**Conflict of Interest**
**Disclosure and Agreement**

**Statement of Purpose:**

As an employee, contractor, agent, officer or board member of Eastern Shore Rural Health System (ESRHS), I understand that I owe certain duties to ESRHS including but not limited to, the duty of loyalty to ESRHS. I understand that one aspect of fulfilling my duties to ESRHS is to avoid actual and perceived conflicts of interest in which my allegiance might be split between a position of responsibility to ESRHS, and to another professional, personal, business, or volunteer position or obligation.

To help avoid actual, potential, or perceived conflicts of interest, I am hereby disclosing other responsibilities and situations in which I have, or may have, a conflict with regard to my duties to ESRHS, including those which may give the appearance that I have conflicting duties to an entity other than to ESRHS.

I also agree to disclose (within 5 days), at the time they arise, any conflict of interest which may arise in the future. I agree to supplement this Disclosure Form in the event an additional conflict (or potential conflict) arises, but in no event less than annually.

**Agreement and Disclosure:**
I have received, read, and agree to abide by the terms of the ESRHS Conflict of Interest policy.

I hereby disclose the following circumstances or relationships which could potentially create a conflict of interest and agree to recuse myself regarding any decisions surrounding the named organization/company. (Please list, or check "not applicable").

**Please list:** _____Not Applicable

Board Member: I am not related to anyone employed by ESRHS.

Employee: I am not related to anyone sitting on the ESRHS Board of Directors.

I know of no other professional, business, or volunteer position or responsibility including vendor situations that might give rise to conflicts. (Initial here) _____

_____
Printed Name

_____ _____
Signature Chief Compliance Officer

_____
Date *Revised 03-2021*