

Conflict of Interest (Potential)

Facility: Palmetto Health

Effective: July 17, 2000

Reviewed:

Revised:

August 10, 2004

October 1, 2008

December 1, 2010

October 1, 2007

October 1, 2009

December 1, 2011

Name of Associated Policy: Code of Conduct

Definitions:

1. **Potential Conflict(s) of Interest:** any circumstance in which a workforce member's activities, financial interests, positions or associations outside of Palmetto Health potentially conflict with his/her professional responsibilities. Such circumstances may be created through business, financial or investment activities of the workforce member, his/her family members and/or close relations. Potential conflicts occur when the above named parties:

- 1.1. Have a present or potential ownership, investment or compensation arrangement in any entity providing or receiving goods or services from Palmetto Health;
- 1.2. Serve as a member, shareholder, trustee, owner, partner, director, officer, workforce member or volunteer of any organization that competes or has the potential to compete with Palmetto Health;
- 1.3. Serve as a member, shareholder, trustee, owner, partner, director, officer, workforce member or volunteer of any organization currently or likely to become involved in litigation or other adversarial proceeding with Palmetto Health; or
- 1.4. Provide regulatory, inspection, supervision, accreditation or other oversight to Palmetto Health.

Potential conflicts of interest include but are not limited to moonlighting, second businesses, and relative/friend employment/ownership with a competitor, vendor and/or government agency.

2. **Family Member:** an individual who is the spouse, parent, brother, sister, child, mother-in-law, father-in-law, son-in-law, daughter-in-law, grandparent or grandchild or a member of the individual's immediate family.
3. **Hatch Act:** The Hatch Act is the 1939 law that regulates the political activities of federal employees and some state and local government workers. It applies to those who are principally employed in connection with programs financed in whole or in part by loans or grants made by the United States or a federal agency. Employees of private nonprofit organizations are covered by the Hatch Act if the statute through which the organization receives its federal funds contains language that states the organization shall fall under the guidelines of the Hatch Act.
4. **Workforce Members:** for purposes of all policies contained in the Compliance Manual, refers to employees, independent contractor, volunteers, students, trainees, medical residents, fellows and other persons whose conduct in the performance of work for Palmetto Health is under the control of the organization.

Procedure Steps, Guidelines, Rules or Reference:

1. Workforce members shall disclose any situation wherein a potential conflict of interest might arise via the Conflict of Interest form.
 - 1.1 Potential conflicts of interest will be evaluated on a case-by-case basis.
2. Workforce members will not use their position, or any knowledge gained from it in such a way that a conflict of interest, the appearance of impropriety or personal gain might arise between the interests of the system, the interests of the workforce member or volunteer, members of the workforce member's or volunteer's immediate family, individuals with whom the workforce member or volunteer is associated, and/or businesses with which the workforce member or volunteer is associated. Outside employment is included in this definition.
3. No workforce member may participate in making a system decision or in any way attempt to use his/her employment or association to influence a system decision in which he/she, a member of his/her immediate family, an individual with whom he/she is associated or a business with which he/she is associated has an economic interest or where the workforce member or volunteer may experience personal gain.
4. Workforce members subject to the Hatch Act may not
 - 4.1. Be candidates for public office in a partisan election;
 - 4.2. May not use official authority or influence to interfere with or affect the results of an election or nomination; or
 - 4.3. Directly or indirectly coerce contributions from subordinates in support of a political party or candidate.
5. Disclosure of Potential Conflicts of Interest:
 - 5.1. Workforce members will complete and sign a potential conflict of interest disclosure statement accurately reflecting potential conflicts during the following times:
 - 5.1.1. Within 30 days of employment/association with Palmetto Health (during new workforce member in-processing),
 - 5.1.2. Annually; and
 - 5.1.3. At any time between reviews if a workforce member's situation changes.
 - 5.2. If a potential conflict is reported, the form must be sent to Corporate Compliance for review. These forms will be sent to Human Resources and included in the workforce member's personnel file.
 - 5.3. Any disclosed potential or actual conflict of interest must be reviewed by a vice president, corporate officer, compliance officer, management representative or his/her designee.
6. Non-Compliance:
 - 6.1 Failure to comply with this PGR may result in disciplinary action up to and including discharge.
7. Retention:
 - 7.1 The Conflict of Interest Disclosure Statement will become a permanent part of the workforce member's personnel file and will be maintained in the appropriate area.

References:

Hatch Act 5 §§U.S.C. 1501-1508

Sponsoring Department: Corporate Compliance 803-296-5044

**Palmetto Health
Corporate Compliance Program**

Corporate Compliance
December 1, 2011

Part I: Potential Conflict of Interest PGR Acknowledgement Form

I hereby acknowledge that I have received a copy of the Potential Conflict of Interest procedure. I have read and understand the procedure. I hereby agree to be legally bound by and comply with the Potential Conflict of Interest procedure as a condition of my continued employment with Palmetto Health. I have made all disclosures required by the Potential Conflict of Interest procedure. Failure to comply may result in disciplinary action up to and including discharge.

Date	Print Name
Campus	Signature
Department	ID Number

Part II: Potential Conflict of Interest Disclosure Statement

I hereby certify that either I or my relative (s) have interests, as defined in the Corporate Compliance Program's Potential Conflict of Interest procedure in the organization(s) listed below that are currently conducting business with Palmetto Health or are in competition with Palmetto Health now or in the future. I will not use my position for personal gain or to influence a decision concerning these organization(s). Examples are not inclusive: moonlighting, second businesses, and relative/friend employment/ownership with a competitor, vendor and/or government agency

Relationship to Employee (e.g. self, spouse, child, etc.)	Organization Name	Describe the Relationship with the Organization

Date	Print Name
Campus	Signature
Department	ID Number