

# MEDICINE HAT & DISTRICT HEALTH FOUNDATION

<b>Policy and Procedure Manual</b>	Title: <b>Conflict of Interest Disclosure Statement</b>	
	Section: <b>Ethics and Accountability</b>	Reference Number: III.2019.004

This Conflict of Interest Disclosure Statement is entered into on the below date between the Foundation Representative signing this agreement and the Medicine Hat & District Health Foundation (the “Foundation”), a non-profit organization located at 666 – 5<sup>th</sup> Street S.W. Medicine Hat, Alberta T1A 4H6

A Conflict of Interest exists when a Foundation Representative or family member benefits, either directly or indirectly, by using their position, authority, and workplace knowledge or inside information. The same also exists when they allow someone else to benefit in the same manner. The use of position or information gathered by a Foundation Representative to make a decision or to take action negatively affecting the Foundation or REGIONAL HEALTH AUTHORITY is also considered a Conflict of Interest.

I have read and understand MEDICINE HAT & DISTRICT HEALTH FOUNDATION’S Conflict of Interest Policy and agree to be bound by it. I will promptly inform the Executive Director of the FOUNDATION of any material change that develops in the information contained in the foregoing statement.

\_\_\_\_\_  
*Signature of Foundation Representative*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name of Representative*

\_\_\_\_\_  
*Executive Director*

\_\_\_\_\_  
*Date*