OHSU Health IDS, LLC		Policy & Procedure			
Company:	OHSU Health IDS, LLC	**Committee Name:**		IDS Regulatory Compliance	
Subject:	OHSU Health IDS Code of Conduct and Conflict of Interest				
P&P Original Effective Date:	1/1/2020	**P&P Origination Date:**	1/1/2020	**P&P Published Date:**	1/1/2020
P&P Previous Revision Effective Date:	9/8/2025	**P&P Revision Published Date:**		7/13/2026	
Reference Number:	COMP-101	**Next Review Date:**		7/2027	
Product (check all boxes applicable to this policy) ☐ Dental ☒ Medical ☒ Pharmacy ☐ Behavioral Health					

I. Policy Statement and Purpose

A. This Code of Conduct and Conflict of Interest Policy (the "Code") has been adopted by the OHSU Health IDS and the Board of Directors in order to set forth the general principles and standards to which our Board of Directors as well as any Covered Person, are expected to adhere. All Covered Persons are expected to perform their responsibilities in compliance with the Code, applicable laws, company policies and contractual requirements. In addition, if at any time you believe that a legal or ethical violation has occurred, we ask that you report it to OHSU Health IDS' Compliance Officer or the Compliance hotline.

B. Honesty, integrity and transparency are core values for OHSU Health IDS. Covered Persons are expected to lead with sound, ethical decisions as they interact with members, regulators, providers, suppliers, colleagues and customers at large. As part of our ethics and integrity focus, OHSU Health IDS has adopted this Code of Conduct that describes ethical and legal responsibilities of all Covered Persons acting on behalf of OHSU Health IDS. The Code is the framework for OHSU Health IDS Corporate Compliance Program and is developed to protect the interests of OHSU Health IDS in connection with any transaction or arrangement that might benefit the private interests of any Covered Person, as identified below. The Code provides the framework and a systematic mechanism for disclosing and evaluating potential and actual conflicts; and provides procedures for the Board of Directors in considering any transaction or arrangement where a conflict may exist.

C. The Code of Conduct applies to all members of the workforce, and the members of Board. OHSU Health IDS will provide a work environment that supports honesty, integrity, and respect in the treatment of workers related to the below areas.

1. **Ethical Conduct and Compliance:** In the performance of duties, staff members will set an example of ethical behavior, and comply with all laws and regulations that govern the business. Staff must never sacrifice ethical and compliant behavior in the pursuit of business objectives.
2. **Accuracy, Retention and Disposal of Documents and Records:** Employees responsible for the integrity and accuracy of any organizational documents or records that are written or modified. Falsifying or altering documents or records is absolutely prohibited. This includes improperly back-dating documents. Employees are also expected to become familiar with and comply with policies and procedures that address the retention and disposal of the

organization's documents and records.

3. **Business and Financial Reporting and Records:** In order to provide accurate and reliable financial records, all financial transactions shall be recorded and according to generally accepted accounting principles (GAAP) and OHSU Health IDS policies and procedures. Internal controls have been implemented to provide reasonable assurance that management has authorized a transaction and that it has been properly recorded.
4. **Confidentiality of Business and Member Information:** Employees have an ethical duty to protect the confidentiality of information about trade secrets, confidential business plans, and proprietary business information. When in doubt about whether or not information may be shared, it is the responsibility of the employee to contact the Chief Executive Officer (CEO) or Chief Compliance Officer. Employees are also expected to comply with policies and procedures regarding the confidentiality of member health information. Identifiable member information shall not be shared with others who do not have a legitimate need to know in order to perform their specific job or to carry on business. The use of member, worker or any individual's or entity's information for personal benefit is absolutely prohibited.
5. **Treatment of others:** OHSU Health IDS prohibits all forms of discrimination, including harassment of any kind. Members of the staff shall be treated with dignity and respect, regardless of their age, gender, gender identity, race, ethnicity, national origin, religion, sexual orientation, disability, socioeconomic status, or any other basis protected by applicable law.
6. **Conflict of Interest:** A conflict of interest occurs when personal interests could interfere with their ability to make a fair and objective decision on behalf of OHSU Health IDS, or create opportunities for fraud or self-enrichment. Employees should avoid relationships and activities that create, or even appear to create, a conflict of interest. At times, an employee may be faced with situations in which business actions taken on behalf of OHSU Health IDS may conflict with the employee's own personal interests. OHSU Health IDS property, information or business opportunities may not be used for personal gain. If one is unsure whether a conflict of interest exists, they should talk with the person to whom they report or the Chief Compliance Officer.
7. **Gifts and Gratuities:** OHSU Health IDS employees will not accept items from vendors in excess of $50.00 (fifty dollars) per year, per individual. For perishable or consumable gifts, the aggregate value of the gift may not exceed $1,000.00 (one thousand dollars). Regardless of value, no more than two perishable or consumable gifts may be accepted per vendor per year. For gifts that are not perishable or consumable, the aggregate value of the gift may not exceed $250.00 (two-hundred and fifty dollars). All gifts, gratuities, or other compensation from a vendor must be disclosed to the employee's supervisor or manager, or to the CEO for members of OHSU Health IDS board of directors.
8. **Personal Use of OHSU Health IDS Resources:** Anything beyond incidental personal use of OHSU Health IDS materials, supplies or equipment is prohibited without prior approval from executive leadership. Property must not be removed from a facility owned or managed by OHSU Health IDS without proper authorization. If removed, property must be returned to the facility as soon as practicable, after it is no longer needed for authorized purposes. 411.690(2)).

D. Framework of Compliance

1. Antitrust laws make sure competition between companies is fair. These laws also protect the public against business competitors who band together or "collude" to unfairly set prices. You could be breaking these laws if you do things as simple as discuss competitors pricing, terms and conditions of sales; or dealings with customers, suppliers or other competitors. Our competitors include managed care organizations, health care delivery companies and insurance companies that operate in our markets.
2. To the extent that, OHSU Health IDS is subject to the Federal Procurement Integrity Act

when bidding on Federal contracts. All Covered Persons must comply with these federal statutes: 41 USC §423 and 18 USC §§207 and 208. In general, these laws prohibit certain business conduct for companies seeking to obtain work from the federal government. More specifically, these laws place restrictions or prohibitions on staff and contractors from engaging in the following activities:

a. Offering or discussing employment or business opportunities at OHSU Health IDS with current or former agency procurement officials
b. Offering or giving gratuities or anything of value to any agency procurement official
c. Seeking or obtaining any confidential information about the selection criteria before the contract is awarded

3. Resources, seeking guidance and reporting violations. Each Covered Person should feel free and comfortable to contact OHSU Health IDS Compliance Officer at nick.gross@modahealth.com, kumaran@ohsu.edu or the Compliance Hotline at 1-877-733-8313 (toll free) or www.ohsu.edu/hotline.
4. If OHSU Health IDS initiates an investigation to determine whether there has been illegal or unethical conduct, OHSU Health IDS expects Covered Persons to cooperate with the investigation and disclose all information and records that are relevant to the investigation. Failure to cooperate with an internal investigation is a violation of this Code of Conduct and can lead to disciplinary action and/or contract termination.
5. Once a problem or suspected violation is reported, OHSU Health IDS pledges to quickly investigate and resolve the problem. OHSU Health IDS won't retaliate against any Covered Person for reporting ethics or compliance violations in good faith. As much as possible, OHSU Health IDS takes reasonable precautions to maintain the confidentiality of those who report compliance concerns.
6. Any retaliation against a Covered Person, who, in good faith, reports a suspected violation of this Code, the law, company policies, or contractual obligations, is not permitted and should be immediately reported to the Compliance Officer. Any Covered Person who makes malicious or purposely false reports also violates this Code of Conduct.
7. Failure to follow this Code and any other company policies, applicable laws and contractual obligations will compromise OHSU Health IDS integrity and reputation. No Covered Person is ever authorized to commit or direct another person to commit an unethical and illegal act. In addition, no person can use a contractor, agent, consultant, distributor or other third party to perform any act not allowed by law, this Code, OHSU Health IDS policies or any applicable contractual obligation.

E. Conflict of Interest

1. A Covered Person may have a conflict of interest with respect to a transaction or arrangement whenever they, or any of their family members:
    a. Receives compensation or other funding directly or indirectly from the Corporation and the transaction or arrangement involves such compensation or funding;
    b. Has or anticipates having a compensation arrangement with any entity or individual that: sells or purchases IDS from OHSU Health IDS; has other transactions or arrangements with OHSU Health IDS; or competes with OHSU Health IDS;
    c. Has or anticipates having any ownership interest, investment interest, or serves or anticipates serving as a director or officer of, any entity as described in b above;
    d. Has accepted any gift or other favor where such acceptance might create the appearance of influence on the Covered Person (other than gifts of nominal value (less than $50.00), which are clearly tokens of respect and friendship unrelated to any particular transaction).
2. There is no conflict of interest if the Covered Person owns securities of a publicly traded company with which OHSU Health IDS has a transaction or arrangement if the securities owned are less than 5% of the outstanding securities of the publicly traded company; and the

fair market value is less than 5% of the Covered Person's annual gross income.

II. Definitions

A. **Covered Person:** Any director or officer of OHSU Health IDS, a member of any OHSU Health IDS committee, council, workgroup, task force, and employees and independent contractors of OHSU Health IDS.

III. Procedures

A. Code of Conduct and Conflict of Interest Responsibilities of Covered Persons
   1. Every Covered Person is expected perform their duties for OHSU Health IDS in good faith and with the degree of care that an ordinarily prudent person would exercise under similar circumstances. This is known as "Duty of Care".
   2. Every Covered Person is expected to be loyal to OHSU Health IDS. A Covered Person is not use their position with OHSU Health IDS for personal profit or gain other personal advantage. This is known as "Duty of Loyalty".
   3. Every Covered Person must refrain from conducting any transaction or making an arrangement with other organizations that involve a conflict of interest and should avoid both actual conflicts and the appearance of conflicts of interest. Every Covered Person is required to:
      a. Disclose all actual and potential conflicts; and
      b. Recuse themselves from voting on any transaction or arrangement in which they have a potential or actual conflict of interest, and, if so requested by the Board's Chair, not be present when any such vote is taken.

B. Disclosure and Evaluation of Conflicts
   1. Each Covered Person promptly and fully discloses all material facts of every actual or potential conflict of interest:
      a. Existing at the time when they become a Covered Person;
      b. That arises while they are a Covered Person, at the time such actual or potential conflict arises; and
      c. Annually through the annual Conflict of Interest Questionnaire.
   2. The Board Chair discloses to the Board of Directors all conflicts of interest reported to them under this Code. The Board of Directors evaluates the disclosures to determine whether they involve actual conflicts of interest and may attempt to develop alternatives to remove the conflict from the situation.

C. Acting on Conflict of Interest Transactions
   1. OHSU Health IDS may enter into a transaction or arrangement in which a Covered Person has a conflict of interest if:
      a. The Covered Person has disclosed the conflict of interest according to this Code
      b. A majority of directors who have no interest in the transaction or arrangement approve the transaction or arrangement at a Board meeting after determining, in good faith and after reasonable investigation, that the transaction or arrangement is fair and reasonable to OHSU Health IDS and is in OHSU Health IDS best interest;
      c. Any Covered Person who has an actual or potential conflict with respect to a transaction or arrangement does not participate in and, if so requested by the OHSU Health IDS Chair, is not present for the vote regarding the transaction or arrangement (however, that Covered Person may appear at a meeting to answer questions concerning the transaction or arrangement); and
      d. The Board of Directors relies upon appropriate comparability data, such as an independent appraisal or an independent compensation study, in reaching its determination as to the equity and reasonableness of the transaction or arrangement to OHSU Health IDS.

2. It is not a violation of the Code if all the requirements for formal approval, outlined above, are not satisfied, so long as the transaction or arrangement is equitable to OHSU Health IDS.

D. Code of Conduct and Conflict of Interest Records of Proceedings
    1. The minutes of the Board of Directors described above shall contain:
        a. The names of the persons who disclosed an actual or potential conflict of interest or otherwise were found to have a conflict of interest, and the nature of the conflict of interest; and
        b. The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement considered and the appropriate comparability data relied upon, and a record of any votes taken.
    2. The minutes are prepared by the next succeeding meeting of the Board of Directors meeting.
    3. Disposal or destruction of all records is governed by law and policy. The retention of records will be in accordance with legal and regulatory requirements. Records pertaining to litigation (current/threatened), government investigation or audit shall not be destroyed.
    4. Records will be maintained in appropriate format (paper, electronic copies and images) and available within a reasonable timeframe. Records are maintained for a period of ten (10) years.

E. Fraud and Abuse Reporting Obligation and Resources
    1. Personal Obligation to Report: Covered persons are responsible to report any activity that appears to violate applicable laws, rules, regulations, or the Code of Conduct. If a concern has been reported and one believes that it has not been resolved, contact the Chief Compliance Officer.
    2. Resources for Guidance: OHSU Health IDS encourages discussions regarding concerns with a manager, CEO or President or the Chief Compliance Officer. The Compliance Officer may be reached via the Hotline at 1-877-733-8313 or at www.ohsu.edu/hotline. OHSU Health IDS cannot guarantee that it will keep personal identity confidential, but OHSU Health IDS will maintain confidentiality within the limits of the law and ability to investigate the issues brought to OHSU Health IDS attention. OHSU Health IDS absolutely prohibits, and will not tolerate, retaliatory discipline against a worker who reports concerns using the channels described above. Claims of retaliation will be investigated and, if substantiated, appropriate action will be taken. OHSU Health IDS takes health care fraud and abuse very seriously. It is OHSU Health IDS policy to provide information to all employees, contractors and agents about the federal and state false claims acts, remedies available under these acts and how employees and others can use them, and about whistleblower protections available to anyone who claims a violation of the federal false claims acts. OHSU Health IDS will also advise our employees, contractors, and agents of the steps OHSU Health IDS has put in place to detect health care fraud and abuse. An employee, contractor, temporary worker, or volunteer who provides care or has access to clients, client information, or client funds within or on behalf of any entity or agency licensed, certified, registered, or otherwise regulated by the Department or Authority is subject to a standard criminal history check at hire and monthly sanction check.
    3. Procedure for Reporting: If it is believed that OHSU Health IDS may have made a false claim as discussed above, Covered Persons are encouraged to: Report it to the Chief Compliance Officer at (877) 733--8313 or at www.ohsu.edu/hotline for further investigation. It may also be reported directly to the federal Department of Justice; reporting to OHSU Health IDS is not required first.
    4. Report any retaliation that may be experienced from OHSU Health IDS to OHSU Health IDS or the federal government of a possible false claims act violation to the Federal Department of Justice.

5. OHSU Health IDS Policies and Procedures for Detecting Fraud and Abuse: Policies and procedures for detecting fraud and abuse are found in the OHSU Health IDS Compliance Plan. More detailed information about the False Claims Act is available from the Chief Compliance Officer.
6. Training Policy: OHSU Health IDS will train all new members of the workforce, contractors, and agents regarding federal and state false claims acts and also provides annual and periodic updates for existing members of our workforce, contractors, and agents. All members of OHSU Health IDS workforce are required to participate in training. All contractors and agents are required to participate in scheduled training, as determined by Chief Compliance Officer.

F. Accounting and Record Keeping
   1. Covered Persons must maintain reliable records that facilitate accurate reporting to OHSU Health IDS and governmental agencies and comply with applicable legal requirements.
   2. Improper or fraudulent accounting, documentation or financial reporting may be in violation of the law. Adequate documentary evidence must support all cost reports or claims submissions.
   3. Every Covered Person is expected to comply with the Health Insurance Portability and Accountability Act (HIPAA) legal requirements regarding Protected Health Information (PHI). PHI includes medical diagnosis and treatments, personal data, billing and contract information. OHSU Health IDS policies regarding handling and use of PHI will be adhered to by all Covered Persons who become our Business Associates pursuant to HIPAA in order to receive or process our Members' PHI. The policies conform to federal and state laws and are designed to safeguard patient privacy.

G. Each Covered Person is responsible to sign a statement acknowledging that they have received a copy of this Code, that they have read and understand its content, and agrees to comply with it. They are also required to complete a Conflict of Interest Questionnaire.

H. If the Board of Directors has reasonable cause to believe that a Covered Person has failed to comply with the Code, the Board may counsel the Covered Person regarding such failure and, if the issue is not resolved to the Board's satisfaction, may consider additional corrective action as appropriate.

IV. Fraud, Waste and Abuse Statutes

A. OHSU Health IDS takes health care fraud and abuse very seriously. It is OHSU Health IDS policy to provide information to all Covered Persons about the federal and state false claims acts, remedies available under these acts and how Covered Persons can use them, and about whistleblower protections available to anyone who claims a violation of the federal false claims acts. OHSU Health IDS also advises Covered Persons of the steps OHSU Health IDS has put in place to detect health care fraud and abuse. The Federal False Claims Act is a federal law that imposes liability on persons and companies who defraud governmental programs. It is the federal government's primary litigation tool in combating fraud against the government. The law includes a qui tam provision that allows people who are not affiliated with the government, called "relators" under the law, to file actions on behalf of the government (informally called "whistleblowing").
   1. Persons filing under the Act stand to receive a portion of any recovered damages. This statute allows a civil action to be brought against a health care provider who:
      a. Knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval to any federal employee;
      b. Knowingly makes, uses or causes to be made or used a false record or statement to get a false or fraudulent claim paid; or
      c. Conspires to defraud the government by getting a false or fraudulent claim allowed or paid (31 USC SEC 3729(a)).
   2. **Examples of a False Claim:** Billing for procedures not performed; up-coding health care

services; falsifying information in the medical record.
Remedies: A federal false claims action may be: brought by the U.S. Department of Justice, or brought by an individual as a qui tam action (this means the individual files an action on behalf of the government); punishable by a civil penalty of between $10,781 and $21,563 per false claim, plus three times the amount of damages incurred by the government; and subject to a statute of limitations that controls how much time may pass before an action may no longer be brought for violation of the law. Under the False Claims Act, the statute of limitations is six (6) years after the date of violation or three (3) years after the date when material facts are known or should have been known by the government, but no later than ten (10) years after the date on which the violation was committed.

3. **Federal Whistleblower Protections:** Federal Law prohibits an employer from discriminating against an employee who initiated or otherwise assisted in a false claims action. The employee is entitled to all relief necessary to make the employee whole. 31 USC 3730(h).
4. **Oregon Whistleblower Statutes:** Criminal and civil laws that prohibit Medicaid fraud are outlined below. It is a crime if a health care provider knowingly submits, or causes to be submitted, a claim for payment to which the provider is not entitled. ORS 180.755; ORS 411.675; ORS 165.690.692. A healthcare provider is subject to civil damages if it has been previously warned against certain billing practices. ORS 411.690(2)).
5. **Oregon Whistleblower Protections:** Oregon law contains several provisions that prohibit retaliatory action by a healthcare provider against an employee who, in good faith, brings evidence of unlawful practices to the attention of the proper authority. ORS 441.181, ORS 441.057, ORS 659A.233, ORS 659A.203. Further, an employee who believes he or she is the victim of retaliation may file a complaint with the Oregon Bureau of Labor and Industries. (ORS 659A.200 – 659A.233).
6. **Medicaid Waste and Abuse:** In addition to an intolerance of Medicaid fraud, OHSU Health IDS prohibits Medicaid waste and abuse, defined as follows:
    a. Waste: The extravagant, careless, or unnecessary utilization of, or payment for, health care services.
    b. Abuse: An activity or practice undertaken by a member, practitioner, employee, or contractor that is inconsistent with sound fiscal, business or health care practices and results in unnecessary cost to OHSU Health IDS, reimbursement for services that are not medically necessary, or an activity or practice that fails to meet professionally recognized standards for health care.
    c. Additional Information: If you have any questions about this information, contact the Chief Compliance Officer at 503-952-5033 or call the Hotline at (877) 733-8313.
    d. Obeying All Laws: Members of OHSU Health IDS workforce are required to follow all applicable federal, state and local laws. Any member of the OHSU Health IDS workforce who believes theirself to have received instructions otherwise must immediately inform the Chief Compliance Officer or members of the OHSU Health IDS Board of Directors.

B. Oregon State Laws
    1. Wrongful Claims (ORS 411.670 – 411.690)
    Any person who submits a claim or accepts a payment from the Department of Human IDS for IDS that were not provided is liable to refund or credit the amount of such payment, and if found to have violated this prohibition after an administrative hearing pursuant ORS chapter 183, shall be liable for treble the amount of the payment wrongfully received.
    2. Unlawful Trade Practices (ORS 646.605 – 646.656)
    Any person who wrongfully collects or attempts to collect any debt in excess of what is owed, or by unfair means, may be held liable for the debtor's actual damages or $200, whichever is greater, plus reasonable attorneys' fees. Any person who violates a court injunction or assurance of voluntary compliance under these provisions may be liable to the

state for up to $25,000 per violation.

3. Perjury and Falsification (ORS Chapter 162)
   A person commits the crimes of perjury (if the falsehood is material) and false swearing by making false sworn statements, and can be convicted of a Class C felony or Class A misdemeanor, respectively, A person commits the crime of unsworn falsification by knowingly making any false written statement to a public servant in connection with an application for any benefit, and can be convicted of a Class B misdemeanor.
4. Falsification of Business Records (ORS 165.080)
   A person commits the crime of falsifying business records if, with intent to defraud, the person makes a false entry in business records, alters, deletes or prevents a true entry, or fails to make a true entry in violation of a known, legal duty, and thereby commits a Class A misdemeanor.
5. False Claim for Health Care Payment (ORS 165.690 – 165.698)
   A person or entity commits the crime of submitting a false claim for health care payment by knowingly making or causing to be made a claim for any health care payment that contains any false statement or false representation of material fact in order to receive the payment. It is also a crime for any person or entity to conceal from or fail to disclose to a health care payor the existence of any information with intent to obtain any health care payment to which the person or entity is not entitled.
   a. In addition, it is also a crime for any person or entity to obtain or attempt to attain any state-funded medical assistance payment by submitting or causing to be submitted any false claim for payment, or accepting any such payment, for any duplicate claim for payment not clearly labeled as such, or any claim for which payment has already been received from any source, unless clearly labeled as such.
   b. These crimes are Class C felonies and may be punishable by up to five years' imprisonment and/or a fine not to exceed $125,000.00.
6. Racketeering (ORS 166.715 – 166.735)
   A person commits the crime of racketeering by engaging in a pattern of activity to collect or receive the proceeds of unlawful debts, or conspire or attempt to do so, and may be held liable for up to three times the amount or three times the gross value gained or the gross loss caused, whichever is greater, plus reasonable attorneys' fees and costs.

V. Related Policies & Procedures, Forms and References

COMP-100 OHSU Health IDS Compliance Plan
Attachment A- Code of Conduct and Conflict of Interest Acknowledgement Form
Attachment B- Annual Conflict of Interest Questionnaire Form

VI. Revision Activity

New P&P/Change/Revision and Rationale	Final Review/Approval	Approval Date	Effective Date of Policy/Change
New Code of Conduct for Subcontractors, Covered Entities, etc.	1/1/2020	1/1/2020	1/1/2020
Revision OHSU Health IDS LLC Board of Directors	6/23/2020	6/23/2020	6/23/2020
Contract changes pages 5 and 8	OHSU Health IDS Regulatory Compliance Committee	3/14/2022	3/14/2022
Board Oversight, Consent Agenda	OHSU Health IDS Board of Directors	5/16/2022	3/14/2022
Reviewed only, no changes	OHSU Health IDS Regulatory Compliance Committee	3/13/2023	3/13/2023
Board Oversight, Consent Agenda	OHSU Health IDS Board of Directors	3/28/2023	3/13/2023
Reviewed only, no changes	OHSU Health IDS Regulatory Compliance Committee	9/8/2025	9/8/2025
Board Oversight, Consent Agenda	OHSU Health IDS Board of Directors	10/2/2025	9/8/2025
Reviewed, no changes made	OHSU Health IDS Regulatory Compliance Committee	7/13/2026	7/13/2026
Board Oversight, Consent Agenda	OHSU Health IDS Board of Directors	7/29/2026	7/13/2026

ATTACHMENT A

Code of Conduct and Conflict of Interest Acknowledgement Form

As a condition of membership, all providers credentialed with OHSU Health IDS must acknowledge that they have read and clarified any questions or concerns regarding the Code of Conduct and Conflict of Interest Policy.

I acknowledge that that I have read and clarified any questions regarding the Code of Conduct.

Name and title of person completing this form:

_____	_____
Signature	**Title**
_____	_____
Printed Name	**Date**

ATTACHMENT B

OHSU Health IDS
ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE

This Questionnaire is to be completed annually by all persons designated as Covered Persons in the Code of Conduct and Conflict of Interest Policy.

1. NAME AND BACKGROUND INFORMATION

a. Name: _____

Address: _____

_____

_____

Telephone Number: _____

Email Address: _____

b. Position(s) with, or relationship to, the Corporation: _____

_____

2. CONFLICT OF INTEREST INFORMATION

a. **Investments.** Identify any investments that you or a member of your family has or had during the last five (5) years in any organization that has, does, or is likely to provide goods or services to, or to compete with, the Corporation:

_____

_____

_____

/ / None

b. **Directive or Other Services.** Identify any services that you or a member of your family provides or has provided within the last five (5) years as a director, partner, principal, manager, employee or consultant to any organization that does, has, or is likely to provide goods or services to, or compete with, OHSU Health IDS:

_____

_____

_____

/ / None

c. **Interests in Transactions.** Identify any interest that you or a member of your family or any organization in which you have an interest (e.g., a corporation or partnership) has had in any transaction during the last five (5) years, to which OHSU Health IDS or any related organization, was a party (e.g., any loans, sales of goods or services, or guarantees).

_____

_____

_____

/ / None

d. **Other.** Identify all other circumstances affecting you or members of your family that might appear to involve a conflict of interest, actual or potential, and any circumstances that could be viewed as use of information relating to OHSU Health IDS' business for personal profit or advantage.

_____

_____

_____

/ / None

CONFLICT OF INTEREST QUESTIONNAIRE

ACKNOWLEDGMENT AND SIGNATURE

To the best of my knowledge and belief, the above information is true and accurate. I have received a copy of OHSU Health IDS' Conflict of Interest Policy, which I have read and understand, and I hereby agree to comply with it.

DATED this_____day of_____, 20___.

_____

Signature

_____

Printed Name