conflict of interest, or if the value of a previously disclosed interest changes such that it constitutes a significant financial conflicts of interest ("SFI") or other conflict of interest, or a previously disclosed interest increases in a significant manner it is the individual's responsibility to update the disclosure within thirty (30) days, providing any information that was not disclosed previously. A reporting individual must also complete training on the Providence COIR Policy and federal FCOI regulations. Training is required prior to engaging in research and must be updated at least every three (3) years.

If needed, you may request a copy of this disclosure form or a link to the disclosure application from the [Risk and Integrity Services Compliance department](#) for purposes of making a disclosure.

Check "No" where applicable, or explain your disclosures, including all material facts, on this disclosure form. Conflicts are evaluated and resolved in accordance with PSJH policy.

Acknowledgements

Training: This institution requires you to complete a few simple steps in order to be compliant with its policy and federal regulations.

- Complete compliance training when you begin employment and annually by institutional policy.
- Disclose any Significant Financial Interests within 30 days of acquiring or discovering the interest, by completing the financial disclosure form.
- Provide all necessary disclosure information annually. Annual disclosures will be in addition to any disclosures within 30 days of new interests being acquired or discovered.
- Provide any additional information requested as your Disclosure Profile is reviewed.
- If a Management Plan is required, your agreement to the plan must be documented prior to any funding related to your SFI(s) being released. If a Management Plan is in place, you are responsible for all its terms, conditions, and actions.
- You must respond to all requests for information and/or meetings regarding the institution's responsibility to monitor compliance with the plan.
- Even if you have no outside organizations or companies with which you or an immediate family member have a financial relationship you still need to complete the annual disclosure.

I certify that I have read and understood the education materials presented to me:

Yes

1. I acknowledge that the goal of this Questionnaire is to support the ability of PSJH to protect its mission and to avoid self-dealing, conflict, inurement, and similar risks that may arise from conflict of interest transactions or violations of duty of loyalty principles. Therefore, I affirm my understanding of the PSJH expectation that I answer the above questions in the broadest possible manner consistent with the PSJH goal. I further acknowledge that I may contact the PSJH Chief Risk Officer or Chief Compliance Officer with any questions I may have with respect to this Questionnaire.

Yes

2. Indicate your relationship to PSJH: (Please check as many as apply)

Board Member – (Advisory, Community, Foundation, Other, Sponsor, System)

- Committee Member – (Clinical Institutes, Pharmacy & Therapeutics, Supply Chain)
- Employee/Caregiver
- I am an Affected Person* as defined in the Conflicts of Interest Policy
- Medical Staff Leader (Director, Chief of Staff, Officer, President, etc.)
- Physician
- Researcher

* "Affected person" refers to any employed or contracted: executive; health care administrator; department head (generally director or above); school administrator; medical directors, employed physicians and other physicians in a leadership position within the organization; purchasing agents/buyers;

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those on committees that recommend or approve formularies, or the purchase of medical devices, supplies and equipment; those who recommend or approve investments by the organization; and consultants acting on behalf of the organization in any of the aforementioned positions.

3. I acknowledge and agree to:

- a. Abide by the Confidentiality Policy and Non-Disclosure Agreement and maintain the strict confidentiality of PSJH's nonpublic information including, but not limited to, protected health information, employee information (e.g., employee social security numbers, medical records, background check records, drug tests, and similar information), business or proprietary information and any other type of confidential information that I am not authorized to release or disclose.
- b. Not pursue for personal gain any opportunities that arise from my knowledge of confidential or proprietary information acquired by virtue of my relationship to PSJH.
- c. Use my best efforts to familiarize myself with the corporate opportunities of PSJH as formally acknowledged by PSJH, and not to pursue any such corporate opportunities without the prior approval of PSJH.

Yes

4. I further acknowledge and agree to abide by PSJH's Conflicts of Interest Policy, which requires me to

- a. Disclose the existence and nature of any financial interest that may give rise to an actual, perceived, or potential conflict of interest to my supervisor or appropriate PSJH resource.
- b. Put PSJH's interests before a personal interest in any business or corporate opportunity which I learn of in my role for PSJH.
- c. Abstain from participating in and absent myself from any board, committee or other meeting which discusses or votes on matters where I have an actual, perceived, or potential conflict of interest.
- d. Not accept any favors, payments in cash or in kind, gifts (other than those given in recognition for service or achievement from PSJH), or other items or services of value from any third party in exchange for influencing the actions of PSJH.
- e. Supplement/update this disclosure and inform my supervisor or appropriate PSJH resource promptly in the event that a conflict of interest, which has not yet been disclosed, arises.

Yes

5. Compensation committee

As a member of a PSJH compensation committee, either as a physician or otherwise, I agree not to vote on matters that will affect my personal compensation or the compensation of those similarly situated. I understand I may provide general information on compensation.

Yes

No

I am not on a compensation committee.

PSJH Family Member Employment

Employment of family members in the PSJH workplace

Note: "Immediate Family members" include an individual's spouse, partner, or similar relationship; parents; grandparents, children (including their spouse, partner, or similar relationship), grandchildren, great grandchildren; siblings (whether step, whole or half-blood); and in-law relatives of all the preceding categories.

1. *** Are any of your immediate family members employed by Providence or the PSJH family of organizations?** To allow the organization to determine independently whether a personal relationship creates a conflict of interest or an appearance of a conflict of interest *please be overly inclusive in listing such a relationship* on this disclosure form.

Yes No

2. If yes, please indicate your relationship to that individual. "Immediate family member" constitutes the following relationships:

Note: You can select more than one item

- Spouse, partner, or similar relationship
- Child/Children
- Parent(s)
- Sibling(s)
- Other extended family/familiar relationship

3. If yes, please provide the name of the individual(s) and their relationship to PSJH.

4. **If yes,** do you work within the same chain of command (i.e., decision making authority, reporting relationship, or supervision of work)?

Yes No

5. **If yes,** do you have any workflow responsibility overlap with your family member's workflow responsibilities (i.e., invoicing/payments, medication disposal, coding/billing, reconciliation activities, etc.)?

Yes No

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Entity Disclosure Information

The following items are a non-exclusive list of items that must be reported: equity; ownership relationships with competitors; work relationships with competitors; relationships with organizations doing business with Providence; personal business transactions with Providence; physician owned vendor relationships; certain outside roles and commitments; consulting or other professional services; speaking engagements; honoraria; board services; sponsored travel; editorial services; intellectual property rights; and sale of equity.

Do not report mutual funds, retirement accounts, pension funds, exchange traded funds, other similar financial instruments, or any instrument that includes Providence entities if you do not directly control the investment decisions made in these vehicles.

1. * Do you have any financial interests and/or outside activities to report?

Yes No

INSTRUCTIONS:

- **If yes**, enter the name(s) of the entity/entities
- For each entity disclosure respond to the questions below.

2. * Disclosure Types:

Disclosure Type	Description
Equity or Ownership Interest	Stock, Stock Options, or Ownership Interest
Consulting or Other Professional Services	Advisory, scientific advisory board, expert witness services, or other professional activity
Editorial Services	Journal services, scientific editor services
Intellectual Property Rights	Patent, Copyright, License, or Royalties paid directly to individual
Divestiture and Cash Pay-out	Sale of equity
Sponsored Travel (Research)	Travel which is paid on behalf of the Investigator and not reimbursed to the Investigator
Board Service	Any board seat or officer position including Board of Directors, Board of Trustees, Advisory Boards, Community Boards, Foundation Boards, etc.
Outside Employment - External to Providence or Providence-affiliates	Employment external to your institution
Other Appointments	Compensated or Uncompensated (e.g., positions, appointments, fellowships, or talent programs)
Speaking Engagements, Honoraria, or External Compensation	External compensation from a speaking engagement, honoraria, vendor, or others outside the organization that may pose a real or perceived conflict of interest.

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Equity or Ownership Interest

Stock, Stock Options, or Ownership Interest (including physician owned vendor relationships).

Note: Physician owned vendor is defined as any entity which is owned or controlled by physicians who are on the medical staff of a Providence hospital or with which Providence has a financial relationship or an immediate family member of such physician.

Do not report mutual funds that include this organization, retirement accounts, pension funds, exchange traded funds, or other similar financial instrument if the discloser does not directly control the investment decisions made in these vehicles.

1. Entity/entities:

2. Is this entity publicly traded? Yes No Unknown

3. Is this a foreign owned entity (out of country)? Yes No Unknown

4. Is this a tax-exempt entity (not-for-profit/non-profit)? Yes No Unknown

5. * Relation to discloser:

- Self
- Spouse, partner, or similar relationship
- Child/Children
- Parent(s)

6. * Do you own stock / partnership shares in this organization?

Yes No If yes, ownership interest percentage: _____.

7. * Do you own stock options or any other form of equity in this organization?

Yes No

8. Is this a physician owned vendor relationship as defined above?

Yes No

* Estimated value of the equity or ownership interest, please select an estimated value.

\$ 0.00

\$1 – 4,999

\$ 5,000 – 9,999

\$ 10,000 -14,999

\$ 15,000 – 19,999

\$ 20,000 – 49,999

\$ 50,000 – 99,999

\$ 100,000 & above

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9. Additional information that would help clarify this disclosure:

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Consulting and Other Professional Services which may have a relationship with PSJH, direct or otherwise, compensated, or uncompensated.

Advisory, scientific advisory board, or expert witness services

1. Entity/entities:

2. Is this entity publicly traded? Yes No Unknown

3. Is this a foreign owned entity (out of country)? Yes No Unknown

4. Is this a tax-exempt entity (not-for-profit/non-profit)? Yes No Unknown

5. * Relation to discloser:

Self

Spouse, partner, or similar relationship

Child/Children

Parent(s)

6. * Please select the estimated compensation for the last 12 months (If uncompensated, select \$0.00)

\$ 0.00

\$1 - 4,999

\$ 5,000 - 9,999

\$ 10,000 -14,999

\$ 15,000 - 19,999

\$ 20,000 - 49,999

\$ 50,000 - 99,999

\$ 100,000 & above

7. Additional information that would help clarify this disclosure:

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Intellectual Property Rights

Patent, Copyright, License, or Royalties paid directly to individual

1. Entity/entities:

2. Is this entity publicly traded? Yes No Unknown

3. Is this a foreign owned entity (out of country)? Yes No Unknown

4. Is this a tax-exempt entity (not-for-profit/non-profit)? Yes No Unknown

5. * Relation to discloser:

Self

Spouse, partner, or similar relationship

Child/Children

Parent(s)

6. * Select the estimated total monetary compensation you received in the past 12 months for intellectual property rights.

\$ 0.00

\$1 - 4,999

\$ 5,000 - 9,999

\$ 10,000 -14,999

\$ 15,000 - 19,999

\$ 20,000 - 49,999

\$ 50,000 - 99,999

\$ 100,000 & above

7. Are the invention or intellectual property rights assigned to this institution?

Yes No

8. * Describe the invention or intellectual property:

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Divestiture and Cash Pay-Out

Sale of equity

1. Entity/entities:

2. Is this entity publicly traded? Yes No Unknown

3. Is this a foreign owned entity (out of country)? Yes No Unknown

4. Is this a tax-exempt entity (not-for-profit/non-profit)? Yes No Unknown

5. * Relation to discloser:

Self

Spouse, partner, or similar relationship

Child/Children

Parent(s)

6. * Please select the estimated compensation for the last 12 months (If uncompensated, select \$0.00)

\$ 0.00

\$1 - 4,999

\$ 5,000 - 9,999

\$ 10,000 -14,999

\$ 15,000 - 19,999

\$ 20,000 - 49,999

\$ 50,000 - 99,999

\$ 100,000 & above

7. Additional information that would help clarify this disclosure:

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Sponsored Travel (Research)

Travel which is paid on behalf of the Investigator and not reimbursed to the Investigator

1. * For each trip, sponsored or reimbursed by this entity, enter the destination, purpose, and approximate start and end date:

* Destination:
* Purpose:
* Approximate start date:
* Approximate end date:

2. Is this entity publicly traded? Yes No Unknown
3. Is this a foreign owned entity (out of country)? Yes No Unknown
4. Is this a tax-exempt entity (not-for-profit/non-profit)? Yes No Unknown

5. * Relation to discloser:

Self
Spouse, partner, or similar relationship
Child/Children
Parent(s)

6. * Enter the estimate of the value of this trip:

\$ 0.00
\$1 - 4,999
\$ 5,000 - 9,999
\$ 10,000 -14,999
\$ 15,000 - 19,999
\$ 20,000 - 49,999
\$ 50,000 - 99,999
\$ 100,000 & above

7. Additional Trip information as necessary:

Trip 2:
Trip 3:
Trip 4:
Trip 5:
Trip 6:
Trip 7:

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Board Service

Any board seat or officer position including Board of Directors, Board of Trustees, Advisory Boards, Community Boards, Foundation Boards, etc.

1. Entity/entities:

2. Is this entity publicly traded? Yes No Unknown

3. Is this a foreign owned entity (out of country)? Yes No Unknown

4. Is this a tax-exempt entity (not-for-profit/non-profit)? Yes No Unknown

5. * Relation to discloser:

Self

Spouse, partner, or similar relationship

Child/Children

Parent(s)

6. * Please select the estimated compensation for the last 12 months (If uncompensated, select \$0.00)

\$ 0.00

\$1 - 4,999

\$ 5,000 - 9,999

\$ 10,000 -14,999

\$ 15,000 - 19,999

\$ 20,000 - 49,999

\$ 50,000 - 99,999

\$ 100,000 & above

7. Please list your Board memberships, for profit, not for profit status and any additional information that would help clarify this disclosure:

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Outside Employment - External to Providence or Providence-affiliates

Employment external to the Providence family of organizations.

Note: Providence family of organizations is defined as any entity that is wholly owned or controlled by Providence St. Joseph Health (PSJH), Providence Health & Services, St. Joseph Health System, Western HealthConnect, Covenant Health Network, Inc., or is jointly owned or controlled by PSJH or its Affiliates and bears the Providence, Swedish Health Services, Swedish Edmonds, St. Joseph Health, Covenant Health Network, Covenant Health, Kadlec Regional Medical Center, Tegria, or PacMed Clinics name (includes Medical Groups, Hospice, Home Health, etc.).

1. Entity/entities:

2. Is this entity publicly traded? Yes No Unknown

3. Is this a foreign owned entity (out of country)? Yes No Unknown

4. Is this a tax-exempt entity (not-for-profit/non-profit)? Yes No Unknown

5. * Relation to discloser:

Self

Spouse, partner, or similar relationship

Child/Children

Parent(s)

6. * If compensation received, please select the estimated compensation for the last 12 months (If uncompensated, select \$0.00)

\$ 0.00

\$1 - 4,999

\$ 5,000 - 9,999

\$ 10,000 -14,999

\$ 15,000 - 19,999

\$ 20,000 - 49,999

\$ 50,000 - 99,999

\$ 100,000 & above

7. Additional information that would help clarify this disclosure:

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Other Appointments, Compensated or Uncompensated

Other appointment, compensated or uncompensated (e.g., positions, appointments, fellowships, or talent programs)

1. Entity/entities:

2. Is this entity publicly traded? Yes No Unknown

3. Is this a foreign owned entity (out of country)? Yes No Unknown

4. Is this a tax-exempt entity (not-for-profit/non-profit)? Yes No Unknown

5. * Relation to discloser:

Self

Spouse, partner, or similar relationship

Child/Children

Parent(s)

6. * If compensation received, please select the estimated compensation for the last 12 months (If uncompensated, select \$0.00)

\$ 0.00

\$1 - 4,999

\$ 5,000 - 9,999

\$ 10,000 -14,999

\$ 15,000 - 19,999

\$ 20,000 - 49,999

\$ 50,000 - 99,999

\$ 100,000 & above

7. * Name of position, appointment, fellowship, or talent program:

8. Additional information that would help clarify this disclosure:

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Speaking Engagements, Honoraria, or Other External Compensation

External compensation from a speaking engagement, honoraria, vendor, or others outside the organization that may pose a real or perceived conflict of interest.

Note: "External compensation" refers to any direct or indirect remuneration in any form, including wages, fees, honorarium, gifts, favors, loans, or discounts when receipt is related to the performance of duties on behalf of Providence.

Do not report items of nominal value. For reporting purposes, nominal value is based on the Office of Inspector General (OIG) interpretation of "inexpensive" or "nominal value" to mean a retail value of no more than \$15 per item or \$75 in the aggregate per individual on an annual basis.

1. Entity/entities:

2. Is this entity publicly traded? Yes No Unknown

3. Is this a foreign owned entity (out of country)? Yes No Unknown

4. Is this a tax-exempt entity (not-for-profit/non-profit)? Yes No Unknown

5. * Relation to discloser:

Self

Spouse, partner, or similar relationship

Child/Children

Parent(s)

6. * If compensation, please select the estimated compensation for the last 12 months (If uncompensated, select \$0.00)

\$ 0.00

\$1 – 4,999

\$ 5,000 – 9,999

\$ 10,000 -14,999

\$ 15,000 – 19,999

\$ 20,000 – 49,999

\$ 50,000 – 99,999

\$ 100,000 & above

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7. * Name of event, vendor, or other outside organization and description of item(s) provided:

8. Additional information that would help clarify this disclosure:

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Attestation

I affirm the responses provided in this conflict of interest disclosure form are true and accurate to the best of my knowledge, and that I personally completed this disclosure.

Yes No

Printed Name:

Signature:

Date:

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