

DEPARTMENT: Ethics and Compliance	POLICY DESCRIPTION: Conflict of Interest
PAGE: 1 of 2	REPLACES POLICY DATED: 12/1/04, 1/1/06, 3/1/07, 1/1/09, 9/1/12, 4/1/13, 5/1/17
EFFECTIVE DATE: February 1, 2020	REFERENCE NUMBER: EC.021
APPROVED BY: Ethics and Compliance Policy Committee	

SCOPE: All Company-affiliated facilities, including but not limited to, hospitals, ambulatory surgery centers, home health agencies, physician practices, service centers and all Corporate departments, Groups, Divisions and Markets, except that this policy does not apply to HealthTrust Purchasing Group.

PURPOSE: To enable affected individuals to understand, identify, manage and appropriately disclose actual, potential or perceived conflicts of interest.

POLICY: Consistent with our Code of Conduct, no Company colleague may enter into any employment, transaction or other arrangement that may cause or be perceived to cause a conflict of interest.

Affected individuals, as defined below, are required to complete a Conflict of Interest Certificate (attached). Within 90 days of becoming an affected individual, such individual must review this policy and complete the attached Conflict of Interest Certification. At least annually thereafter, affected individuals must review the conflict of interest policy.

Nothing in this policy prohibits a facility or the Corporate office from defining “affected individuals” to include more members of their staff than listed in the definition below.

DEFINITIONS:

Affected Individuals: Affected individuals include hospital leadership at the Director level and above; Division Presidents, Market Presidents and Chief Financial Officers (CFOs); and Corporate Assistant Vice Presidents (or the equivalent) and above. For the Ambulatory Surgery Division (ASD), it includes the President, CFO, Senior Vice Presidents, Vice Presidents, Regional CFOs, Regional Directors and Center Administrators/Managers.

COI-Smart: Corporate Conflict of Interest vendor.

Conflict of Interest: An actual, potential or perceived conflict of interest occurs in those circumstances where a colleague’s judgment could be affected because the colleague has a personal interest (including a financial interest) in the outcome of a decision over which the colleague has control or influence. A personal interest exists when a colleague or a member of his or her Immediate family stands to directly or indirectly gain as a result of a decision.

Immediate Family: For purposes of this policy, immediate family shall include any child, stepchild, grandparent, parent, stepparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law or sister-in-law of the affected individual and any person (other than a tenant or employee) sharing the household of the affected individual.

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Financial Interest: A financial interest includes income or other remuneration, as well as investments and ownership interests in excess of 5% of the total interest. It **does not include** stocks, bonds, and other securities sold on a national exchange; mutual funds; or certificates of deposits and other depository accounts at financial institutions.

PROCEDURE:

1. Within 90 days of becoming an affected individual, that individual must review this policy and complete the attached certification.
2. If using a paper process, affected individuals must, at least annually thereafter, review this policy and their most recent Conflict of Interest Certification. An affected individual is not required to file a Conflict of Interest Certification annually unless there is a change in his or her circumstances which he or she has not previously communicated.
3. If using an online process such as COI-Smart, affected individuals must, at least annually thereafter, review this policy and complete a Conflict of Interest Certification using the online system.
4. At the facility level, the certification form must be sent to the facility ECO. At division and market levels, the certification form must be sent to the division ECO. At the corporate office, such forms will be included in the COI-Smart process for review by the SVP and Chief Ethics and Compliance Officer or designee.
5. At any time during the year, when an actual, potential, or perceived conflict of interest arises, an affected individual must revise his or her certification form to disclose such interest and contact his or her supervisor and the facility, market or division ECO. At the corporate office, such forms should be completed using the COI-Smart application. The responsibility to promptly report such actual or potential conflicts rests with the affected individual.
6. The facility or division ECO or the SVP and Chief Ethics and Compliance Officer or designee will review **disclosures** with supervisors and determine which require further action. Supervisors will discuss necessary action with the affected individual.

REFERENCES:

HCA Code of Conduct
HealthTrust Purchasing Group Policy: Conflict of Interest Policy, [HT.003](#)
[COI-Smart Application link](#)

Conflict of Interest Certification Form

I, _____ have read, understand and agree to comply with HCA Healthcare’s Conflict of Interest Policy. To review the policy, [click here](#).

With regard to any entity that does business, is in competition, or seeks to conduct business with HCA Healthcare, Inc. or any of its affiliates, do you or an immediate family member participate in or have any of the following?:

a. **Financial interest** (e.g., ownership or investment); No Yes, please describe:

b. **Compensation or employment arrangement;** No Yes, please describe:

c. **Position of influence** (e.g., serve on a board); No Yes, please describe:

d. **Intellectual property rights** (e.g., patents, copyrights, royalties); No Yes, please describe:

e. **Involvement in clinical research services** (e.g., supervising, contracting or budgeting); No Yes, please describe:

f. **Any other activity/interest that may be, or may be perceived to be, a potential conflict of interest.** No Yes, please describe:

Conflict of Interest Certification Form

Certification:

I hereby certify that this accurately and completely describes, to the best of my knowledge and belief, all financial and other interests, which are required to be reported under the provisions of the HCA Healthcare Conflict of Interest Policy (EC.021).

_____ Typed/Printed Name of Employee	_____ Signature of Employee	_____ Date
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ECO/Supervisory Review:

_____ Reviewed by	_____ Title	_____ Date
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