



Decatur County  
Memorial Hospital  
*The Quality Care You Want, Close By.*

## DECATUR COUNTY MEMORIAL HOSPITAL

### CONFLICT OF INTEREST DISCLOSURE STATEMENT

A staff member of Decatur County Memorial Hospital who knowingly or intentionally has a pecuniary interest in or derives a profit from a contract or purchase connected with an action by the governmental entity served by the staff member has a conflict of interest subject to disclosure. A staff member has a pecuniary interest in a contract or purchase if the contract or purchase will result or is intended to result in an ascertainable increase in the income or net worth of the staff member, a dependant of the staff member, or immediate family member. "Dependent" means any of the following: the spouse of the staff member; a child, stepchild, or adoptee, (as defined in I.C. 31-3-4-1) of Associate who is un-emancipated and less than eighteen (18) years of age; and any individual more than one-half (1/2) of whose support is provided during a year by the staff member. "Immediate family" means staff member's or spouse's grandparents, parents, siblings or children.

1. Name of Staff Member Submitting Statement: \_\_\_\_\_  
\_\_\_\_\_

2. Neither I nor a relative have a conflict of interest, which is subject to disclosure.

Signed: \_\_\_\_\_ Title \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_

#### DISCLOSURE STATEMENT (Complete only if conflict of interest exists)

A relative or I have a conflict of interest, which is subject to disclosure:

1. Name(s) of businesses/persons with whom a conflict exists:  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe the conflict. If a relative is involved, provide relative's name and relationship.  
\_\_\_\_\_  
\_\_\_\_\_

3. In what manner could you or your relative derive a benefit or financial gain?  
\_\_\_\_\_  
\_\_\_\_\_

4. I affirm under penalty of perjury, the truth and completeness of the statements made above.

Signed: \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_