

Conflict Of Interest Statement

As a member of the board of the Hendricks County Health Partnership (known forward as HCHP) I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am committed to HCHP’s goal to establish and maintain the highest level of public confidence in its accountability. I have personally committed to follow the standards set out below, which are a part of HCHP’s conflict of interest policies:

* I will conduct my activities with the board of HCHP so that I do not advance or protect my own interests, or the private interests of others with whom I have a relationship, in a way that is detrimental to the interests of, or to, the fundamental mission of the HCHP.
* In every instance in which I represent the HCHP, I will conduct my activities in a manner to best promote the interests of the HCHP.
* In all matters that come before the board for a vote that may favorably impact my own financial interests, or the private interests of others with whom I have a financial relationship, I will reveal that relationship and may choose to abstain from a vote in the matter.
* When a conflict of interest arises, or when a potential conflict of interest emerges, I will disclose that conflict, or potential conflict, to the Executive Board of HCHP or to the President and/or Coordinator and seek a resolution of that issue.
* This form will cover the requirements of the LCC of Hendricks County (Hendricks County Substance Abuse Task Force – HCSATF)

Entered into on this the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member, HCHP