

# NICKLAUS CHILDREN'S HOSPITAL

## Certification of Compliance with Conflict of Interest, Corporate Compliance, Confidentiality and Internet Access

Please review and sign the form below. If you indicate a disclosure under any of the five areas, please explain completely. Thank you for your cooperation.

### CONFLICT OF INTEREST DISCLOSURE

I hereby disclose that I and/or members of my immediate family have the following affiliations or interests and/or have taken part in the following transactions which, when considered in conjunction with my position with or in relation to this Hospital, might possibly constitute a conflict of interest. Any such disclosures are explained below. If response in "none" please so state:

1. **Outside Interest** (Other than publicly traded investment) - e.g., holding a position with, or having at least 5% ownership or financial interest in, any concern doing business with or competing with the Hospital.

PLEASE CIRCLE ONE:            NONE            DISCLOSURE (explain below)

---

---

2. **Investment** -e.g., having an investment in a business where the opportunity for personal gain is increased due to the relationship of this Hospital with said business.

PLEASE CIRCLE ONE:            NONE            DISCLOSURE (explain below)

---

---

3. **Outside Activities** - e.g., rendering directive, managerial or consultative services to outside concerns doing business or competing with the services of this Hospital.

PLEASE CIRCLE ONE:            NONE            DISCLOSURE (explain below)

---

---

4. **Gifts, Gratuities, Remuneration, Entertainment** - e.g., accepting any gift, salaries, remuneration, consulting fees or favors 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/her duties.

PLEASE CIRCLE ONE:            NONE            DISCLOSURE (explain below)

---

---

5. **Inside Information** - e.g., using or disclosing information relating the Hospital's business for the personal profit or advantage of the declarant.

PLEASE CIRCLE ONE:            NONE            DISCLOSURE (explain below)

---

---

6. Corporate Compliance

Senior Management- Demonstrates a commitment to compliance by adhering to MCH’s compliance standards as they appear in the Corporate Code of Conduct and Conflict of Interest Policy; models behaviors in a compliant manner; sponsors and implements initiatives to achieve the hospital’s compliance goals; reports suspected violations and cooperates with investigations.

Directors- Demonstrates a commitment to compliance by adhering to MCH’s compliance standards as they appear in the Corporate Code of Conduct and Conflict of Interest Policy; models behaviors in a compliant manner; ensures that all staff are trained and evaluated on their knowledge of and adherence to compliance standards, policies and procedures; reports suspected violations and cooperates with investigations

All Employee/Staff- Demonstrates a commitment to compliance by adhering to MCH’s compliance standards as they appear in the Corporate Code of Conduct and Conflict of Interest Policy; participates in compliance training and education to ensure knowledge of and adherence to compliance policies and procedures; reports suspected violations and cooperates with investigations

PLEASE CIRCLE ONE:                      NONE                      DISCLOSURE (explain below)

---

---

Conflict of Interest

The undersigned hereby acknowledges and certifies that he/she understands the Miami Children's Hospital Conflict of Issue (COI) disclosure policy and that he/she either has no COI at this time or that he/she has provided voluntary written disclosure of such COI. The undersigned further acknowledges that this is a continuing agreement and that if, in the future, any COI arise they shall be promptly disclosed.

Corporate Compliance

I certify or re-certify that I have read and understand the Code of Conduct and agree to abide by the principals during my entire term of employment. I acknowledge and understand that I have a duty to promptly report any alleged violations of the Code of Conduct, Federal, State or hospital policies to the Corporate Compliance department. I understand that any violations of the Corporate Compliance program, Code of Conduct, or any other requirement, may result in discharge from employment. I certify that I have not been convicted of, or pled guilty or "no contest" to a criminal offense related to matters of compliance or a violation associated with previous employment nor have I been listed by a Federal agency as debarred, excluded or otherwise ineligible for participation in Federally funded health care programs. I am presently unaware of any possible violation(s) of the Code of Conduct or Compliance program.

Confidentiality

In addition, I understand that protected health information regardless of format (i.e., verbal, written or electronic) created or received by MCH is subject to strict confidentiality requirements imposed by state and federal law including but not limited to the HIPAA privacy regulation. Any violations resulting in improper use of a patient’s medical information or other protected and confidential data is subject to disciplinary action up to and including termination of employment.

Internet Etiquette

Also, I understand that Internet access provided by Miami Children’s Hospital is for the purpose of activities related to there operation of Miami Children's Hospital as a commercial entity and I agree to abide by general Internet etiquette and policies including but not limited to O9200H51, O9200H61, O9200H62, O9200H63, and H9510E04. This privilege will be canceled upon my separation from Miami Children’s Hospital or for violations of general Internet etiquette or applicable hospital policies and Portal system and it is my responsibility to read, understand and abide by the established rules and regulations.

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_