



Conflict of Interest Training Attestation

Employees must report any actual or potential conflict of interest. Conflicts of interest are situations in which personal considerations may affect, or have the appearance of affecting, our loyalty and ability to fulfill our responsibilities to Argus and ProHealth. Depending on the circumstances, a "conflict of interest" might include: employment outside of Argus and ProHealth with a competitor or in violation of our policies, supervising a close relative, purchasing stocks based on confidential information, accepting gifts from a vendor, patient, or fellow provider, or causing Argus and ProHealth to contract with vendors with whom you have a personal or financial interest.

I attest that:

- *I have listened, read, and understood the course and information as presented. As an employee, I understand that it is my responsibility to abide by ProHealth Partners, A Medical Group/Argus Medical Management policies and procedures, in accordance with the training.*
- *The training was downloaded from ArgusLink Compliance page and presented without modification in accordance to ProHealth Partners, A Medical Group/Argus Medical Management Policies and Procedures.*
- *AND/OR I completed the above listed training through another source in this year and have corresponding documents.*
- *If I have questions about the training, materials presented or ProHealth Partners, A Medical Group/Argus Medical Management policies and procedures, I understand it is my responsibility to seek clarification from the Compliance Officer or Human Resources Department.*

Doctor Office Name/ Location _____

Print name _____

Employee or Doctor Signature _____

Date _____

CONFLICT OF INTEREST QUESTIONNAIRE AND DISCLOSURE OF CERTAIN INTERESTS (ON REVERSE SIDE)

CONFLICT OF INTEREST QUESTIONNAIRE AND DISCLOSURE OF CERTAIN INTERESTS

- 1. Outside interests and investments: None (Circle) or:**
Identify and describe the nature of any outside interests and investments, service arrangement, or any financial relationship, with any private corporation or enterprise with which ProHealth Partners or Argus have business relationships, and specify the nature of your involvement and the extent of compensation (of any kind) received as a result of such interest or investment. _____

- 2. Outside Compensation Arrangements: None (Circle) or:**
Identify and describe any outside employment, contractual or other arrangements with any business 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. _____

- 3. Gifts: None (Circle) or:**
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, ProHealth Partners, A Medical Group, Inc. or Argus Medical Management, LLC. _____

- 4. Activities With Other Healthcare Providers or Research Enterprises: None (Circle) or:**
List and describe the nature of any directorship, membership on a governing board, administrative, managerial, professional, supervisorial, leadership or consulting position held at another medical group or with another healthcare provider, research enterprise or other business or organization which is a competitor or may have conflicting interests with ProHealth or Argus. _____

- 5. Influence Regarding government contracts**
State whether you are a spouse or economic dependent of any county, state or federal government employee whose position enables that employee to influence the awarding of any contract relating to healthcare. **No (Circle) Or Yes, if so describe:** _____

- 6. Other: None (Circle) or:**
List and describe any other activities, arrangements that might be or give rise to a conflict of interest. _____

I hereby attest that all of the above answers are, to the best of my knowledge, true and correct.

Printed Name

Signature

Date