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Additionally, the accounting standards, applicable laws, regulations and regulators’ enforcement activities may change over time requiring modifications to these example policies and procedures. Required modifications to these examples are your responsibility.

The example(s) are not designed to prevent or discover errors, misrepresentations, fraud or illegal acts, and you agree **BKD** has no such responsibility. Because of the limits in any internal control structure, errors, fraud, illegal acts or instances of noncompliance may occur and not be detected.

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Annual Disclosure of Potential Conflicts of Interest  
with the  
[Health Center Name]

I, ,

(Name of Director, Officer or Executive Director)

hereby give notice to the Board of Directors of the [Health Center Name] (the “Health Center”) that I have directly or indirectly, through business, investment or family -

1. an ownership or investment interest in any entity with which the “Health Center” has a transaction or arrangement, or
2. a compensation arrangement with the “Health Center” or with any entity or individual with which the Center has a transaction or arrangement, or
3. a potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the “Health Center” is negotiating a transaction or arrangement.

(Insert name(s) and address(es) of person(s), firm(s) or entit(y)(ies), or state “none”)

I further state that I am, or a member of my family, is an owner (in whole or in part), director, officer, employee, contractor, or other of the above-listed person(s), firm(s) or entit(y) (ies): describe:

I hereby agree to provide to the Chairman of the Board of the “Health Center” (who shall transmit such information to the Board) all such information which the Chairman shall reasonably request that I furnish to the Directors to enable the Board of Directors to consider my relationship or affiliation with such person, firm or entity on a fully informed basis.

The approximate dollar value of the goods or services furnished during the last 12 calendar months in connection with transactions between the “Health Center” and such person(s), firm(s) or entit(y) (ies) is:

$

To the extent necessary, I hereby supply the following additional information in order to enable the Board of Directors to be fully informed in connection with this matter:

I hereby further agree to provide the Board of the “Health Center” any additional information which may arise from time to time which may potentially create a conflict of interest.

Signed this day of , .

Print Name of Person Signing this Form

Signature of Person Signing Form

Note: This Disclosure must be delivered to the Chairman of the Board of the “Health Center” by each Director, Officer and the Executive Director no later than the date of the annual meeting of each year.

**CONFLICT OF INTEREST**

*Acknowledgment*

I, , affirm that I have read the “Health Center” Conflicts of Interest Policy and I am not in violation of any of its provisions. I understand that I must maintain the highest standards of professional conduct and integrity, and I am aware that the discovery of any conduct which appears to be a violation of the “Health Center” Conflicts of Interest Policy will be reported to the Chairman of the Board.

I further understand that violations of the Conflicts of Interest Policy may constitute grounds for dismissal or removal. Directors, Officers and the Executive Director are expected to act fairly and honestly in all transactions with the “Health Center” and with others to maintain the high ethical standards of the “Health Center”. If a situation arises where a Director, Officer or the Executive Director is unsure whether there may be a violation of the Conflict of Interest Policy, he/she should contact the Chairman of the Board for guidance.

Signature

(Print Name)

Date