

This policy applies to: <input checked="" type="checkbox"/> <i>Stanford Health Care</i> <input checked="" type="checkbox"/> <i>Stanford Children’s Health</i>	Date Written or Last Revision: February 2017
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I. PURPOSE

The purpose of this policy is to provide a framework for the employees of Stanford Health Care (SHC) and Stanford Children’s Health (SCH) to initially report and annually disclose all information about any actual or perceived conflict-of-interest involving SHC or SCH or its Subsidiaries (“Affiliates”) and Stanford University (“Member”).

Employees as identified in this policy are required to complete an initial Conflict-of-Interest Disclosure Statement (“Disclosure Statement”) within 30 days of hire date, rehire date, or date of promotion/transfer to a management position. Additionally, an updated Disclosure Statement is required thereafter on an annual basis (normally due by March 31st).

The Disclosure Statement (Appendix A) can be found at the end of this policy for your convenience and can be printed, completed, signed and returned to Human Resources Compliance. This form will remain on file in Human Resources (HR).

Further, employees are required to update their Disclosure Statement within ten (10) business days of a material change in their situations that may create an actual or perceived conflict-of-interest. Questions and concerns should be directed to your Manager or HR Compliance.

II. POLICY STATEMENT

Actual and perceived conflicts-of-interest and/or commitment may compromise the ability of SHC and SCH to provide patient care, conduct research, transact business, engage in grant-making activities, make purchasing decisions and, generally, conflicts-of-interest may pose a risk to both the operations and reputation of the hospitals. Our patients and guests rely on us to make decisions that are not biased by personal financial interests. In order to maintain the public trust and to protect the interests of the public and the hospitals, SHC and SCH require its employees to fully disclose any instances where actual or perceived conflicts-of-interest may exist between their obligations to the hospital and personal financial interests or external relationships. Transactions involving SHC or SCH or its Subsidiaries (“Affiliates”) and Stanford University (“Member”) should also be disclosed whenever an employee’s personal interests may be impacted.

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III. DEFINITIONS

A. Conflict-of-Interest

An actual or perceived conflict-of-interest exists when an individual employed by SHC or SCH has external relationships that may result or be perceived to result in their personal advantage or financial gain. Such conflicts could ultimately either influence or appear to influence their performance of obligations to the hospitals or other operational decisions made by SHC or SCH.

B. Types of Conflicts-of-Interest

Some examples of actual or perceived conflicts-of-interest are provided below. The examples listed are not intended to be exhaustive, but do offer some guidance as to situations where full disclosure is advisable.

Whenever it is unclear whether a situation poses either an actual or perceived conflict-of-interest, employees should contact their Manager or HR Compliance and, accordingly, provide or update their Disclosure Statement.

Conflicts-of-interest due to an employee’s relationships and/or interests may occur when an employee or their immediate family member, including but not limited to, a spouse or domestic partner; biological or adoptive parent, child or sibling; stepparent, stepchild, stepbrother or stepsister; mother-in-law, father-in-law, daughter-in-law, brother-in-law or sister-in-law; grandparent or grandchild; or spouse or domestic partner of grandparent or grandchild (hereinafter referred to as “immediate family”) , engages in one of the following activities or possesses one of the following kinds of financial interests:

1. Purchase and Acquisition
 - a. Soliciting, bidding, contracting or supplying goods, items or services to either SHC or SCH and/or any of its Affiliates;
 - b. Leasing property or equipment to or from SHC or SCH;
 - c. Dealing with or contemplating entry into a deal involving the purchase or sale of real property, investment securities or other property.

2. Financial Interests, Investments and Grant-Making Activities

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- a. Has a significant ownership interest (in excess of 5% of a publicly-held organization) or a management position in other organizations or entities which may transact business, compete with or receive a grant from SHC or SCH and/or any of their Affiliates;
 - b. Owns stock or another type of equity interest in a corporate entity engaged in transactions with, including, but not limited to, receiving a grant from, SHC or SCH and/or any of its Affiliates or Member. (If held via a mutual fund, CREF, or a similar diversified investment vehicle, stock ownership will not generally constitute a material financial interest requiring disclosure.);
 - c. Is a creditor of an individual or entity that is engaging or is reasonably expected to engage in transactions with, including, but not limited to, receiving a grant from, SHC or SCH and/or any of its Affiliates or Members.
3. **External Managerial Roles or Employment**
Is an officer or member of a Board of Directors, participant in management, or employee of an individual, company or for-profit organization that engages in transactions with, including, but not limited to, receiving a grant from, SHC or SCH and/or any Affiliates or Members. Generally, such roles at SHC or SCH's own Affiliates may not be viewed as posing actual or perceived conflicts-of-interest but should still be disclosed.
 4. **Consulting**
Has a relationship, financial or otherwise, with any company or organization that furnishes consulting or professional services to, or receives any grant from, SHC or SCH and/or any of its Affiliates, Subsidiaries or Member.
 5. **Gifts, Gratuities and Entertainment**
There are significant ethical limitations regarding the personal acceptance of gifts, gratuities and entertainment from any individual or entity that does business with or is seeking to do business with, including, but not limited to, receiving a grant from, or is a competitor of SHC or SCH and/or any of its Affiliates or Members. It may be inferred that the acceptance of such gifts may either influence or appear to influence employees in the performance of their duties. Please see the *Gifts: Offering and Acceptance of Gifts Policy* for specific guidance.
 6. **Inside Information**
Disclosure or use any information relating to SHC/SCH and/or any of its Affiliates or Member's business to a competitor or peer institution for personal profit or advantage of any individual or his/her immediate family poses a conflict-of-interest and is prohibited.

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- C. Senior Staff
For purposes of this policy, Senior Staff includes Vice Presidents and above.
- D. Management Staff
For the purposes of this policy, Management Staff refers to SHC or SCH's supervisors, managers, and directors.
- E. Statutory Exemptions
Notwithstanding any other provision of this policy, an employee shall not be deemed to be financially interested in a transaction if it is excluded under the provisions of the California Nonprofit Corporation Law, including, but not limited to transactions of which the interested person has no actual knowledge and does not exceed the lesser of \$100,000 or 1% of the corporation's gross receipts for the preceding fiscal year.

IV. **PRINCIPLES**

Actual or perceived conflicts-of-interest must often be judged on a case-by-case basis. Consequently, all employees are required to disclose any and all activities or circumstances they suspect may create the potential for a conflict-of-interest or commitment. If an employee is aware of the perceived conflict at the time of employment, he or she must disclose it initially. Further, the employee is required to complete an annual or incidental Disclosure Statement. Employees have an ongoing obligation to update their Disclosure Statement within ten (10) business days of a change in circumstances that could lead to an actual or perceived conflict-of-interest.

V. **PROCEDURES**

- A. Staff Requirements
 - 1. Completion of Disclosure Statement (Appendix A)
All Senior Staff and Management Staff as defined by this policy, are required to complete and sign a Disclosure Statement at time of appointment to an applicable position and submit annual disclosures thereafter, certifying that:
 - a. They have read this policy;

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- b. They are in compliance with this policy, and in particular have disclosed any perceived conflict-of-interest or commitment of which they are aware.
2. Designation of Non-Management Staff to Complete Disclosure Statements
Senior Staff will designate the non-management staff in their respective organizations required to complete disclosure statements each calendar year due to the nature of their responsibilities. Senior Staff will be responsible for ensuring that Disclosure Statements are completed and submitted.
3. Review with Employees
Senior Staff are required to:
 - a. Review this policy with their Management Staff initially and annually thereafter;
 - b. Ensure that all Management Staff, as defined by this policy, complete and sign a Disclosure Statement initially and thereafter on an annual basis, certifying that:
 - (1) They have read this policy;
 - (2) They are in compliance with this policy, and in particular have disclosed any and all real or perceived conflicts-of-interests and commitment of which they are aware;
 - (3) Ensure that their Management Staff review the policy and request Disclosure Statements with non-management employees in positions where potential conflicts of interest may be likely. Examples would be individuals who:
 - (a) Have significant responsibility for vendor or product selection and/or purchase, or are the primary departmental contact with vendors, which might result in offers of gifts or gratuities;
 - (b) Have significant involvement with outside organizations;
 - (c) Perform work as an independent consultant for other commercial entities.

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- B. **Conflict Review**
A disclosure that appears to be a conflict will be resolved by a mutually agreeable plan with the Vice President of Human Resources that outlines the steps the employee must take to rectify the conflict. In matters that are unclear or questionable, the Office of the Chief Compliance Officer will be consulted for a ruling. If further inquiry is necessary the Office of the General Counsel will be consulted for a ruling. Conflicts that cannot be resolved are considered a violation of this policy and may result in discipline up to and including termination. Employee and Labor Relations should be contacted for advice regarding appropriate action.

- C. **Reporting Possible Violations by Others**
SHC or SCH employees should report possible violations of this policy by others to their direct supervisors, managers, Vice President of Human Resources, or the Chief Compliance Officer. A Compliance Hotline at 1-800-216-1784 is available and staffed by a professional hotline company. Calls may be made anonymously.

- D. **Responsibilities of Management Staff**
All Management Staff have an obligation to become familiar with, and to follow the provisions of this policy and related policies. Also, all Management Staff have an obligation to counsel their staff regarding conflicts-of-interest and commitment.

- E. **Retention of Forms**
Senior Management and Management Staff Disclosure Statements and related documents are kept in the Human Resources Department. Documents pertaining to disclosures by other staff are retained by the appropriate departments. Disclosure Statements are to be kept for at least seven (7) years.

VI. COMPLIANCE

- A. All workforce members including employees, contracted staff, students, volunteers, credentialed medical staff, and individuals representing or engaging in the practice at SHC or SCH are responsible for ensuring that individuals comply with those policy provisions that are applicable to their respective duties and responsibilities.

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- B. Violations of this policy will be reported to the Compliance and Privacy Department and any other department as appropriate or in accordance with hospital policy. Violations will be investigated to determine the nature, extent, and potential risk to the hospital. Workforce members who violate this policy will be subject to the appropriate disciplinary action up to and including termination.

- C. Disclosure Statements (Appendix A) must be completed by all Management personnel no later than 30 days after hire or promotion to a management role and no later than March 31 on an annual basis thereafter. If not completed in a timely manner, the appropriate Vice President will be notified of the delinquency and the employee will be removed from the work schedule in increments of full work weeks (unpaid) pending completion. Failure to comply with Conflict of Interest and Commitment Policy and the required Disclosures may result in further disciplinary action up to and including termination.

VII. RELATED DOCUMENTS

- A. Code of Conduct Policy: Administrative Policy Manuals of both SHC and SCH

- B. Contract Administration Policy: Materials Management Contract Administration Policy Manual

- C. Contracting Authority Policy: Materials Management Contract Administration Policy Manual

- D. Gifts: Offering and Acceptance of Gifts Policy: Compliance Manual

- E. Purchasing Conflict of Interest Policy: Materials Management Contract Administration Policy Manual

VIII. APPENDICES

- A. Conflict-of-Interest Disclosure Statement

- B. Hypothetical Examples

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C. Consulting/Speaker Guidelines

IX. DOCUMENT INFORMATION

- A. Legal Authority/References
 - 1. None Specified

- B. Author/Original Date
 - April 1988

- C. Gatekeeper of Original Document
 - SHC/SCH Chief Compliance and Privacy Officer

- D. Distribution and Training Requirements
 - 1. This policy resides on the Intranet of both hospitals.
 - 2. New versions of the policy will be posted on the Intranet and communicated to applicable staff.

- E. Review and Renewal Requirements
 - This policy will be reviewed every three (3) years and/or as required by change of law or practice.

- F. Review and Revision History
 - August 1991 by C. Price, Director of Physician Services and Risk Management and A. Arima, Managing Attorney for Technology and Medical Affairs
 - March 1994 by Audit Committee
 - May 1994 by M. Eaton, Pharm D., Risk Management Counsel
 - June 1994 by F. Barthelemy, Director of Human Resources
 - October 1994 by Management Controls Committee and A. Arima, Legal Counsel
 - August 1998 by F. Barthelemy, Vice President of Human Resources
 - October 1999 by F. Barthelemy, Vice President of Human Resources
 - October 2000 by F. Barthelemy, Vice President of Human Resources
 - November 2000 by L. Smith, Legal Counsel
 - September 2003 by C. Klove, Chief Compliance Officer and T. Davis, Director of Human Resources

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October 2003 by C. Johnson, Vice President of Human Resources and C. Klove, Chief Compliance Officer
October 2004 by C. Klove, Chief Compliance and Privacy Officer
April 2008 by D. Meyer, Chief Compliance and Privacy Officer
October 2010 by C. Goforth, Director, Compliance Program Integrity
December 2010 by C. Goforth, Director, Compliance Program Integrity
January 2011 by B. Duncan, Manager, HR Compliance
February 2011 by C. Goforth, Director, Compliance Program Integrity
February 2014 by C. Goforth, Director, Compliance Program Integrity
February 2017, Director, Compliance Program Integrity

G. Approvals

May 1995 by SHC Board of Directors
February 2001 by Stanford Hospital and Clinics Medical Board
February 2001 by Stanford Hospital and Clinics Hospital Board
September 2003 by C. Johnson, Vice President of Human Resources
March 2004 by Quality Improvement and Patient Safety Committee
November 2004 by Sarah J. DiBoise, Chief Hospital Counsel
April 2008 by D. Meyer, Chief Compliance and Privacy Officer
October 2010 by D. Meyer, Chief Compliance and Privacy Officer
December 2010 by D. Meyer, Chief Compliance and Privacy Officer
February 2011 by D. Meyer, Chief Compliance and Privacy Officer
February 2014 by D. Meyer, Chief Compliance and Privacy Officer
February 2017, Chief Compliance and Privacy Officer

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Appendix A

Conflict of Interest Disclosure Statement

Full Name: _____ Employee ID#: _____

In compliance with the guidelines provided to me in the Conflict-of-Interest and Commitment Policy of Stanford Health Care (SHC) or Stanford Children’s Health (SCH) and its Affiliates, I am completing this Conflict-of-Interest Disclosure Statement (“Disclosure Statement”). I understand that for the purposes of this Disclosure Statement all of the questions posed refer to me personally and also to my immediate relatives, which includes, but is not limited to, a spouse or domestic partner; biological or adoptive parent, child or sibling; stepparent, stepchild, stepbrother or stepsister; mother- in-law, father-in-law, daughter-in-law, brother-in-law or sister-in-law; grandparent or grandchild; or spouse or domestic partner of grandparent or grandchild (hereinafter referred to as “immediate family”).

The responses below refer to my personal affiliations, financial interests and transactions as well as those of my immediate family members as defined above. I am aware that my position at SHC or SCH and/or its Affiliates obligates me to disclose relevant information to help the hospital administration determine whether any of my relationships, activities and/or financial interests could pose an actual or perceived conflict-of-interest.

Directions: Please check “No” where applicable and provide details and descriptions as requested if answering “Yes.” An additional information sheet is attached for you to further describe the conflict-of-interest you have identified.

There is no need to limit your descriptions to the space provided. Please use additional pages as needed.

- A. **Purchasing, Acquisitions and Choosing Service Providers:** Do you have any interests other than publicly traded investments with any entity or individual who:
- No Yes

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- a. Solicits, bids, contracts, supplies goods or services to either hospital and/or to any of its Affiliates, Subsidiaries or Stanford University (“Member”);
- b. Leases property or equipment from or to SHC, SCH and/or any of its Affiliates, Subsidiaries or Member;
- c. May be dealing or is planning to deal in connection with the purchase or sale of real property, investment securities or other tangible property with SHC, SCH and/or any of its Affiliates, Subsidiaries or Member.

If you answered “Yes” to any of the above, please describe:

B. Financial Interests, Investments or Grant-Making Activities : List any and all of the following that may describe your interest or investments/

No Yes

- a. Material financial interests such as significant ownership (in excess of 5% of publicly held corporation) or a management position in other organizations or entities which may transact business, compete with or receive a grant from SHC, SCH and/or any of their Affiliates, Subsidiaries or Member;
- b. Material financial interest through ownership of stock or other type of equity interest in an individual or entity that is engaging in commercial or other transactions with, including, but not limited to, receiving a grant from, SHC, SCH and/or any their Affiliates, Subsidiaries or Member;
- c. A creditor of any entity engaging in transactions with, including, but not limited to, receiving a grant from, SHC, SCH and/or any of their Affiliates, Subsidiaries or Member.

If you answered “Yes” to any of the above, please describe:

C. External Managerial Roles or Employment::

No Yes

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- a. Are involved in any current activities or commitments such as service on a Board of Directors, participation in management or other employment by a person, of any company or organization engaging in commercial or other transactions with, including, but not limited to, receiving a grant from, SHC, SCH and/or any of their Affiliates, Subsidiaries or Member.

If “Yes”, please describe your role and compensation:

D. Consulting:

No Yes

- a. Have any relationship (financial or otherwise) with any entity such as a company or organization furnishing consulting and/or other professional services to, or receives any grant from, SHC, SCH and/or any of their Affiliates, Subsidiaries or Member.

If “Yes”, please describe your role and compensation:

D. Gifts, Gratuities or Entertainment:

No Yes

- a. Received any gifts, gratuities, loans, etc. from any external entity (e.g. company or independent contractor) that does, has done, or is seeking to do, business with, including, but not limited to, receiving a grant from, or is a competitor of SHC, SCH and/or any of their Affiliates, Subsidiaries or Member?

If “Yes”, please describe your role and compensation:

E. Inside Information

No Yes

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- a. You or an immediate family member have disclosed or used information related to the business or operations of SHC, SCH and/or any of their Affiliates for personal profit or advantage.

If “Yes”, please describe your role and compensation:

By my signature below, I hereby certify that the foregoing answers I provided are wholly truthful and accurate to the best of my knowledge. I further agree to update this Disclosure Statement within ten (10) business days of any material change in circumstances (prior to the subsequent annual disclosure) that may result in an actual or a perceived Conflict-of-Interest.

Signed: _____

Print Name: _____

Title: _____

Date: _____

Reference: Conflict-of-Interest and Commitment Policy

Please return this form to:

SHC HR Compliance
Mail Code 5513

SCH HR Compliance
Mail Code 5861

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Additional Information Sheet

In my Conflict-of-Interest Disclosure Statement, I answered "Yes" to Question _____, subpart _____. Please find below additional, detailed and

factual information regarding the aforementioned circumstances:

Signed: _____

Print Name: _____

Title: _____

Date: _____

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Appendix B

A. Hypothetical Examples of Potential Conflicts of Interest

1. Conducting Business with a Relative
 - a. A staff member's brother owns a printing company. The brother offers to work with the staff member to develop and print a training manual at a discounted rate for SHC or SCH.
Analysis: Even if the staff member obtains bids and prices from other firms and determines this one to be the lowest, a decision by the staff member to hire a relative's firm is likely to be perceived as a conflict-of-interest. The familial relationship should be disclosed and the staff member should be in no way involved in the determination of whether to retain his brother's printing services.

2. Personal Relationship
 - a. A manager, who is responsible for choosing products and vendors, has a living arrangement with a representative of one of the vendors, but that representative is not technically a "family member."
Analysis: this would constitute a close relationship that should be disclosed. Because the situation may give the appearance of undue influence, the relationship would be disclosed prior to awarding the contract. The manager should recuse himself or herself from making purchasing decisions as to the vendor's products. The administration should instead appoint an impartial third person to make the final decision and oversee contract negotiations.

3. Vendor Entertainment

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- a. 1) Staff attend a day-long demonstration at the offices of the vendor who provides a catered lunch; or 2) The vendor now has the bid and is working long hours with the hospital staff - they take a break for dinner and the vendor picks up the tab; 3) The vendor throws a celebratory party for the staff when the project is completed; 4) During negotiations, the vendor invites the team to a party on the Hornblower Yacht; or 5) You are in negotiations with a vendor and they offer to pay for your travel and hotel to view their product.

Analysis: These examples show a wide continuum of possibilities, beginning with the clearly acceptable act of a catered lunch to facilitate completing the business at hand to number 5 which would probably give the appearance of undue influence. Any entertainment that is substantial, or which may give the appearance of undue influence must be avoided and disclosed.

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Appendix C

A. **Consulting/Speaker Guidelines**

1. The following criteria must be followed when acting as a compensated or uncompensated Consultant, Representative or Speaker (herein called the “consultant”) at the request of an outside company, organization or vendor.
 - a. The consultant activities must be conducted on non-SHC/SCH time. PTO may be used in accordance with the Leave of Absence Policy.
 - b. The workforce member cannot use hospital resources for consultant activities which includes, but is not limited to the following:
 - (1) Xerox, copying equipment, or printers
 - (2) Computers (desktop or laptop) including internet service.
 - (3). E-mail or voice message service
 - (4) Hospital supplies
 - c. The workforce member who is acting in a consultant capacity cannot reference SHC or SCH as part of the consultant services. The workforce member may state that he/she is employed with a hospital in northern California or in the Bay area but should not specifically identify Stanford Hospital and Clinics or Stanford Children’s Health..
 - d. The workforce member who is acting in a consultant capacity may not describe or reference activities at SHC/SCH (i.e. cannot state “At SCH we do this procedure this way.....”). The workforce member may comment on industry standards in general terms but should not disclose specific policies or procedures at SHC/SCH.
 - e. If the workforce member’s affiliation with SHC/SCH is mentioned as part of the biographical information a disclaimer should be made so recipients are aware that the opinions expressed by the workforce member are personal opinions and not those of SHC/SCH.

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- f. Workforce members may not give billing, coding, or auditing advice to third parties as part of a consultant arrangement.
 - g. Workforce members may not use case studies at SHC/SCH as part of his/her consultant arrangements.
 - h. Any publications related to consultant services must be reviewed and approved by the SHC/SCH Compliance Office.
 - i. If patient information is used in any capacity, a fully executed HIPAA authorization must be obtained from the patient or patient's legal representative prior to disclosing any protected health information. The signed HIPAA authorization form should be forwarded to HIMS for inclusion in the patient's medical record.
2. Failure to follow the above guidelines may result in disciplinary action, up to and including termination.