

**CONFLICT OF INTEREST QUESTIONNAIRE
AND
DISCLOSURE OF CERTAIN INTERESTS**

To: Board Committee Candidate

The questions set forth below are intended to solicit any information which could conceivably constitute a conflict of interest pursuant to the Conflicts of Interest Policy of Marin General Hospital Corporation (the “**Conflicts Policy**”). I hereby represent that the following answers are, to the best of my knowledge, true and correct.

1. Outside Interests and Investments

Identify and describe the nature of any outside interests and investments in any business or organization with which the Hospital does or may have any lease, service arrangement or any financial relationship, and specify the nature of your involvement and the extent of compensation (of any kind) received as a result of such interest or investment.*

() None

2. Outside Compensation Arrangements

Identify and describe any outside employment, contractual or other arrangements with any business or organization pursuant to which you receive compensation (of any kind), and specify the nature of your involvement with the business or organization and the extent of compensation (of any kind) received from such business or organization.*

() None

3. Gifts

Identify and describe any gifts, gratuities, entertainment or other favors which you have accepted from any business or organization which to your knowledge does, or is seeking to do, business with, or is a competitor of, the Hospital.*

() None

4. Activities With Other Healthcare Providers or Research Enterprises

List and describe the nature of any directorship, membership on a governing board, administrative, managerial, professional, supervisory, leadership or consulting position held at another hospital or with another healthcare provider, research enterprise or other business or organization which is a competitor or may have conflicting interests with the Hospital. Members of the Medical Staff should disclose membership on other hospital's staffs and any committee or administrative positions held.*

() None

5. Influence Regarding County of Marin Contracts

State whether you are a spouse or economic dependent of any County employee whose position enables the County employee to influence the awarding of any County of Marin Contract relating to health care.

() Yes () No

If yes, please describe.*

6. Nepotism

State whether you have any relatives employed by the Hospital.

() Yes () No

If yes, please describe.*

7. Contracts or Transactions

State whether you have entered into any contract or engaged in any other transaction with the Hospital in which you received or currently receive any goods, services, payment, compensation or other economic benefit from the Hospital.

() Yes () No

If yes, please describe.*

8. Other

List and describe any other activities, arrangements that might be regarded as constituting or may potentially give rise to a conflict of interest.*

() None

(Signature)

(Print Name)

(Date)