

CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE
And
ANNUAL STATEMENT
For The
UW MEDICINE BOARD

Pursuant to the UW Medicine Board (“Board”) Conflict of Interest Policy, the Conflict of Interest Disclosure Questionnaire (“Questionnaire”) is intended to assist in the identification and management of actual or potential Conflicts of Interest. While it is impossible to describe every circumstance that could give rise to an actual or potential Conflict of Interest, the following questions serve as a guide to identify the types of activities that could cause Conflicts of Interest and that should be fully disclosed annually. In addition to the annual disclosure, each Board member and Board committee community member must disclose, as described in the UW Medicine Board Conflict of Interest Policy, the existence of and all material facts relating to the actual or potential Conflict of Interest when arising in the context of a particular transaction.

Definitions

“Beneficial Interest” means a direct or indirect financial interest in a transaction between UW Medicine and an outside entity in which a Board member or Board committee community member or Immediate Family Member has the ability to profit, assert control or exert influence. Mutual funds or similar investment pooling funds are not considered Beneficial Interests because the individual does not have the ability to assert control or exert influence. Publicly traded securities are considered Beneficial Interests only if the transaction is reasonably likely to have a material effect on the market value of the securities in question.

“Conflict of Interest” means any situation in which a Board member or Board committee community member or Immediate Family Member may have a Beneficial Interest in a decision of the Board, or a decision the Board member or Board committee community member might make in his or her Board role.

“Immediate Family Member” means the spouse, domestic partner, child, or parent any Board member or Board committee community member, as well as any other individual living in the household of any Board Member or Board committee community member.

“Participate” means to engage personally and substantially through approval, disapproval, decision, recommendation, the rendering of advice, investigation, or otherwise.

“Reporting Period” is the upcoming July 1 through June 30 fiscal year.

Questionnaire

1. Are you and/or any Immediate Family Member(s) participating in any business transaction with UW Medicine during the reporting period or are you aware of any pending business transactions between such persons and UW Medicine?

Yes _____ No _____

If yes, please state the name of each interested person and a description of the business transaction.

2. Do you and/or any Immediate Family Member(s) hold or have you agreed to hold an official position (e.g., employee, director, officer, trustee, executor or consultant) with any outside organization which you have reason to believe does business with UW Medicine or is itself an entity engaged in the delivery of healthcare services (e.g., another health care entity that is a potential competitor or affiliate of UW Medicine)?

Yes _____ No _____

If yes, please state the name of each such person, the name of the outside organization, the nature of the position, any compensation, and the term of the position.

3. Are you and/or any Immediate Family Member(s) related by blood, adoption or marriage to any other Board member, Board community member, UW Medicine senior management employee or consultant of UW Medicine?

Yes _____ No _____

If yes, please state the name of each related person and the nature of the relationship.

4. Are you aware of any other circumstances involving you or any Immediate Family Member(s) that creates an actual or potential Conflict of Interest or the appearance of an actual or potential Conflict of Interest with respect to your obligations as a Board member or a Board community member?

Yes _____ No _____

If yes, please describe.

5. Are you a physician?

Yes _____ No _____

If yes, by whom are you employed? _____

Annual Statement

I hereby affirm the below statements:

- A. I have received a copy of the UW Medicine Board Conflict of Interest Policy;
- B. I have read, understand and agree to comply with the Board Conflict of Interest Policy;
- C. I will inform the Board Chair or CEO/EVPMA/Dean or designee (as described in the Board Conflict of Interest Policy) if I know that UW Medicine is considering a transaction within the purview of my UW Medicine official duties in which I or an Immediate Family Member may have an actual or potential Conflict of Interest;
- C. I have reviewed and understood any educational materials provided related to understanding the nature of conflicts of interest;
- D. I agree to maintain proprietary information as confidential except to the extent that disclosure is required by law or court order or is the order of an administrative agency having jurisdiction.
- E. I agree that I will not use UW Medicine confidential information for my personal benefit or gain.

Please sign the questionnaire and annual statement in the space provided below and return it to Julie Monteith in the enclosed envelope at your earliest convenience. Thank you.

Dated this _____ day of _____, 20__.

[Print or Type Name]

[Signature]