SOUTHERN NEVADA COMMUNITY HEALTH CENTER

CONFLICT OF INTEREST DISCLOSURE FORM

Southern Nevada Health District (Health District) employees providing services to Southern Nevada Community Health Center (Community Health Center) patients must make full disclosure of all actual or potential conflicts of interests. Conflicts of interest may occur when an interest or activity influences or appears to influence the ability of an employee to exercise objectivity or impairs their ability to perform his or her employment responsibilities in the best interests of the Health District and/or the Community Health Center.

General Disclosures. Please describe below any relationship, event, activity, transaction, or arrangement you believe could create an actual, potential, or perceived conflict of interest, as described in the Health District's Ethical Standards Policy.

☐ I have no real or potential conflict of interest to report.
☐ I have the following information to report:

Relationship Disclosures. No member of the Board of either the Health District or the Community Health Center can be an employee or an immediate family member of an employee of the Southern Nevada Community Health Center or the Southern Nevada Health District.

☐ I have no real or potential conflict of interest to report.
☐ I have the following information to report:

☐ Declaration. I will report any real or potential conflict of interest and perceived waste or fraud to the Senior Compliance Specialist, compliancespecialist@snhd.org, or by using the anonymous 24-hour SpeakUp Hotline, snhd.ethicspoint.com.

Print Name and Title:

Signature: _____ Date: _____