

Instructions for COI Submission 2023

Instructions for Physician Or Provider

We are using Smartsheet to gather COI data for 2023. **You are not required to have a log in.** Please fill out the form below using the instructions provided below:

[Click Here to access form](#) You should see a form that looks like the screenshot here:

General Information Section:

- 1.) Choose campus via dropdown menu
- 2.) Choose your category via drop down
- 3.) Name, Employee ID, Phone and Email are free text

Disclosure Section:

- 1.) For questions 1-7 choose YES or NO
 - a. If you answer YES a free text box will open for you to explain in detail and is a required field
 - b. If you answer NO, move to next question

Attestation and Signature Section:

- 1.) Check to agree
- 2.) Choose the date you filled out the form
- 3.) Type your name
- 4.) You may send yourself a copy of your response to your email by checking "Send copy of my response"
- 5.) Click Submit

HENDRICK HEALTH
Conflict of Interest Disclosure
Physician, Board and Leadership

Overview
Hendrick's Conflict of Interest Policy (#2.1009), requires board members, medical directors, physicians, IRB investigators, and highly compensated executives to complete an annual disclosure of any potential or actual conflict of interest.
Disclosure of any transactions that may involve an actual or perceived conflict of interest provides the framework for approval of such arrangements. Based on your role and position with Hendrick Health, you are required to complete a conflict of interest disclosure statement by January 31, 2022.

General Information

Which campus are you most closely associated with? *

Select or enter value

Category of Person *

Select or enter value

First Name *

Last Name *

Employee ID (if Applicable) *

Lawson Number or NA if Not Applicable

Phone Number *

Email *

Disclosure and Definitions

PLEASE REVIEW THE FOLLOWING RELATIONSHIPS AND ACTIVITIES WHICH REQUIRE A RESPONSE TO EACH QUESTION. IF YOU ANSWER "YES" TO ANY QUESTION, ADDITIONAL EXPLANATION IS REQUIRED TO DESCRIBE THE RELATIONSHIP OR ACTIVITY. REMEMBER THAT YOUR ANSWERS INCLUDE YOU AND YOUR IMMEDIATE FAMILY AS FURTHER DEFINED IN THIS SECTION.

Definitions:

Conflict of Interest: An actual, potential or perceived conflict of interest occurs in those circumstances where an individual's judgment could be affected because there may be an inappropriate financial interest. Such an interest exists when an individual or immediate family member stands to directly or indirectly gain as a result of a decision.

Immediate Family: For purposes of this survey, immediate family shall include any child, stepchild, grandparent, parent, stepparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law or sister-in-law, and any person (other than a Hendrick employee) sharing the household.

Financial Interest: A financial interest includes income or other remuneration, including any investments and ownership interests. It does not include stocks, bonds, and other securities sold on a national exchange; mutual funds; or certificates of deposits and other depository accounts at financial institutions.

Hendrick Health: Any Hendrick affiliated entity or entities including, but not limited to hospitals, ambulatory surgery centers, urgent care centers, imaging, renal and oncology centers, home health services, Hendrick Clinics, outpatient departments and other shared services which make up Hendrick Health.

Question 1 - Business with Hendrick Health *

Do you (or any member of your immediate family) either directly or indirectly own, manage or control a company, business, or entity that conducts business or has a business relationship with Hendrick Health? This includes any company that has a consulting engagement with Hendrick Health.

Yes No

Attestation & Electronic Signature

By checking the box below, I attest that I have read and understand Hendrick Health's Conflict of Interest Policy. I further certify that the disclosure responses provided in this questionnaire are accurate and complete and I have fully disclosed all relationships and activities to the best of my knowledge.

If changes occur in my relationships or activities throughout the year, I will immediately notify Hendrick Health's Compliance and Integrity Department and update my information to reflect any new or potential conflicts.

Check here to agree *

Today's Date

Full Name

Send me a copy of my responses

Submit