

Annual Disclosure of Potential Conflicts of Interest
with the
Sumter Family Health Center

I, _____,
(Name of Director, Officer or Executive Director)

hereby give notice to the Board of Directors of the Sumter Family Health Center (the "SFHC") that I have directly or indirectly, through business, investment or family -

- (a) an ownership or investment interest in any entity with which the SFHC has a transaction or arrangement, or
- (b) a compensation arrangement with the SFHC or with any entity or individual with which the Center has a transaction or arrangement, or
- (c) a potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the SFHC is negotiating a transaction or arrangement.

(Insert name(s) and address(es) of person(s), firm(s) or entit(y)(ies), or state "none")

I further state that I am or a member of my family is an owner (in whole or in part), director, officer, employee, contractor, or other of the above-listed person(s), firm(s) or entit(y) (ies): describe:

I hereby agree to provide to the Chairman of the Board of the SFHC (who shall transmit such information to the Board) all such information which the Chairman shall reasonably request that I furnish to the Directors to enable the Board of Directors to consider my relationship or affiliation with such person, firm or entity on a fully informed basis.

The approximate dollar value of the goods or services furnished during the last 12 calendar months in connection with transactions between the SFHC and such person(s), firm(s) or entit(y) (ies) is:
\$ _____

To the extent necessary, I hereby supply the following additional information in order to enable the Board of Directors to be fully informed in connection with this matter:

I hereby further agree to provide the Board of the SFHC any additional information which may arise from time to time which may potentially create a conflict of interest.

Signed this ____ day of _____, _____.

Print Name of Person Signing this Form

Signature of Person Signing Form

Note: This Disclosure must be delivered to the Chairman of the Board of the SFHC by each Director, Officer and the Executive Director no later than the date of the annual meeting of each year.

CONFLICT OF INTEREST

Acknowledgment

I, _____, affirm that I have read the SFHC Conflicts of Interest Policy and I am not in violation of any of its provisions. I understand that I must maintain the highest standards of professional conduct and integrity, and I am aware that the discovery of any conduct which appears to be a violation of the SFHC Conflicts of Interest Policy will be reported to the Chairman of the Board.

I further understand that violations of the Conflicts of Interest Policy may constitute grounds for dismissal or removal. Directors, Officers and the Executive Director are expected to act fairly and honestly in all transactions with the SFHC and with others to maintain the high ethical standards of the SFHC. If a situation arises where a Director, Officer or the Executive Director is unsure whether there may be a violation of the Conflict of Interest Policy, he/she should contact the Chairman of the Board for guidance.

Signature

(Print Name)

Date