



Conflict of Interest Disclosure Forms

Helpful Hints to Complete the Disclosure

This addendum is provided to aid you in completing the Disclosure Forms required by the Albany Med Health System (the “System”; “Albany Med”; “AMHS”) Conflict of Interest (“COI”) Policy. If, after reading the addendum, you have any questions about completing the COI Disclosure Form, the COI Change of Circumstance Form, or other aspects of the Policy, please contact Corporate Compliance and Audit at 518-262-4692.

Before you begin:

1. **Read the COI Policy carefully.** The general policy that applies to everyone is explained in the first five pages of the document. The appendices may apply to you, depending upon your role and responsibilities. While you should familiarize yourself with each of the topics in the Policy, an in-depth understanding may not be required of areas not directly affecting you.
2. **Gather Relevant Materials.** The Disclosure Form is a means for you to disclose interests or relationships that may create potential COI or simply the perception of a COI with your role at the System. You are expected to identify and disclose potential conflicts before they occur when possible or if that’s not possible, as soon as you become aware of them. This requires each of us to anticipate the potential conflicts that may emerge in the coming year and if a material change occurs during the year, to update our disclosure. Often the best guide to projecting the future is a review of what has happened in the past. For that reason, it is often helpful to gather financial filings from the past year’s tax return or financial aid/loan applications as well as any records of acquaintances such as contact lists, calendars, planners, etc.

For purposes of the COI Disclosure, an Albany Med Health System entity includes any entity over which the Albany Med Health System has direction and control, including but not limited to: Albany Med Health System (formerly Albany Medical Center), Albany Medical Center Hospital, Albany Medical College, Albany Med Health System Staffing Alliance, Center for Donation and Transplant, Columbia Memorial Hospital, Glens Falls Hospital, Healthcare Partners of Saratoga (Malta Med), The Saratoga Hospital, Visiting Nurse Association of Albany, Inc., Visiting Nurse Association of Albany Home Care Corporation, and the respective Foundations.

Disclosure Forms:

The Conflict of Interest Policy and Disclosure Forms are available on the Internet at: www.amc.edu/COI.

COI Disclosure Form: Required for any workforce member who suspects that they have a potential COI. In addition, this form is required at the beginning of service (prior to the initial election or upon hire, as applicable) and annually thereafter for:

- Members of the Board,
- Non-Board members who are on Committees with Board delegated responsibilities,
- Officers,
- Key Employees (refer to the COI Policy, definitions), and
- Any other person, based on roles and responsibilities, identified by the Chief Compliance Officer.

Required Individuals identified by the Chief Compliance Officer will receive an email each year with a personalized link to the questionnaire. This email should not be forwarded or shared. This link allows the Individual to leave and return to the Disclosure Form before submitting it. Personnel who do not receive the email but need to complete a COI Disclosure Form, can complete the online form at: www.amc.edu/COI or can contact Corporate Compliance and Audit to receive a personalized link to the form.

COI Change in Circumstance Form: This form streamlines the process for Individuals who have already submitted an COI Disclosure Form within the preceding twelve months. It is used when an Individual's facts and circumstances have changed, requiring notification to Corporate Compliance and Audit. The change can be related to a role or position change, an update due to proposed or funded research, the identification of a potential COI or related party transaction that was not identified in the COI Disclosure Form submitted in the current year, or a change of the facts or circumstances related to an item already submitted (e.g., change in fair market value). This form should be completed and submitted within 15 days of the change in facts or circumstance.

The form is located at: www.amc.edu/COI.

COI Disclosure Form Sections:

The COI Disclosure Form and the COI Change in Circumstance Form both consist of the following six sections:

- **Section I. General Information**
 - Provide name, address, and contact information
- **Section II. Role**
 - Identify roles or position and applicable entities
- **Section III. Research**
 - Indicate if you are listed on any funded or proposed research project and if you are a Principal Investigator
 - Principal Investigators are asked to provide details about their research projects
- **Section IV. Potential Conflicts of Interest**
 - Related Party Definition
 - Identification of Potential COI (respond to 6 questions to determine if you need to report a potential COI)
 - Those with a potential conflict are asked to provide details about each potential COI

- **Section V. Potential Related Party Transactions**
 - Confirmation and reporting of any potential related party transactions not identified earlier in the questionnaire
- **Section VI. Certification**
 - Any other potential events, relationships or interests to disclose (opportunity to disclose pertinent information not captured elsewhere)
 - Miscellaneous comments (opportunity to provide other details)
 - E-Signature and date

Section I. General Information:

General information is captured regarding the respondent including name and ways to contact the respondent if there are any questions or if follow-up is needed. The COI Disclosure Form also asks the respondent to provide the address for their primary residence.

Section II. Role:

A series of questions are provided to identify the appropriate reporting and communication channels for facts presented in the respondent’s disclosure. The **COI Disclosure Form** will require respondents to identify their role and responsibilities at each Albany Med Health System entity. After responding “Yes” to a question, the respondent will be asked to identify the entities for which the role or responsibility applies. It is possible for a respondent to fulfill multiple roles for the System.

Section III. Research:

This section needs to be completed by those respondents who are listed on funded or proposed research projects. Principal Investigators are responsible for identifying all persons involved in the research projects they administer.

For each research project, the Principal Investigator is asked to supply the following information:

- Sponsor ID, Sponsor Name, and Info Ed Tracking Number, if applicable
- Name, role (design, conduct, reporting, or other – check all that apply), and email of Individuals involved in the research project

The respondent can add up to 10 Individuals per research project. If 10 Individuals have been identified, a member of Corporate Compliance and Audit will reach out after the form is submitted to capture the same data on any additional Individuals not captured on the form.

Each respondent can enter up to 5 research projects. If more research projects are applicable, a member of Corporate Compliance and Audit will reach out to the respondent to gather this information.

For the Change of Circumstance Form, the respondent only needs to identify those research projects not disclosed on the COI Disclosure Form submitted in the current year.

Section IV. Potential Conflicts of Interest:

This section captures information related to potential COIs of the respondent or a Related Person. Individuals are responsible for reporting relationships and activities that may create a potential COI for themselves and on behalf of certain related persons. Related persons are defined by various rules and regulations as including any person having one of the following relationships to the respondent:

- A. Self
- B. Spouse or domestic partner
- C. Parents, including in-laws
- D. Dependent children
- E. Siblings
- F. Person living in the Individual’s household
- G. Person dependent on the Individual for ongoing financial support
- H. Person whom the Individual is dependent on for ongoing financial support
- I. Children, Independent for Income Tax reporting+
- J. Spouse of siblings, children, grandchildren or great-grandchildren+
- K. Grandchildren or great-grandchildren+
- L. Ancestors+

+ Applicable to Members of the Board, Individuals on Committees with Board-delegated authority, Officers, Key Employees, and Other Interested Parties - refer to COI Policy Appendix 1, Definitions, and Appendix 4-g, Excess Benefit Transactions.

Helpful Hints on Lead Questions in this Section:

Question+	Common Scenarios and Additional Information (NOT ALL INCLUSIVE)
<p>1. Received a GIFT that could reasonably be attributed to your duties or position with the System beyond a nominal amount or specifically prohibited by the policy (COI Policy Appendix 4-a):</p>	<p>Prohibited Gifts: GIFTS in cash or cash Equivalents (e.g., gift cards) are strictly prohibited.</p> <p>GIFTS from following are prohibited:</p> <ul style="list-style-type: none"> • Government employees, agents, representatives or officials • Any person where the gift is made in connection with an Albany Med business transaction • A single student where the gift is made to a Faculty Member or other Individual involved in education of that student • A Vendor, unless receipt is specifically allowed under another provision of the COI Policy (e.g., support for sponsored events paid directly to a System fund). Meals and entertainment from vendors are generally considered gifts and thus, prohibited.

Question+	Common Scenarios and Additional Information (NOT ALL INCLUSIVE)
	<p>Select YES if you or a Related Person received in the past year or anticipate receiving in the next year: gifts with a fair market value of \$1,000 or more including any entertainment or business-related travel expenses provide by a non-System entity or person that could reasonably be attributed to your duties or position with the System (<i>refer to COI policy, Nominal and Incidental Events</i>).</p>
<p>2. Received COMPENSATION or other payment for services from other than a System entity that could reasonably appear to affect your actions on behalf of a System entity or entities:</p>	<p>Select YES if you or a Related Person received or anticipate receiving:</p> <ul style="list-style-type: none"> • A salary or other payments for services (e.g., seminars, lectures, teaching engagements, consulting fees or honoraria, paid authorship, etc.). • Meals, accommodations, or travel in exchange for services or professional participation. • Income from service on advisory committees or review panels for public, nonprofit, or for-profit entities. • Reimbursed travel from a non-System entity. This includes any sponsor funded travel which is paid on behalf of an investigator and not reimbursed to the investigator. <p>Note: Faculty contracts typically require Faculty to report royalty, honoraria, or other professionally related payments on an annual basis, when the total of such payments in a given year exceeds 5% of your annual salary.</p>
<p>3. Been promised or have an OWNERSHIP INTEREST in an entity, assets, rights or other items of value; or the option to obtain an ownership interest that could reasonably be perceived as influencing actions or judgments made in the performance of your roles and responsibilities at the System:</p>	<p>Select YES if you or a Related Person:</p> <ul style="list-style-type: none"> • Received or anticipate receiving other ownership interests such as patents, copyrights, and royalties from such rights. <i>Royalties received under Albany Med’s patent policy are considered remuneration by Albany Med and do not need to be disclosed on this form.</i> <ul style="list-style-type: none"> ○ Note: Faculty contracts typically require Faculty to report royalty, honoraria, or other professionally related payments on an annual basis, when the total of such payments in a given year exceeds 5% of your annual salary. • Own, received or anticipate receiving equity interests including stocks and stock options, in any entity that (1) provides items or services to AMHS <u>or</u> (2) is a medical supplier, other health care company, or business that serves the health care industry. <ul style="list-style-type: none"> ○ Report all holdings in partnerships or private corporations. ○ Report holdings in public entities:

Question+	Common Scenarios and Additional Information (NOT ALL INCLUSIVE)
	<ul style="list-style-type: none"> ▪ If you are the Related Person own $\geq 5\%$ of the entity's equity, or ▪ if you or the Related Person can influence the corporation's decision-making. <p><i>Retirement accounts (e.g., 403b, 401k, etc.) and 529 College Fund Investment Plans that are pooled and diversified funds do <u>NOT</u> need to be reported as the ownership interest is sufficiently removed.</i></p>
<p>4. Been promised or received OFFERS CONTINGENT in whole or in part on actions or outcomes related to actions or judgments taken or planned on behalf of the System:</p>	<p>Select YES if you or a Related Person received or anticipate receiving:</p> <ul style="list-style-type: none"> • Discounts or other value which may be related to your role or influence at a System entity (note: this is generally prohibited).
<p>5. Engaged in activity that would establish a RELATIONSHIP that could be perceived as creating a potential conflict of interest with your actions or judgments on behalf of the System and the people we serve:</p>	<p>Select YES if you or a Related Person:</p> <ul style="list-style-type: none"> • Has a relationship where self-interest or the potential for personal benefit may bias or interfere with your decisions or actions on behalf of the System.
<p>6. Been promised or received any OTHER items or services of value that could be perceived as creating a potential conflict of interest with your duties and responsibilities at the System:</p>	<p>Select YES if you or a Related Person:</p> <ul style="list-style-type: none"> • Is party to any transaction or event that could give the perception of a conflict that has not already been identified. Examples include receipt of a loan or borrowing money or anything of value outside the normal course of business from a competitor or entity that is transacting business with a System entity. This does not include having a mortgage, line or credit, or comparable transaction with a financial institution made on terms available to the public. • If involved in research on behalf of AMHS and you or your spouse or dependent children own or expect to own in the next 12 months, an aggregate of \$5,000 or more in remuneration and equity interests (stock, stock options, etc.) that have not yet been identified on the COI Disclosure Form and that can reasonably appear to be related to your institutional responsibilities as an investigator (e.g., teaching, research, committee or other administrative responsibilities). <ul style="list-style-type: none"> ○ Do not include investments where you do not directly influence investment decisions such as mutual funds or retirement accounts. Do include stocks/options, warrants, and other

Question+	Common Scenarios and Additional Information (NOT ALL INCLUSIVE)
	existing ownership interests. Refer to 42 CFR Part 50 Subpart F.

+ Change in Circumstance form asks similar questions, but the wording has been adjusted to capture anything not already reported on the most recent COI Disclosure Form.

Individuals who respond **Yes** to any of the lead questions, will be asked to supply additional details about each potential COI.

For each potential COI, the respondent will be asked to:

- Identify the type of potential COI – select best option: gift, compensation, ownership interest, contingent offer, relationship, or other (should correspond to response in the lead question)
- Enter the dates applicable (this is an open text field which allows for entry of a single date, date range, or month/year)
- Identify the name of the person or entity providing the items or with whom the relationship exists (open ended text field).
- Describe the details and circumstances related to the potential COI (open ended text field). The respondent should utilize this space to describe the specific circumstances and any other pertinent information that may affect an evaluation of the potential COI. For example, in describing payment for services by an outside entity you may want to include the type of services provided in exchange for those payments and whether or not this is a one-time event or expected to continue.
- Estimate the fair market value of the potential COI (if this is your primary means of employment select, “Primary employment”):
 - No or nominal value
 - Less than \$1,000
 - \$1,000 to \$4,999
 - \$5,000 to \$9,999
 - \$10,000 to \$24,999
 - \$25,000 to \$49,999
 - \$50,000 to \$100,000
 - Greater than \$100,000
 - Primary employment
 - Unable to estimate, please contact me
- Identify the Related Person receiving the item or with the relationship (check all that apply):
 - Self
 - Spouse or domestic partner
 - Parents including in-laws
 - Dependent children
 - Siblings
 - Person living in the Individual’s household
 - Person dependent on the Individual for ongoing support
 - Person whom the Individual is dependent on for ongoing support
 - Children independent for Income Tax reporting+

- Spouse of siblings, children, grandchildren, or great-grandchildren+
- Grandchildren or great-grandchildren+
- Ancestors+
 - + Applicable to Members of the Board, Individuals on committees with Board-delegated powers, Officers, Key Employees, and Other Interested Parties - refer to COI Policy Appendix 1, Definitions and Appendix 4-g, Excess Benefit Transactions.
- For Compensation, Ownership Interest and Relationships, identify if you or the Related Person is a director, principal officer, member of a committee with governing board delegated powers or a Key Employee of the identified entity (select Yes if this is the case)

The electronic form allows for up to eight potential COI to be reported. A member of Corporate Compliance and Audit will reach out to those Individuals who identify more than eight potential COIs in their submitted disclosure.

Section V. Potential Related Party Transactions:

This Section is regarding potential related party transactions and is required per NYS Not-for-Profit Corporation Law (NPCL). The lead question asks if the respondent knows of an existing or potential transaction in which a System entity is a participant and in which the respondent or other Related Person has a conflict. The respondent must choose from the following responses:

- Yes, already reported on my COI Disclosure Form submitted in the current year (appears on COI Change of Circumstance Form only)
- Yes, already reported in this disclosure
- Yes, still need to report the transaction
- No

Those responding, “Yes, still need to report the transaction” will be given an open text field to describe all material facts related to the transaction.

Section VI. Certification:

The final section provides the respondent with an opportunity to record any other facts or circumstances that may create a potential COI.

The last part of this section includes an attestation the respondent must make to comply with the COI Policy and various regulations. Please read the attestation carefully and if necessary, contact Corporate Compliance and Audit with any questions or concerns. Your electronic signature (using mouse or touchscreen) indicates your understanding and agreement with the attestation.

Contact Information:

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