

**TO:** Board Members of AHA, its Subsidiaries and Affiliates (\*)

**FROM:** \_\_\_\_\_

**SUBJECT: Annual Questionnaire Concerning Conflicts of Interest**

The purpose of this questionnaire is to disclose any interests or affiliations you or members of your immediate family (i.e., spouse, children, parents, brothers and sisters) have that might create a conflict of interest, individually or collectively, when considered in light of your relationship with the American Hospital Association, its subsidiaries or affiliates (\*) (*herein referred to as the AHA*).

A conflict of interest exists where an individual obtains personal gain or advantage as a result of his or her activities on behalf of the AHA or when his or her activities may be adverse to the best interests of the AHA. It is important to remember that conflicts of interest do not necessarily involve intentional wrongdoing but can result from a combination of completely innocent circumstances. Although it is impossible to list every circumstance, which might cause conflicts of interest, a number of potential problem areas are outlined below to assist you in your analysis. Please answer each of the following questions. To assure you and the AHA that there is no misunderstanding, your answers will be reviewed by the President of the entity, which you serve and by the Corporate Counsel of the American Hospital Association.

1. **Do you or any member of your immediate family have any affiliation that constitutes a source of income or credit to you or any member of your immediate family which might reasonably be deemed to involve a possible conflict of interest between you and the AHA -- including but not limited to a business, or any employment or contractual relationship with any other organization? [ ] Yes [ ] No. If yes, please describe.**

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2. **Are you or any member of your immediate family a director, trustee or officer, or hold any other position in any business, charitable, civic, governmental or other organization? [ ] Yes [ ] No. If yes, please describe.**

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(\*) Included are the AHA Personal Membership Groups; the Health Research and Educational Trust; Health Forum; AHA Insurance Resource Inc.; and the American Organization of Nurse Executives.

3. Do you or any member of your immediate family, or your employer, hold memberships in any health care related organizations, for example, associations, alliances or systems, or in any organization which regularly takes positions on health care issues?  Yes  No. If yes, please identify the organization and whether you are a director, trustee or officer of such organization.

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4. Please disclose the name of any publicly-owned corporation which you or a member of your immediate family owns or has a right to acquire stock or other securities of five (5) percent or more of the corporation's outstanding stock or bonds, or any interest in the form of a loan, advance or other financial arrangement with any such entity. Indicate "none" if applicable.

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5. Do you or any member of your immediate family have any relationships or affiliations which might reasonably be deemed to be within the spirit (if not the letter) of the foregoing questions -- bearing in mind that the purpose of this questionnaire is to offer you and the AHA protection from the consequences of a real or apparent conflict of interest. The goal is to avoid both actual impropriety and the appearance of impropriety.  Yes  No. If yes, please describe.

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As a member of the Board of Directors for AONL, a subsidiary of the American Hospital Association -- you have an obligation of fidelity and loyalty to the AHA and, therefore, should refrain from placing yourself or the AHA in a position where a possible conflict of interest might influence the decision-making process of the organization. As mentioned earlier, the purpose of this questionnaire is the disclosure of conflicts of interest. Conflicts disclosed may be handled in a variety of ways ranging from just disclosure to recusal and, in rare instances, disqualification from involvement in discussion or voting on matters involving the conflict. Accordingly, you hereby agree to file with the President of the entity which you serve and the General Counsel of the American Hospital Association updated answers to the foregoing questions within thirty (30) days of any addition, deletion or change in your status, viewed in light of the information sought to be elicited in response to such questions.

Agree: please check \_\_\_\_\_

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(Date)