



1/2008

**Conflicts of Interest Disclosure Statement for Physicians/Employees**

**Only clinical faculty and those employed by Emory Healthcare, Emory Children’s Center or The Emory Clinic must complete this form.**

**If you have questions about the Emory Healthcare policies or this form, please contact the Compliance Office at 404-778-2757.**

1. Do you or any member of your immediate family or household, have or hold positions outside of Emory Healthcare which could result in or constitute a conflict of interest? (See Conflict of Interest Policy for Employees). If yes, give details below.

No/None  Yes

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2. Do you or any member of your immediate family or household, have investments which might or could result in or constitute a material financial interest in a supplier, provider, competitor or customer of Emory Healthcare? If yes, give details below. If you are uncertain whether a particular company in which you have an investment may be providing services, supplies or equipment to Emory Healthcare, information regarding Emory Healthcare vendors will be made available to you.

No/None  Yes

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3. Do you or any member or your immediate family or household, participate in outside activities such as rendering of directive, managerial or consultative services to any one that does business with or competes with the services of Emory Healthcare? If yes, give details below. You must list any advisory, consulting, speaker’s bureau or similar type agreements, the terms and any payments received.

No/None  Yes

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4. Have you or any member of your immediate family or household, disclosed or used information relating to Emory Healthcare business for personal profit or advantage? If yes, give details below.

No/None  Yes

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5. Have you or any member of your immediate family or household accepted gifts, items, favors, services or entertainment from companies, persons, or entities that do business with Emory Healthcare or its related entities? You must disclose all gifts, items, favors, services or entertainment received and from whom they were received and estimated value of item, service, entertainment, etc.

No/None  Yes

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6. Have you or any member of your immediate family or household sold, licensed, distributed or disclosed software developed for Emory Healthcare to any other facility, company or person; or inserted code into or modified any software used by Emory Healthcare for personal advantage or to the detriment of Emory Healthcare; or used knowledge gained at Emory Healthcare to enable others to do so? If yes, give details below.

No/None  Yes

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7. Is any member of your immediate family or household employed by or have a contract with Emory Healthcare? If so, give full name of that person.

No/None  Yes

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8. Please describe any other information concerning you or other members of your family or household, not requested in the preceding paragraphs, which you believe, may present an actual or potential conflict of interest. If you are uncertain if a situation is an actual or potential conflict, please call the Office of Compliance Programs. The examples set forth in the Conflicts of Interest Policy should act as a guide for you in determining if you have a potential or actual conflict.

No/None  Yes

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9. Other than EHC entities do you or your immediate family members have a financial interest in any healthcare entities or health care services to which you may refer patients?

No/None  Yes

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**I have read the Emory Healthcare Policy on Conflicts of Interest for Employees and I understand the policy and the provisions of this Disclosure Statement and I have fully disclosed any potential conflicts of interest. The information provided on this form is complete and accurate to the best of my knowledge. I fully intend to follow the standards set forth in all Emory Healthcare policies.**

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Print Name

Title

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Signature

Date