

 <p><b>Policies and Procedures</b></p>	<b>Category:</b> <b>RIGHTS &amp; RESPONSIBILITIES OF THE INDIVIDUAL</b>	<b>Policy No.:</b> <b>RI 1.0</b>
	<b>Issued by:</b> <b>BOARD OF DIRECTORS</b>	<b>Revised:</b> <b>2014</b>
<b>Subject:</b> <b>CONFLICT OF INTEREST</b>	<b>Approved by:</b> <b>Beverly Novak-Page</b>  President of the Board	<b>Effective Date:</b> 1.1.2011
		<b>Supersedes Policy:</b> None
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## PURPOSE

1. To ensure that Auxiliary members avoid potential and actual conflicts of interest, as well as perceptions of conflicts of interest
2. To protect the integrity of the Auxiliary's decision-making process
3. To enable Auxiliary constituencies to have confidence in our integrity and protect the integrity and reputations of Board members and volunteers

## POLICY

1. Board members shall disclose potential conflicts of interest in all activities of interest to the KCH Hospital Auxiliary.
2. Board members shall abstain from voting on matters where they may have or *appear to have* a conflict of interest.
3. Board members shall refrain from entering into Auxiliary business transactions in which they have an unfair bidding advantage and shall not reveal any information that would give an unfair advantage to any outside bidder.
4. If a Board member has any relationship to the applicant seeking program or financial approval, that member must recuse himself or herself when the program application comes up for review and approval vote.
5. Board members shall refrain from entering into business transactions or reveal any information in which they or someone known to them may have an unfair bidding advantage.

## PROCEDURES

1. Upon appointment to the Auxiliary Board, members shall sign a *Conflict of Interest Agreement* (see Appendix-A) and disclose potential conflicts of interest. These include any relationship of a financial or personal nature that might provide an advantage to a potential donor or recipient of funds.
2. The original will be kept on file in Human Resources and a copy given to the member.
3. If a Board member has a relationship to a scholarship or other financial applicant seeking

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approval, she/he excuses herself/himself from evaluating that particular application.

**APPENDIX-A: CONFLICT OF INTEREST AGREEMENT**

The standard of behavior for the Kona Community Hospital Auxiliary is that all Board member volunteers scrupulously avoid conflicts of interest between the interests of the organization on one hand, and personal, professional, and business interests on the other. This includes avoiding potential and actual conflicts of interest, as well as perceptions of conflicts of interest.

I understand that the purposes of this policy are to protect the integrity of the organization's decision-making process, to enable our constituencies to have confidence in our integrity, and to protect the integrity and reputations of volunteers and Board members.

Upon or before election or appointment, I will make a full disclosure of interests, relationships, and holdings that could potentially result in a conflict of interest. This disclosure will be kept on file and I will update it as appropriate. In the course of meetings or activities, I will disclose any interests in a transaction or decision where my family, significant other, employer, close associates, and/or I (including my business or other nonprofit affiliations) will receive benefit or gain. After disclosure, I understand that I will be asked to leave the room for discussion and will not be permitted to vote on the question.

I understand that this policy is not meant to supplement good judgment, and I will respect its spirit as well as its wording. The following affiliations known to me may be in conflict with my known activities with the Kona Community Hospital Auxiliary:

In the table below:

1. List the name of commercial interests, with the exception of non-profit or government agencies, with which you or your spouse, partner have or have had a relevant financial relationship. For this purpose, we consider the relevant financial relationships of your spouse or partner that you are aware of to be yours.
2. Describe *what* you or your spouse/partner received (e.g. salary, stipend, gift, etc.). We do NOT want to know how *much* you received.
3. Describe your role in the commercial interest.

(See glossary below for explanation of terms)

1. Source of Relevant Financial Support (includes Commercial Interests and other sources)	Nature of Relevant Financial Relationship (Include all that apply)	
	2. What Was Received?	3. For What Role?
Example: <i>Company "X"</i>	<i>Consulting fee</i>	<i>Consulting</i>
Content of Role: (Short Description here)		
I do not have any relevant financial relationships with any commercial interests		
Signature_____		Date_____
Printed Name_____		

**Glossary:**

**What was received:** Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit

**Roles(s):** Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees, or review panels, board membership, and other activities.

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