



BROWARD HEALTH DISCLOSURE FORM FOR CONFLICT OF INTEREST, PHYSICIAN OWNERSHIP & FINANCIAL ARRANGEMENTS

In order to ensure that the North Broward Hospital District d/b/a Broward Health complies with federal and state laws concerning financial arrangements between employees, contractors, physicians and other entities that provide certain services, we require all employees, contractors, physicians, and other entities to provide us with the information set forth in this Form.

For purposes of answering these questions, the below terms shall have the meanings set forth below wherever they appear in this Form, regardless of whether they are capitalized, unless:

1. The context in which they are used clearly requires a different meaning; or
2. A different definition is prescribed for a particular section of this Form.

North Broward Hospital District d/b/a Broward Health (“Broward Health”) shall include all employees of Broward Health and all Broward Health-affiliated entities including, but not limited to, hospitals, ambulatory surgery centers, home health centers, hospices, home health agencies, physician practices, outpatient imaging centers, service centers, joint ventures and all Broward Health departments, groups, and divisions.

Broward Health Regions/Facilities or Affiliates include but are not limited to the following:

- Broward Health Medical Center
- Broward Health Coral Springs
- Broward Health Imperial Point
- Broward Health North
- Broward Health Community Health Services
- Broward Health Home Health & Hospice
- Broward Health Weston (including Urgent Care Centers)
- Broward Health Physician Group
- Children’s Diagnostic & Treatment Center
- Broward Health Foundation

Immediate family member shall mean the following individuals: husband or wife; birth or adoptive parent, child, or sibling; stepparent, stepchild, stepbrother, or stepsister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; grandparent or grandchild; and spouse of a grandparent or grandchild.

Key Personnel shall mean the following individuals:

- Individuals intending to or currently doing business with Broward Health;
- Organization's owners, officers, board members, employees holding the title of vice-president, its equivalent, employed physicians;
- Broward Health employees, Board of Commissioners of Broward Health, and members of a Broward Health Standing Committee; or Immediate family members of the three categories above.

Organization, shall mean, the contracting party with whom Broward Health may enter into an agreement with and for whom this form is completed and submitted to Broward Health.

Physician shall mean a doctor of medicine or osteopathy, a doctor of dental surgery or dental medicine, a doctor of podiatric medicine, a doctor of optometry, or a chiropractor. The term physician also includes a group practice of two or more physicians who practice medicine through a single entity, who have a common trade name, or who practice at the same location.

Significant Financial Interests shall mean Monetary arrangements with individuals, businesses, or other entities, including but not limited to the following:

1. Debt Interests: Holding of debt or debt securities by an individual or Immediate Family Member in any company or entity.
2. Equity Interests: Ownership interest that exceeds 5% by an individual or Immediate Family Member of stock, stock options or other proprietary interests in any company or entity, whether said entity is publicly-traded or privately owned. Significant Financial Interests do not include investments in mutual funds or retirement plans, such as 401(k) or 403(b) plans, where there is no individual control over selections within a fund.

No.	Question	Yes	No
1	To the best of your knowledge, does any Key Personnel have a direct or indirect ownership or investment interest in an entity that provides health care services to a Broward Health Region/Facility or Affiliate? (This includes an ownership or investment interest in a company that holds some ownership or investment interest in any entity that furnishes health care services to Broward Health Region/Facility or Affiliate)?		
2	To the best of your knowledge, is an immediate family member of key personnel employed by, contracted with or does business with or provides services at Broward Health?		
3	To the best of your knowledge, are any Key Personnel in any capacity affiliated with a company owned in whole or in part by a physician (or an immediate family member of a physician) who may refer patients or treat patients at a Broward Health Region/Facility or Affiliate?		
4	To the best of your knowledge, are any Key Personnel in any capacity affiliated with a company owned in whole or in part by any person (other than a physician or an immediate family member of a physician) who may refer patients to a Broward Health Region/Facility or Affiliate?		
5	To the best of your knowledge, are any Key Personnel in any capacity affiliated with a company that employs or contracts with a physician (or an immediate family member of a physician) who may refer patients or treat patients at a Broward Health Region/Facility or Affiliate?		
6	To the best of your knowledge, does any Key Personnel serve on the board of directors or board of trustees of or serving as a medical staff officer at a non-North Broward Hospital District hospital, medical center, or other health care facility offering the same services of the Broward Health, or an independent contractor physician of the Broward Health that practices in a group practice arrangement?		
7	To the best of your knowledge, does any Key Personnel hold a position as officer, partner, director, proprietor or otherwise, in any business entity (including health care facilities and organizations) which does business directly with, or competes with the Broward Health?		
8	To the best of your knowledge, does any Key Personnel have access to information relating to the Broward Health's business, not available to members of the general public and gained by reason of declarant's affiliation with the Broward Health, for the personal gain or benefit of the declarant.		
9	To the best of your knowledge, is any Key Personnel an employee, independent contractor, or partner of an entity which refers patients to and/or is referred patients from the Broward Health?		
10	To the best of your knowledge, has any Key Personnel offered or accepted anything of value, including a gift, loan, honoraria, reward, promise of future employment, favor, or service under circumstances from which it might be inferred that such action was intended to influence, or possibly would influence, the declarant in the performance of his or her duties?		
11	To the best of your knowledge does any Key Personnel have any compensation relationship (e.g. consulting services, medical directorship, independent contractor agreement), excluding a bona fide employment with Broward Health?		

Please provide additional detail for each question you have responded to with “Yes.”

I represent that the answers provided herein are truthful and accurate as of the date of my signature below. I agree to immediately notify the relevant Broward Health Region/Facility or Affiliate of any changes in the above-disclosed information. I acknowledge that the disclosure of conflicts of interest, potential conflicts or financial interest is an on-going obligation and further agree to disclose any changes to these answers. I further acknowledge that a failure to disclose or to resolve conflicts or financial interests is a violation of the Code of Conduct and Ethics of the Commissioners of Broward Health. I have disclosed to the best of my knowledge any potential conflict of interest or financial interests in the comment’s section (above) or have attached additional documents. I understand that my deliberate failure to make a full disclosure of any potential conflict of interest or financial interests may constitute cause for the immediate termination of my employment and/or any existing agreements with Broward Health.

Signature

Date

Print Name

Title

Business Name, if applicable