SCOPE

This Conflict of Interests Policy (Policy) applies to Baylor Scott & White Health and its Controlled affiliates (collectively, BSWH System), and those individuals hereinafter described who conduct business for, or on behalf of, BSWH System or those who are in a position to commit BSWH System resources. This Policy replaces rather than supplements Conflict of Interests policies in effect prior to the Origination Date.

DEFINITIONS

When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the BSWH P&P Definitions document.

Board Members – Members of a BSWH System Board of Trustees, Board of Managers or Board of Directors, members of committees with board authority, or members of a BSWH System Advisory Board.

Conflict of Interest – A Conflict of Interest is any circumstance under which an Interested Person, by virtue of a Financial or Non-Financial Interest, is influenced, may be influenced, or may appear to be influenced, either in whole or in part by a purpose, motive, or other personal interest other than the success and well-being of BSWH System and the achievement of its public charitable purposes. A Conflict of Interest occurs if a person’s personal activities or interests either appear to, could or actually do influence the decisions required as part of the individual’s position at, and obligation to, BSWH System.

Controlled – Having more than 50% ownership, directly or indirectly, of the stock in a corporation, profits or capital interest in a partnership or limited liability company, or beneficial interest in a trust. Includes having the power to appoint and remove, directly or indirectly, a majority of the nonprofit’s governing body. This Policy will not apply to certain Controlled affiliates managed by a third party including, but not limited to, Texas Health Ventures Group LLC and BIR JV LLP.

Financial or Non-Financial Interest – A person has a Financial or Non-Financial Interest if the person, a Member of the Family, or an entity in which the person holds a Material Interest has:

(a) Any ownership, investment, or other Material Interest in any business or entity that conducts, or seeks to conduct, business, directly or indirectly, with BSWH System;

(b) An employment or compensation arrangement that resulted in compensation, whether it be salary, sales commission, revenue, or return on investment, which was directly or indirectly derived as a result of business with BSWH System or with any entity or individual that conducts, or seeks to conduct, business with BSWH System (excluding regular employee compensation from BSWH System);

(c) Any Material Interest in, or employment or other financial arrangement with, any business or entity that is, or could be, in competition, directly or indirectly, with BSWH System;
(d) Received any substantial Gifts, entertainment or favors from any business, entity, or other outside person that conducts business with, seeks to conduct business with, or is, or could be, a competitor of BSWH System;

(e) Served, or currently serves, in a position of influence such as a director, trustee, officer, or in any other fiduciary or key employee capacity for a non-BSWH System corporation, partnership, or other business or entity that conducts, or seeks to conduct, business, or that is, or could be, in competition, directly or indirectly, with BSWH System; or,

(f) Any other activity or interest which might be regarded as a potential Conflict of Interest with BSWH System.

Compensation includes direct and indirect remuneration, as well as Gifts or favors that are not insubstantial.

A Financial or Non-Financial Interest is not necessarily a Conflict of Interest. A person who has a Financial or Non-Financial Interest may have a Conflict of Interest only if the appropriate governing board or committee decides that a Conflict of Interest exists.

**Gift** — A Gift or favor for which you pay nothing or less than fair market value. Gifts may be tangible or intangible benefits, including, but not limited to, such items as meals, drinks, entertainment, hospitality, honoraria, recreation, sporting events, discounts, tickets, passes, promotional items, securities, subsidies, real property, personal property, or use of a giver’s time, material, or equipment. A Gift does not include reasonable business entertainment and business meals.

**Interested Person** — An Interested Person includes any Board Member, Non-Board Member, a member of a committee with governing board-delegated powers, or other designated individual who has a direct, or indirect, Financial or Non-Financial Interest as defined herein. If a person is an Interested Person with respect to any entity in BSWH System, he or she is deemed to be an Interested Person with respect to all entities of BSWH System.

**Material Interest** — A Financial Interest through investment, ownership or otherwise which either:

(a) Has a current fair market value of $1,000 or more (excluding ownership or other investment in publicly-traded stock or securities); or,

(b) Is a five-percent or greater ownership position in an entity, regardless of the dollar value of the investment. A "five-percent or greater ownership position" means ownership (actual or constructive) of stock possessing five-percent or more of the combined voting power of a corporation, or ownership (actual or constructive) of more than five-percent of the profits interest or beneficial interest in a partnership, trust, or estate. The term "combined voting power" means voting power represented by holding of voting stock (actual or constructive).

**Member of the Family** — A spouse; Significant Other; birth, adoptive, or step-parent; child or step-child (whether natural or adopted); sibling (by whole- or half-blood); step-brother or step-sister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law or sister-in-law; grandparent, grandchild, or great-grandchild; and spouse of a grandparent, grandchild or great-grandchild.

**Non-Board Members** — Officers, Presidents, Administrators, Administrative Directors, Department Directors, Medical Directors, and other Administrative Physicians, and certain other physicians within BSWH System, and certain other employees in a position to commit BSWH System resources to acquire goods or to refer patients for health goods or services. Also includes any other employees or individuals designated at the discretion of BSWH System.

**Significant Other** — any individual (e.g., physician, contractor or vendor) with whom the Interested Person has a dating or sexual relationship. A "dating or sexual relationship" includes cohabitation, domestic partners, dating, extramarital relationships, and any other dating/sexual relationship.
POLICY

1. Duty to Disclose

1.1. Interested Persons and certain individuals with the actual or perceived ability to influence a BSWH System entity have the duty to disclose familial, professional and financial relationships with entities or individuals that conduct, or seek to conduct, business with BSWH System or that compete with BSWH System, through the submission of the Baylor Scott & White Health Statement of Disclosure of Outside Interests and Activities (Disclosure Statement). These individuals include Board Members, management, physicians with administrative services agreements, Scott & White and HealthTexas-employed physicians and other key personnel who interact with outside organizations or businesses on behalf of BSWH System will complete a Disclosure Statement on an annual basis and as potential conflicts are identified. Each of these individuals shall annually sign a statement which affirms such person (a) has received a copy of this Policy, (b) has read and understands the Policy, (c) has agreed to comply with the Policy, and (d) understands that BSWH System is a charitable organization, and in order to maintain its federal tax exemption, it must engage primarily in activities which accomplish one or more of its tax-exempt purposes. At least annually, or as necessary based on disclosures, the Baylor Scott & White Health Chief Compliance Officer, or his/her designee, will summarize and report all material disclosures to the appropriate governing board or committee.

1.2. A member of the Baylor Scott & White Holdings, Baylor Health Care System and Scott and White Health Care Board of Trustees shall not accept a position on a board of another entity without first receiving approval from the Baylor Scott & White Holdings, Baylor Health Care System or Scott and White Health Care Board of Trustees respectively.

1.3. All individuals who have a duty to disclose, by completing the Disclosure Statement, agree to comply with this Policy and the Baylor Scott & White Health Code of Conduct.

1.4. BSWH System, at its discretion, may designate any employee, or other individual who conducts business for or on behalf of BSWH System, as a person required to complete a Disclosure Statement.

2. Management of Disclosures

2.1. The Baylor Scott & White Holdings Board of Trustees Audit and Compliance Committee (Audit and Compliance Committee) and/or the Baylor Scott & White Health Corporate Compliance Committee (Corporate Compliance Committee) as the case may be will review all material disclosures submitted by an Interested Person to determine whether a Conflict of Interest exists and to determine an appropriate resolution, if necessary.

2.2. An Interested Person may make a presentation at the governing board or committee meeting and address any questions of the governing board or committee, but after the presentation or any discussion, he/she shall leave the meeting during the determination of, and the vote on, the transaction or arrangement involving the possible Conflict of Interest. The remaining board or committee members shall decide if a Conflict of Interest exists.

3. Compensation and Voting

3.1. A voting member of any BSWH System Board, or any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from BSWH System for services, is precluded from voting on matters pertaining to his or her own compensation.

3.2. No voting member of any BSWH System Board, or any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from BSWH System, either individually or collectively, is prohibited from providing information to any committee regarding compensation.
3.3. Except as required by law, physicians who receive compensation, directly or indirectly, from a BSWH System entity, whether as employees or independent contractors, are precluded from membership on any committee whose jurisdiction includes compensation matters. No physician, either individually or collectively, is prohibited from providing information to any committee regarding physician compensation.

3.4. The minutes of the Audit and Compliance Committee or other Baylor Scott & White Holdings board or committee shall contain:

3.4.1. An annual summary of the Disclosure Statements and Conflict of Interests with the Audit and Compliance Committee's and/or the Corporate Compliance Committee's decision regarding the disposition of the Conflict of Interests. The summary shall contain the names of the persons who disclosed, or otherwise were found to have an actual or potential Conflict of Interest, the nature of the Financial or Non-Financial Interest, and the board or committee's decision as to the disposition of the Conflict of Interest.

3.4.2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection therewith.

3.5. All written declarations, reports, and other documentation which arise from this Policy are considered confidential documents and shall be maintained as such by the appropriate Baylor Scott & White Health officers, committees, and employees in charge of such documentation.

4. Violations of the Conflict of Interests Policy

4.1. If the governing board or committee has reasonable cause to believe a person has failed to disclose actual or possible Conflict of Interests, it shall inform the person of the basis for such belief and afford the person an opportunity to explain the alleged failure to disclose.

4.2. If, after hearing the person's response, and after making further investigation as warranted by the circumstances, the governing board or committee determines the person has failed to disclose an actual or possible Conflict of Interest, the Baylor Scott & White Health Chief Compliance Officer and the appropriate governing board or committee and/or a representative thereof shall take appropriate disciplinary and corrective action, up to and including separation from employment or affiliation with BSWH System, against any individual who fails to comply with this Policy.

5. Periodic Reviews

5.1. To ensure BSWH System operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include (a) whether compensation arrangements and benefits are reasonable, based on competent survey information and the result of arm's length bargaining and (b) whether partnerships, joint ventures, and arrangements with management organizations conform to BSWH System's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit, or in an excess benefit transaction.

5.2. When conducting the periodic reviews as provided for in Policy Section 5, BSWH System may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the governing board of its responsibility for ensuring periodic reviews are conducted.

6. The Audit and Compliance Committee is responsible for the approval and oversight of this Policy.

7. The Corporate Compliance Committee is responsible for implementing and enforcing the provisions set forth in this Policy and related procedures.

8. The Corporate Compliance Committee is responsible for an annual review of this Policy and the related procedures.
1. **Statement of Disclosure of Outside Interests and Activities and Attestation**

   Each person who has a duty to submit a Statement of Disclosure of Outside Interests and Activities, as described in this Policy, shall:

   1. Complete the Disclosure Statement annually and again each time circumstances create a change to the previous Disclosure Statement.

   1.2. Individuals completing a Disclosure Statement shall attest annually that they:

       1.2.1. Have received a copy of the Policy and the Baylor Scott & White Health Code of Conduct; and

       1.2.2. Have read and understand the Policy and the Baylor Scott & White Health Code of Conduct;

       and 1.2.3. Agree to comply with the Policy and the Baylor Scott & White Health Code of Conduct; and

       1.2.4. Understand that BSWH System is a charitable organization and that in order to maintain its federal tax exemption and comply with all applicable Federal and State laws, BSWH System must engage primarily in activities which accomplish one or more of its tax-exempt purposes in which BSWH System participates, comply with the laws, rules and regulations that pertain to government health care programs (e.g. Medicare, Medicaid, TriCare, etc.), and meet the requirements for accreditation of BSWH System hospitals by The Joint Commission.

2. **Procedures for Addressing a Conflict of Interest**

   The Audit and Compliance Committee and/or the Corporate Compliance Committee will review all potential or actual Conflict of Interests that are disclosed by an Interested Person to determine the appropriate disposition of the disclosed activity. After disclosure of an actual or potential Conflict of Interest, a determination of the appropriate disposition of the disclosed activity shall be made in accordance with the following procedure:

   2.1. **Board Members**

       If a Conflict of Interest is determined to exist under the procedures noted in Sections 1 and 2 of the Policy under Duty to Disclose and Management of Disclosures with respect to any transaction or arrangement involving a Board Member, the following general procedures shall, under the direction of the Audit and Compliance Committee, be followed in addressing the Conflict of Interest and in securing independent board approval for the transaction:

       2.1.1. The Board Member shall recuse himself/herself from any decision-making with respect to whether the transaction or other arrangement from which the Conflict of Interest arises should be entered into by BSWH System.

       2.1.2. The Audit and Compliance Committee shall, if appropriate, request that the Baylor Scott & White Health Chief Compliance Officer investigate, or, if appropriate, appoint an independent person or committee to investigate alternatives to the proposed transaction or arrangement.

       2.1.3. After exercising due diligence, the Audit and Compliance Committee shall determine whether BSWH System can obtain a more advantageous transaction or arrangement with reasonable efforts from a person or entity that would not give rise to a Conflict of Interest.

       2.1.4. If a more advantageous transaction or arrangement is not reasonably attainable under circumstances that would not give rise to a Conflict of Interest, the Audit and Compliance Committee shall determine by a majority vote of the independent disinterested trustees whether the transaction
or arrangement is in the best interest of BSWH System and for its own benefit and whether the transaction is fair and reasonable to BSWH System. The Audit and Compliance Committee shall then make its decision as to whether to enter into the transaction or arrangement in conformity with such determination.

2.1.5. For any Conflict of Interest or potential Conflict of Interest by a member of the Board of Trustees of any BSWH System Board, a disclosure of the same should be reported promptly to either the Chair of the Compensation & Governance Committee or the Chair of the Board of Trustees for referral to the Board of Trustees for proper review and resolution.

2.2. **Non-Board Members**

If a Conflict of Interest is determined to exist under the procedures noted in Sections 1 and 2 of the Policy under **Duty to Disclose** and **Management of Disclosures** with respect to any transaction or arrangement involving a Non-Board Member, the following general procedures shall, under the direction of the Audit and Compliance Committee, be followed in addressing the Conflict of Interest:

2.2.1. The Non-Board Member shall recuse himself/herself from any decision-making with respect to whether the transaction or other arrangement from which the Conflict of Interest arises should be entered into by BSWH System.

2.2.2. The Baylor Scott & White Health Chief Compliance Officer, under the direction of the Audit and Compliance Committee and with assistance from the Corporate Compliance Committee, shall set forth procedures for investigating alternatives to the proposed transaction and for determining whether BSWH System can obtain a more advantageous transaction or arrangement with reasonable efforts from a person or entity that would not give rise to a Conflict of Interest.

2.2.3. If a more advantageous transaction or arrangement is not reasonably attainable under circumstances that would not give rise to a Conflict of Interest, the Baylor Scott & White Health Chief Compliance Officer, with assistance from the Corporate Compliance Committee, shall determine whether the transaction or arrangement is in the best interest of BSWH System and for its own benefit and whether the transaction is fair and reasonable to BSWH System.

2.2.4. The Audit and Compliance Committee shall review the recommendations from the Baylor Scott & White Health Chief Compliance Officer and then make its decision as to whether to enter into the transaction or arrangement in conformity with such determination.

2.2.5. For any Conflict of Interest disclosure by, or transaction or other financial arrangement with, the Chief Executive Officer of Baylor Scott & White Health, the procedures for addressing a Conflict of Interest, outlined above, shall be carried out by the full Baylor Scott & White Health Board of Trustees with respect to such disclosure or transaction.

3. **Management Plans**

The outcome of decisions regarding the disposition of a Conflict of Interest will be documented in the form of a Conflict of Interest Management Plan.

3.1. Management Plans will be reviewed and approved by the Audit and Compliance Committee and/or the Corporate Compliance Committee.

3.2. Management Plans will be reviewed with senior management at the respective entity before being communicated to the appropriate Interested Person for acceptance.

3.3. Each Interested Person who receives a Management Plan must accept and follow the terms of the Management Plan for continued employment or affiliation with BSWH System.
The information contained in this document should not be considered standards of professional practice or rules of conduct or for the benefit of any third party. This document is intended to provide guidance and, generally, allows for professional discretion and/or deviation when the individual health care provider or, if applicable, the “Approver” deems appropriate under the circumstances.
2016 BSWH Conflict of Interests Disclosure Statement – FORM 990

Date ____________________________
Name ____________________________________________
Email Address ____________________________________________
Mailing Address ____________________________________________
BSWH Position/Title ____________________________________________
BSWH Entity ____________________________________________

Introduction

The BSWH Conflict of Interests Program is mandated by the BSWH Conflict of Interests Policy that is approved by the BSWH Board of Trustees. The BSWH Conflict of Interests Policy requires that individuals disclose actual and perceived conflict of interests annually and again each time circumstances change. Additionally, please review the updated listing of BSWH Affiliated Organizations to ensure that all disclosures associated with any of these entities are included.

Individuals should take diligent care to determine the existence, nature, and scope of outside interests and activities before completing this Disclosure Statement. Please carefully consider all potential conflicts with all of the new entities that are part of BSWH (BSWH Affiliated Organizations).

Please review the BSWH Code of Conduct and the BSWH Conflict of Interests Policy. The questions should be answered as they relate to this fiscal year 2016 (July 1, 2015 through June 30, 2016).

About the Baylor Scott & White Health Conflict of Interests Program

The purpose of the BSWH Conflict of Interests Program is to promote an organization where patient care and business activities are conducted in an objective manner and are not motivated by desire for personal or financial gain.

The BSWH Board of Trustees Audit and Compliance Committee and/or the BSWH Corporate Compliance Committee will review all disclosures to determine if a conflict exists and to establish appropriate resolutions to address identified conflicts.
Attachments

- BSWH Disclosure Statement of Outside Interests and Activities
- Appendix A – Definitions of \textit{UNDERLINED WORDS} used herein
- Appendix B – Baylor Scott & White Health Affiliated Organizations
- BSWH Code of Conduct
- BSWH Conflict of Interests Policy
1. Attestation

Before continuing to complete your Disclosure Statement, please review the Baylor Scott & White Health (BSWH) Code of Conduct and Conflict of Interests Policy.

I acknowledge that I have received and read the BSWH Code of Conduct, and the BSWH Conflict of Interests Policy, and I understand and acknowledge their requirements.

I understand that BSWH is a tax-exempt organization that must engage primarily in activities that accomplish one or more charitable purposes to maintain its tax-exempt status.

I also understand that BSWH participates in government health care programs (e.g., Medicare, Medicaid, and TriCare) and must comply with the laws, rules and regulations that pertain to these programs.

I agree to comply with the BSWH Conflict of Interests Policy and the BSWH Code of Conduct throughout my association with BSWH. I will deal honestly, fairly and with integrity in all matters related to BSWH and will not use my position or knowledge gained from there to the detriment of BSWH or to my personal benefit or the benefit of a member of my family, significant other, or an entity in which I hold a financial interest.

I have not violated any laws, regulations, BSWH policy or the Code of Conduct in my responsibilities to BSWH; and I do not have any knowledge of perceived, actual or potential violations of laws, regulations, BSWH policy or the Code of Conduct in my department or area of responsibility that have not already been disclosed to management or the BSWH Office of Corporate Compliance.

I hereby agree to report immediately in writing to the Office of Corporate Compliance (214-820-8888, email Compliance_Questionn@baylorhealth.edu) any new situation with the potential for a conflict of interest which may develop before the completion of my next annual Disclosure Statement.

Select one:

☐ Yes, I agree.
☐ No, I do not agree.

If you do not agree, please explain why, and enter your contact information so that a representative from the Office of Corporate Compliance can contact you.
2. Relationship with an Employee

(There may be multiple disclosures for this question - If additional space is needed to complete a disclosure for any question, please provide additional information on an attached page)

Was a **FAMILY MEMBER**, **SIGNIFICANT OTHER**, or **BUSINESS PARTNER** employed by Baylor Scott & White Health (BSWH) or a BSWH Affiliated Organization?

Select one:
- ☐ Yes
- ☐ No (if no, skip to question 3)

To whom does your Yes response apply?
- ☐ Family Member or Significant Other
- ☐ Business Partner

What is the full name of the individual disclosed above?

______________________________

If a **FAMILY MEMBER** or **SIGNIFICANT OTHER**, how is this person related to you?

______________________________

What is the BSWH Affiliated Organization?

______________________________

In which department did they work?

______________________________

What position or title did they hold?

______________________________

Are you and this individual in a reporting relationship (i.e. does one of you report to the other)?
- ☐ Yes
- ☐ No

Please review the following management plan concerning your **FAMILY MEMBER**’s or **SIGNIFICANT OTHER**’s employment by BSWH or a BSWH Affiliated Organization and select your response below.

______________________________

______________________________
Please note that depending on your situation, this management plan may be revised to include additional elements. If that occurs, it will be reissued to you with further instructions for accepting the revised plan.

I agree to comply with the applicable Baylor Scott & White Health (BSWH) Nepotism Policy. I understand that all employment matters associated with my FAMILY MEMBER(s) or SIGNIFICANT OTHER are to be handled through BSWH Human Resources processes, and that I am to recuse myself from any employment negotiations or arrangements on behalf of my FAMILY MEMBER(s) or SIGNIFICANT OTHER or my FAMILY MEMBER’s or SIGNIFICANT OTHER’s business. I understand that my FAMILY MEMBER(s) or SIGNIFICANT OTHER will not be allowed to work in areas directly encompassed in my responsibilities, (including Research personnel under direction of a Principal Investigator that is a family member/significant other), and that neither I nor my FAMILY MEMBER(s) or SIGNIFICANT OTHER will be allowed to perform job functions that influence pay or performance evaluations of the other party.

☐ ACCEPT
☐ DO NOT ACCEPT

If you do not accept the above management plan, please provide your contact information so that a representative from the Office of Corporate Compliance may contact you to discuss further.

3. Financial Interests

(There may be multiple disclosures for this question - If additional space is needed to complete a disclosure for any question, please provide additional information on an attached page)

Did YOU, a FAMILY MEMBER, or a BUSINESS PARTNER have a FINANCIAL INTEREST in a business, organization, RESEARCH ENTITY, or individual that either ...

◆ provides goods or services to; or

◆ seeks to provide goods or services to; or

◆ is a competitor of

...Baylor Scott & White Health (BSWH) or a BSWH Affiliated Organization?

Examples include, but are not limited to:

◆ salary, hourly wage, or other compensation arrangements
◆ investments
◆ ownerships
◆ partnerships
◆ sales commissions
• revenue or return on investment
• royalty payments
• intellectual property interests
• grants or financial support not administered via contract through a BSWH Affiliated Organization

Select one:
- Yes
- No (if no, skip to question 4)

To whom does your Yes response apply?
- Self
- Family Member
- Business Partner

What is the full name of the individual who holds the **FINANCIAL INTEREST**?


If a **FAMILY MEMBER**, how is this person related to you?


What is the name and address of the business or individual that is conducting business, seeking to conduct business, or competing with BSWH or a BSWH Affiliated Organization?


### 3. Financial Interests (continued)

What is the nature of the relationship between the disclosed entity and BSWH or a BSWH Affiliated Organization Select all that apply.

- Conducts business with BSWH or a BSWH Affiliated Organization
- Seeks to conduct business with BSWH or a BSWH Affiliated Organization
- Is a competitor with BSWH or a BSWH Affiliated Organization?
- Other please specify______________________________.

Please select the applicable description of the disclosed entity.

- Publicly Traded Entity
Are you engaged in any research projects that could directly or indirectly benefit this business entity or arrangement?

☐ Yes
☐ No

If yes, please explain.

Describe the disclosed **FINANCIAL INTEREST**.

---

3. Financial Interests (continued)

RESEARCHERS: From the options below, please select the estimated current value of the **FINANCIAL INTEREST** or indicate that it represents your full-time employment:

☐ less than $5,000
☒ between $5,000 and $24,999
☐ between $25,000 and $49,999
☐ between $50,000 and $99,999
☐ $100,000 or more
☐ Value is Unknown
☐ The Financial Interest represents my full-time employment

RESEARCHERS: In order to evaluate for any research-related conflicts of interest, please state the estimated dollar value of the financial interest below.
NON-RESEARCHERS: Is the estimated current value of the Financial Interest greater than $100,000.00?

☐ Yes
☐ No

If yes, please state the current percentage of the Financial Interest below (e.g., ‘The estimated value of my financial interest in XYZ Company is 1%’).

If unknown, please explain why the value of the interest is not known, (e.g. it is a start-up company).

3. Financial Interests (continued)

Select the estimated current percentage of ownership:

☐ less than 1%
☐ at least 1% but less than 5%
☐ at least 5% but less than 35%
☐ 35% or greater
☐ has no ownership interest

Is this disclosure related to an interest in intellectual property or receipt of royalty payments?

☐ Yes
☐ No

If yes, please provide the name of the product involved

Indicate the current status of the intellectual property:
Is the intellectual property used at BSWH or a BSWH Affiliated Organization?
- Yes
- No

If yes, please provide the name of the BSWH, BSWH Affiliated Organization or clinical study in which the intellectual property is used:

3. Financial Interests (continued)

Is this disclosure related to a specific good, product or service of the disclosed BSWH, BSWH Affiliated Organization or clinical study?
- Yes
- No

If yes, please provide the name of the good, product or service involved:

Are you a member of the Baylor Scott & White Quality Alliance (BSWQA)?
Select one:
- Yes
- No

If your disclosed financial interest is in a facility that is a joint venture with Baylor Scott & White Health, does Baylor Scott & White Health have a controlling interest in this JOINT VENTURE?
Select one:
- Yes
- No

If you are a member of BSWQA and BSWH does not have a controlling interest in this Joint Venture, please review the following management plan concerning your disclosure.
Please note that depending on your situation, the below management plan may be revised to include additional elements. If that occurs, it will be reissued to you with further instructions for accepting the revised plan.

I attest that I am a BSWQA participant and in regards to my disclosed ownership in a facility within a BSWH Joint Venture where BSWH does not have a controlling interest ("The Facility"), I will:

- Fulfill duties on my own time without interfering with any services required by BSWQA
- Recuse myself from any BSWQA/BSWH decision-making activities or influence regarding business dealings between BSWQA/BSWH and The Facility
- Disclose my financial relationship with The Facility to patients referred for healthcare services to The Facility

3. Financial Interests (continued)

Select one:
- Yes
- No

Please indicate whether or not you have attached any copies of relevant documents, contracts or agreements. Doing so will reduce the likelihood of being contacted to provide additional information needed to assess any potential conflict of interests.
- Yes
- No

PHYSICIANS: Do you currently have a financial interest as an investor in Baylor Heart and Vascular Hospital, The Heart Hospital Baylor Plano or The Heart Hospital Baylor Denton? Please select any and all that apply:
- Baylor Heart and Vascular Hospital
- The Heart Hospital Baylor Plano
- The Heart Hospital Baylor Denton
- No

If yes, please state your current percentage of ownership below (if multiple hospitals, please indicate which percentage corresponds with each hospital):

Your financial interest in the Baylor Heart and Vascular Hospital, the Heart Hospital Baylor Plano and/or The Heart Hospital Baylor Denton is not considered a conflict of interest.
Baylor Scott & White Health (BSWH) indirectly holds a controlling interest in these facilities and such facilities are required to operate in furtherance of BSWH’s charitable mission. The ownership structure of these facilities expressly permits physician ownership provided the physician investors abide by the requirements of the facility’s governing documents. By holding such ownership interest, you have co-invested with a BSWH affiliate to own and operate such facility in furtherance of BSWH’s charitable purposes. Such physician co-ownership provides additional capital and clinical expertise for the development of needed community health resources and results in a sharing of the financial risk of operations, thereby reducing the financial risks to which BSWH would otherwise be subject.

☐ OK

4. Joint Arrangements
(There may be multiple disclosures for this question - If additional space is needed to complete a disclosure for any question, please provide additional information on an attached page)

Did YOU, a FAMILY MEMBER, or BUSINESS PARTNER participate in or influence a JOINT ARRANGEMENT between Baylor Scott & White Health (BSWH) or a BSWH Affiliated Organization and an outside company, organization, or individual?

Select one:
- ☐ Yes
- ☐ No (if no, skip to question 5)

To whom does your Yes response apply?
- ☐ Self
- ☐ Family Member
- ☐ Business Partner

What is the full name of the individual who was involved with the JOINT ARRANGEMENT?


If a family member, how is this person related to you?


Describe the JOINT ARRANGEMENT for which participation or influence was exerted. Include the name of the BSWH Affiliated Organization that is related to this disclosure.

Was this activity performed outside the scope of your responsibilities at BSWH or a BSWH Affiliated Organization?

- ☐ Yes
- ☐ No

Did you receive REMUNERATION from a source other than BSWH or a BSWH Affiliated Organization as a result of this disclosed activity?
4. Joint Arrangements (continued)

If yes, what kind of REMUNERATION did you receive? Select all that apply.

- [ ] Salary
- [ ] Contract
- [ ] Finder's Fee
- [ ] Bonus
- [ ] Honoraria
- [ ] Stock
- [ ] Hospitality
- [ ] Consulting Fee
- [ ] Expense Reimbursement
- [ ] Other, explain________________________

Please indicate the amount(s) received (excluding salary).

If HONORARIA is checked above, did you remit the HONORARIUM to Baylor Scott & White Health?

Select one:
- [ ] Yes
- [ ] No

From whom was REMUNERATION received? Provide full name of individual or business and address.

Describe the reason or services for which you received REMUNERATION and indicate how much was received.

4. Joint Arrangements (continued)

Was your involvement in the JOINT ARRANGEMENT performed outside the scope of your responsibilities at BSWH or a BSWH Affiliated Organization?

Select one:
- [ ] Yes
- [ ] No
If your involvement in the joint arrangement was not performed outside of your responsibilities at BSWH or a BSWH Affiliated Organization, please review the following management plan concerning your participation in or influence of a joint arrangement between BSWH or a BSWH Affiliated Organization and an outside company, organization, or individual and select your response below.

Please note that depending on your situation, the below management plan may be revised to include additional elements. If that occurs, it will be reissued to you with further instructions for accepting the revised plan.

I attest that my participation in or influence of the disclosed Joint Arrangement between Baylor Scott & White Health or a BSWH Affiliated Organization and an outside company or organization was performed within the context of my responsibilities to BSWH. I understand that this activity is not considered a conflict of interests; however, I will update my Disclosure Statement if the details of this arrangement change.

☐ Yes
☐ No

5. Relationship with an Independent Contractor
(There may be multiple disclosures for this question - If additional space is needed to complete a disclosure for any question, please provide additional information on an attached page)

Did YOU, a FAMILY MEMBER, or a BUSINESS PARTNER work as an INDEPENDENT CONTRACTOR or through a third-party staffing agency for Baylor Scott & White Health (BSWH) or a BSWH Affiliated Organization?
Select one:

☐ Yes
☐ No (if no, skip to question 6)

To whom does your Yes response apply?

☐ Self
☐ Family Member
☐ Business Partner

5. Relationship with and Independent Contractor (continued)

What is the full name of the individual who worked as an INDEPENDENT CONTRACTOR or through a third-party staffing agency?


If a family member, how is this person related to you?


What is the name of the BSWH Affiliated Organization and department for which work was performed?


Describe the services that were provided.


Under what business name was this service provided (i.e. the name of the third-party staffing agency)?


Please select the option below that best describes the individual’s relationship with the third-party staffing agency at the time you are completing this questionnaire:

- Currently works at BSWH or BSWH affiliated organization as employee of third-party staffing agency
- Currently works at BSWH or BSWH affiliated organization as employee of BSWH
- Other

Do you manage, direct the work, or otherwise engage the Contractor or Third Party Staffing Agency that was affiliated with this family member or business partner prior to his/her employment with BSWH?

- Yes
- No

5. Relationship with and Independent Contractor (continued)

If not and you selected “Currently works at BSWH or BSWH affiliated organization as employee of BSWH”, your disclosure is not considered a conflict of interests.

- OK

If you selected “Other”, please describe the individual’s relationship with a third-party staffing agency at the time you are completing this questionnaire (please also indicate if this individual is no longer employed with the third-party staffing agency or BSWH/BSWH affiliated organization).
6. Gifts, Business Gratuities and Business Entertainment

(There may be multiple disclosures for this question - if additional space is needed to complete a disclosure for any question, please provide additional information on an attached page)

Did YOU or a FAMILY MEMBER receive any GIFTS, BUSINESS GRATUITIES OR BUSINESS ENTERTAINMENT from INDUSTRY, or any business, organization, RESEARCH ENTITY, or other outside person that conducts business with, seeks to conduct business with, or is a competitor of Baylor Scott & White Health (BSWH) or a BSWH Affiliated Organization?

PHYSICIANS: Please be mindful that your disclosures to this question may be compared with your Transfers of Value listed by CMS on the Open Payments Database in order to assess the completeness of your COI Disclosure response. If discrepancies are identified, you will be asked to revise your responses to this question. To that end, you are encouraged to review your page on the Open Payments Database as a reminder of your outside activities during the previous fiscal year prior to completing this question.

Examples of gifts and business gratuities include, but are not limited to:

- meals/food
- office supplies, promotional items
- personal gratuity
- discounts
- gift cards
- cash, securities, subsidies, real property
- free conference attendance
- use of facilities or amenities (e.g. vacation home)
- loans, forbearance
- giver’s time, material or equipment
- item or service for which you paid nothing or less than fair market value

Examples of business entertainment include, but are not limited to:

- attendance at a sporting or cultural event
- participation in a sporting activity such as golf, fishing, or hunting

6. Gifts and Business Gratuities (continued)

Select One:

- [ ] Yes
- [ ] No (if no, skip to question 7)

Who received the GIFTS, BUSINESS GRATUITIES or BUSINESS ENTERTAINMENT?

- [ ] Self
- [ ] Family Member

What is the full name of the individual who received the GIFTS, BUSINESS GRATUITIES or BUSINESS ENTERTAINMENT?
If a family member, how is this person related to you?

Describe the GIFT, BUSINESS GRATUITIES or BUSINESS ENTERTAINMENT received.

What is the name and address of the business, organization, RESEARCH ENTITY or other outside person that gave the GIFT, BUSINESS GRATUITIES or BUSINESS ENTERTAINMENT?

How is the person or company that provided the GIFT related to BSWH or BSWH Affiliated Organization? Select all that apply.

- Conducts business with BSWH or a BSWH Affiliated Organization
- Seeks to conduct business with BSWH or a BSWH Affiliated Organization
- Is a competitor with BSWH or a BSWH Affiliated Organization
- Other, describe______________________________

6. Gifts and Business Gratuities (continued)

Which of the following categories best describes the provider of the item?

- Industry (Pharmaceutical, biotechnology, medical device, equipment supply and health care service providers and their employees, representatives and other agents, acting both on and off-premises of a BSWH Affiliated Organization)
- Patient/colleague
- Other, describe item and provider______________________________

Which of the following categories best describes the provider of the item?

- Gift
If you selected “Gift” or “Meal” from a “Patient/Colleague”, please estimate the value of the item accepted:
- $100 or less
- Over $100

If you selected “$100 or less”, your disclosure that you accepted one or multiple gifts or meals valued at $100.00 or less from a patient or colleague is not considered a conflict under BSWH Policy.
- OK

If you selected “Over $100”, please provide a more precise value of the item accepted, to the extent practical.

If you selected “Meal” from “Industry”, did the meal occur on the premises of BSWH or a BSWH-affiliated organization?
- Yes
- No

If you selected “No”, your disclosure that you accepted one or multiple meals from Industry while off-premises of BSWH or a BSWH-affiliated entity is not considered a conflict.
- OK

6. Gifts and Business Gratuities (continued)

If you selected “Entertainment Invitation” from “Patient/Colleague” or “Other” (Non-Industry), please estimate the value of the item accepted?
- $300 or less
- Over $300

If you selected “$300 or less”, your disclosure that you accepted Business Entertainment valued at $300.00 or less from a non-industry individual or entity is not considered a conflict under BSWH Policy.
- OK

If you selected “Over $300”, please provide a more precise value of the item accepted, to the extent practical.
7. Vendor Sponsored Travel (continued)

Select one:

- Yes
- No (if no, skip to question 8)

Who accepted the **VENDOR SPONSORED TRAVEL** arrangement?

- Self
- Family Member

What is the full name of the individual who accepted the **VENDOR SPONSORED TRAVEL** arrangement?

[Blank line]

If a family member, how is this person related to you?

[Blank line]
From whom was the \textit{VENDOR SPONSORED TRAVEL} received? Provide full name of individual or business and the related address.

Please elaborate on the purpose of the \textit{VENDOR SPONSORED TRAVEL}. If the purpose is related to a particular good, property or service, please also give the name of that item.

What was the duration of the \textit{VENDOR SPONSORED TRAVEL}?

7. \textbf{Vendor Sponsored Travel (continued)}

What was the destination of the \textit{VENDOR SPONSORED TRAVEL}?

Please indicate the estimated monetary value of the travel and accommodations that were provided.

Was the \textit{VENDOR SPONSORED TRAVEL} arrangement offered in the context of your role at BSWH or a BSWH Affiliated Organization?

- [ ] Yes
- [ ] No (if no, skip to question 8)

Explain how the accepted \textit{VENDOR SPONSORED TRAVEL} was or was not related to your role at BSWH or a BSWH Affiliated Organization.
If you selected “No”, your disclosed acceptance of Vendor Sponsored Travel outside the context of your role at BSWH or a BSWH Affiliated organization, this activity is permissible when approved in advance by your manager, and you do not use or disclose BSWH proprietary/confidential information or data and you continue to follow the BSWH Vendor Sponsored Travel Policy.

☐ OK

If you selected “Yes”, was the VENDOR SPONSORED TRAVEL for the purpose of any of the following activities? Select all that apply:

☐ Part of a negotiated term of an executed agreement where an entity will provide reasonable educational activities related to the goods, property and/or services specified in the agreement

☐ To speak/present to a broad audience on behalf of vendor with whom BSWH has an executed agreement

☐ Product training/education for employed physicians to obtain certification on a vendor’s product

☐ Research investigator meeting

☐ Other ____________________________________

Did you submit a VENDOR SPONSORED TRAVEL Request Form to the BSWH Office of Corporate Compliance for the travel described herein?

☐ Yes

☐ No

☐ Not Applicable

8. Outside Activity/Professional/Community/Charity/Industry Service/Healthcare or Research Related

(There may be multiple disclosures for this question - If additional space is needed to complete a disclosure for any question, please provide additional information on an attached page)

Did YOU participate in OUTSIDE ACTIVITIES in a capacity that relied on professional competencies that are related to your position at Baylor Scott & White Health (BSWH) or at a BSWH Affiliated Organization?

PHYSICIANS: Please be mindful that your disclosures to this question may be compared with your Transfers of Value listed by CMS on the Open Payments Database in order to assess the completeness of your COI Disclosure response. If discrepancies are identified, you will be asked to revise your responses to this question. To that end, you are encouraged to review your page on the Open Payments Database as a reminder of your outside activities during the previous fiscal year prior to completing this question.
Examples of such include, but are not limited to:
- advisory or governance boards;
- advocacy or community services;
- industry groups;
- professional organizations (activities beyond maintaining membership therein);
- safety or data monitoring committees;
- outside employment;
- consulting;
- speaker’s bureaus;
- business ownership.

Select one:
- Yes
- No (if no, skip to question 9)

What is the name of the business or organization with which you participated?

8. Outside Activities (continued)

Please explain.

Describe your activities and name any positions held in conjunction.

Estimate the number of hours spent addressing this activity.

Did you receive any type of REMUNERATION for this activity?
Select one:

☐ Yes
☐ No

If yes, what kind of **REMUNERATION** did you receive? Select all that apply.

☐ Salary          ☐ Contract
☐ Finder’s Fee    ☐ Bonus
☐ Honoraria       ☐ Stock
☐ Hospitality     ☐ Consulting Fee
☐ Expense Reimbursement ☐ Other, explain

If **HONORARIA** is checked, did you remit the **HONORARIUM** to Baylor Scott & White Health?

Select one:

☐ Yes
☐ No

### 8. Outside Activities (continued)

Please provide the estimated amount received for each type of remuneration you selected.


Did any part of the **OUTSIDE ACTIVITY** occur on BSWH premises or use BSWH resources (e.g. staff, equipment, office space)?

Select one:

☐ Yes
☐ No

Are you currently participating in this **OUTSIDE ACTIVITY**?

Select one:

☐ Yes
☐ No

Do you plan to continue participating in this **OUTSIDE ACTIVITY**?

Select one:

☐ Yes
☐ No
Are you participating in this activity at the request of Baylor Scott & White Health?

☐ Yes
☐ No

If you selected “Yes”, were you asked to represent BSWH in this activity?

☐ Yes
☐ No

8. Outside Activities (continued)

If you selected “Yes”, please review the following management plan and select a response below. Please note that depending on your situation, this management plan may be revised to include additional elements. If that occurs, it will be reissued to you with further instructions for accepting the revised plan.

"I understand that I represent Baylor Scott & White Health (BSWH) when participating in this Outside Activity with this Outside Organization. I will not use or disclose any BSWH proprietary/confidential information or data with the Outside Organization other than in the normal course of conducting BSWH business and carrying out my responsibilities to Baylor Scott & White Health. In the event that I receive honoraria for this activity, I will follow the BSWH Honorarium Policy and remit any honoraria that are received for these activities to BSWH. I understand that requests for any BSWH entity to contribute to any of the various community or charity organizations for which I am a Board Member are to be referred to the BSWH Senior Vice President of Marketing and Public Relations. I agree to follow the Vendor Sponsored Travel policy."

☐ Yes
☐ No

If you did not participate in the Outside Activity as a representative of BSWH affiliated organization, which of the following best describes your involvement with the OUTSIDE ACTIVITY:

☐ I participated in this activity as part of my position at BSWH
☐ This activity is related to my professional knowledge and/or skillset utilized within my current role at BSWH
☐ This activity is unrelated to my professional knowledge and/or skillset utilized within my current role at BSWH

If you selected “Yes”, please review the following management plan and select a response below. Please note that depending on your situation, this management plan may be revised to include additional elements. If that occurs, it will be reissued to you with further instructions for accepting the revised plan.

"I understand that my participation in this Outside Activity is permissible when approved in advance by my manager and I do not share Baylor Scott & White Health (BSWH) proprietary/confidential information or data. I further agree to follow the BSWH Honorarium Policy and remit any honoraria received for these activities to BSWH."

☐ Yes
☐ No
8. Outside Activities (continued)

RESEARCHERS ONLY: Are you engaged in any research projects that could directly or indirectly benefit this business entity?

☐ Yes
☐ No

Are you engaged in any research projects that could directly or indirectly benefit this business entity?

☐ Yes
☐ No

If yes, please describe in detail, including the name of the related research entity, and the related research project(s) that you are currently engaged in.

Is this outside activity related to a specific good, product or service of the business you are working with?

☐ Yes
☐ No

If yes, please provide the name of the good(s), product(s) or service(s) involved:

9. Outside Influence
(There may be multiple disclosures for this question - If additional space is needed to complete a disclosure for any question, please provide additional information on an attached page)

Did YOU, a FAMILY MEMBER, or a BUSINESS PARTNER serve in a CAPACITY TO EXERCISE INFLUENCE over the affairs or decisions of a business or organization that is a customer, vendor, research sponsor, insurance payor, or competitor of Baylor Scott & White Health (BSWH) or a BSWH Affiliated Organization?

Examples of positions of influence include, but are not limited to:
- Leadership or management
- Consultant or advisor
- Board or advisory member
- Investor, owner, or trustee
- Fiduciary
Select one:
- Yes
- No (if no, skip to question 10)

To whom does your Yes response apply?
- Self
- Family Member
- Business Partner

What is the full name of the individual you are disclosing?

If a family member, how is this person related to you?

What was the position held that created a CAPACITY TO EXERCISE INFLUENCE?

What is the name and address of the company or organization where the disclosed position was held?

9. Outside Influence (continued)

Did you receive any type of REMUNERATION for this activity?
Select one:
- Yes
- No (if no, skip to question 10)

If yes, what kind of REMUNERATION did you receive? Select all that apply.
- Salary
- Contract
- Finder's Fee
- Bonus
- Honoraria
- Stock
- Hospitality
- Consulting Fee
- Expense Reimbursement
- Other, explain
If **HONORARIA** is checked above, did you remit the **HONORARIUM** to Baylor Scott & White Health?

Select one:
- ☐ Yes
- ☐ No

### 10. Other Disclosures

(There may be multiple disclosures for this question - If additional space is needed to complete a disclosure for any question, please provide additional information on an attached page)

Did **YOU**, a **FAMILY MEMBER**, or a **BUSINESS PARTNER** engage in any other situation related to Baylor Scott & White Health (BSWH) or a BSWH Affiliated Organization that could result in a perceived or actual **CONFLICT OF INTERESTS**?

Select one:
- ☐ Yes
- ☐ No (if no, skip to question 11)

To whom does your Yes answer apply?
- ☐ Self
- ☐ Family Member
- ☐ Business Partner

What is the full name of the individual you are disclosing who has a perceived or actual **CONFLICT OF INTERESTS**?


Did you have a **BUSINESS RELATIONSHIP** with any other person listed in Appendix C? Select one:

- ☐ Yes
- ☐ No (if no, skip to question 12)

If yes, please provide the full name(s) of the individual(s) below.
11. Family Relationships (Form 990)

Did any of the following parties receive any *GRANTS OR ASSISTANCE* (including the provision of goods, services, or use of facilities, regardless of amount) from a *BSWH Affiliated Organization*?

- You
- a *FAMILY MEMBER*
- an entity that you or a *FAMILY MEMBER* directly or indirectly owned 35% or more

Select One:

- Yes
- No (If no, skip to question 12)

To whom does your answer yes apply?

- Self
- Family Member
- Entity (as described above)

Please provide the full name(s) of the individual(s) below that received assistance.

---

12. Business Relationships (Form 990)

Did you have a *BUSINESS RELATIONSHIP* with any other person listed in Appendix C?

Select one:

- Yes
- No (if no, skip to question 13)

If yes, please provide the full name(s) of the individual(s) below.

---

13. Grants or Assistance (Form 990)

Did any of the following parties receive any *GRANTS OR ASSISTANCE* (including the provision of goods, services, or use of facilities, regardless of amount) from a *BSWH Affiliated Organization*?

- You
- a *FAMILY MEMBER*
- an entity that you or a *FAMILY MEMBER* directly or indirectly owned 35% or more

Select One:

- Yes
- No (If no, skip to question 14)
To whom does your answer yes apply?
- Self
- Family Member
- Entity (as described above)

Please provide the full name(s) of the individual(s) below that received assistance.

________________________

Please indicate the relationship of the family member to you (if applicable).

________________________

From which BSWH Affiliated Organization was the assistance received?

________________________

Please describe the type of assistance.

________________________

Please provide the name of the entity and indicate whether you and/or a family member is an owner.

________________________

13. Grants or Assistance (continued)

Please state the amount of the assistance.

________________________

Did you have an outstanding LOAN BALANCE to or from a BSWH Affiliated Organization at any time since July 1, 2015?

Select One:
- Yes
- No (If no, skip to Signature Acknowledgement)

What was the date of the loan?

________________________
Please describe the purpose of the loan.

What was the original principal amount?

Was a written agreement in place concerning the loan?

☐ Yes
☐ No

---

**Signature Acknowledgement**

The answers provided on the previous pages are true and accurate to the best of my knowledge as of the date below.

Signature ___________________________  Date ________________
Appendix A – Definitions

Business Partner
A business partner is one with whom you or a member of your family has a contractual business relationship or with whom there exists a common ownership interest in a business. This definition also extends to businesses in which you or a member of your family holds a financial interest.

Capacity to Exercise Influence
Positions that hold the capacity to exercise influence include, but are not limited to: an officer, board member, manager, consultant, partner in a partnership, owner of a material interest or investor in an organization.

Conflict of Interest
A Conflict of Interest occurs if a person’s personal or outside activities or interests either appear to, could, or actually do influence the decisions required to carry out their responsibilities on behalf of Baylor Scott & White Health (BSWH) or a BSWH Affiliated Organization.

Entertainment
Implies a social event (e.g., attendance at a sporting or cultural event with or without a meal, participation in a sporting activity such as golf, fishing or hunting) at which business matters are discussed but where it is apparent that the event is not intended as a business meeting.

Family Member
As defined in the Conflict of Interests Policy, a family member is a spouse; birth, adoptive, or step-parent; child or step-child (whether natural or adopted); sibling (by whole- or half-blood); step-brother or step-sister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law or sister-in-law; grandparent, grandchild, or great-grandchild; and spouse of a grandparent, grandchild or great-grandchild.

Financial Interest
Includes, but is not limited to: employment or compensation arrangements, investments ($1,000 or greater/excluding publically-traded stocks), ownerships (5% or greater ownership position), partnerships, sales commission, revenue, or return on investment, or royalty payments.

Gift
Includes, but is not limited to: any gratuity, favor, discount, hospitality, loan, forbearance or other item or service having monetary value for which you pay nothing or less than fair market value and which is bestowed or acquired without being sought or earned by the receiver. Gifts may be tangible or intangible benefits, including, but not limited to; such items as meals, tickets, passes, promotional items, securities, subsidies, real property, personal property, or use of a giver’s time, material or equipment. A gift does not include reasonable business entertainment and business meals.
Grants or Assistance
Include scholarships, fellowships, internships, prizes, awards, and the gift portion of a part-sale, part-gift transaction. Grants and assistance does not include financial assistance received under the organization's charity care policy.

Honorarium or Honoraria
Includes, but is not limited to: salary, finder’s fee, honoraria, hospitality, expense reimbursement, contract, bonus, stock, consulting fee, or other payment whether cash or cash-in-kind.

Independent Contractor
A person who provides services but who is not treated as an employee. This generally includes services provided as an individual or a sole proprietor, but not through a partnership or corporation.

Joint Arrangement
Includes, but is not limited to: joint venture agreements, purchasing alliances, brand affiliations, operating partnerships, professional medical corporations, independent physician organizations, health maintenance organizations, health insurance companies, home health services, assisted living facilities.

Loan Balance
Any loan, including salary advances, payments made pursuant to a split-dollar life insurance arrangement that are treated as loans under Regulations section 1.7872-15, and other advances and receivables. This would not include tax exempt bonds purchased from the filing organization or other receivables outstanding (patient balance) on the same terms as offered to the general public. Also, pledges receivable that would qualify as charitable contributions when paid are not reported as loans.

Outside Activities
Activities that are not related to your position or roles at Baylor Scott & White Health (BSWH) or a BSWH Affiliated Organization.

Remuneration
Remuneration includes, but is not limited to: salary, finder’s fee, honoraria, hospitality, expense reimbursement, contract, bonus, stock, consulting fee, or other payment whether cash or cash-in-kind.

Research Entity
This includes organizations that sponsor research studies; companies that manufacture or distribute pharmaceuticals or medical devices that are used in the conduct of research at a BSWH Affiliated Organization; and companies from which you have received royalty payments for intellectual property.

Significant Other
Any individual with whom the employee has a dating or sexual relationship. A "dating or sexual relationship" includes cohabitation, dating, extramarital relationships, and any other dating/sexual relationship.
**Vendor Sponsored Travel**

Travel supported by a Vendor to a Vendor’s place of business or other location/site for purposes such as Vendor selection; contract negotiation or renewal; or product/equipment demonstration, training or education or to a Vendor sponsored event including, but not limited to, an industry sponsored conference or other type of educational activity; an annual conference or user group meeting; a meeting, trade show, lecture, focus group, etc., that is specifically related to the Vendor’s goods, property and/or services.
## Appendix B – Baylor Scott & White Health Affiliated Organizations

<table>
<thead>
<tr>
<th>Legal Entity</th>
<th>Business Name (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Saints Health Foundation</td>
<td></td>
</tr>
<tr>
<td>Arlington Orthopedic and Spine Hospital, LLC</td>
<td></td>
</tr>
<tr>
<td>Arlington Surgicare Partners, Ltd.</td>
<td>Surgery Center at Arlington</td>
</tr>
<tr>
<td>Baylor All Saints Medical Center</td>
<td>Baylor Scott &amp; White All Saints Medical Center - Fort Worth Andrews Women’s Hospital</td>
</tr>
<tr>
<td>Baylor Health Care System</td>
<td></td>
</tr>
<tr>
<td>Baylor Health Care System Foundation</td>
<td></td>
</tr>
<tr>
<td>Baylor Health Enterprises, LP</td>
<td></td>
</tr>
<tr>
<td>Baylor Health Network, Inc.</td>
<td>Baylor Physician Services</td>
</tr>
<tr>
<td>Baylor Health Services</td>
<td></td>
</tr>
<tr>
<td>Baylor Heart and Vascular Center, LLP</td>
<td>Baylor Jack and Jane Hamilton Heart and Vascular Hospital</td>
</tr>
<tr>
<td>Baylor Institute for Rehabilitation at Gaston Episcopal Hospital</td>
<td></td>
</tr>
<tr>
<td>Baylor Medical Center at Carrollton</td>
<td>Baylor Scott &amp; White Medical Center - Carrollton</td>
</tr>
<tr>
<td>Baylor Medical Center at Irving</td>
<td>Baylor Scott &amp; White Medical Center - Irving</td>
</tr>
<tr>
<td>Baylor Medical Center at Waxahachie</td>
<td>Baylor Scott &amp; White Medical Center - Waxahachie</td>
</tr>
<tr>
<td>Baylor Medical Centers at Garland and McKinney</td>
<td>Baylor Scott &amp; White Medical Center - McKinney</td>
</tr>
<tr>
<td>Baylor Quality Health Care Alliance, LLC</td>
<td>Baylor Scott &amp; White Quality Alliance</td>
</tr>
<tr>
<td>Baylor Regional Medical Center at Grapevine</td>
<td>Baylor Scott &amp; White Medical Center - Grapevine</td>
</tr>
<tr>
<td>Baylor Regional Medical Center at Plano</td>
<td>Baylor Scott &amp; White Medical Center - Plano</td>
</tr>
<tr>
<td>Baylor Research Institute</td>
<td></td>
</tr>
<tr>
<td>Baylor Scott &amp; White Assurance, SPC</td>
<td></td>
</tr>
<tr>
<td>Baylor Scott &amp; White Health</td>
<td></td>
</tr>
<tr>
<td>Baylor Scott &amp; White Holdings</td>
<td></td>
</tr>
<tr>
<td>Baylor Specialty Health Centers</td>
<td>Baylor Specialty Hospital</td>
</tr>
<tr>
<td>Baylor Surgicare at Ennis, LLC</td>
<td>Our Children’s House at Baylor</td>
</tr>
<tr>
<td>Baylor Surgicare at Granbury, LLC</td>
<td></td>
</tr>
<tr>
<td>Baylor Surgicare at Mansfield, LLC</td>
<td></td>
</tr>
<tr>
<td>Baylor Surgicare at Plano Parkway, LLC</td>
<td></td>
</tr>
<tr>
<td>Baylor Surgicare at Plano, LLC</td>
<td></td>
</tr>
<tr>
<td>Baylor University Medical Center</td>
<td></td>
</tr>
<tr>
<td>Bell County Healthcare Collaborative</td>
<td></td>
</tr>
<tr>
<td>Bellair Outpatient Surgery Center, LLP</td>
<td>Baylor Surgicare at Oakmont</td>
</tr>
<tr>
<td>BIR JV LLP</td>
<td>Baylor Institute for Rehabilitation - Dallas</td>
</tr>
<tr>
<td>BMP, Inc.</td>
<td>Baylor Institute for Rehabilitation - Frisco</td>
</tr>
<tr>
<td>BT East Dallas JV LLP</td>
<td>Baylor Scott &amp; White Medical Center - White Rock</td>
</tr>
<tr>
<td>BT Garland JV, LLP</td>
<td>Baylor Scott &amp; White Medical Center - Garland</td>
</tr>
<tr>
<td>BTDI JV, LLP</td>
<td>Touchstone Imaging</td>
</tr>
<tr>
<td>Carefiled</td>
<td></td>
</tr>
<tr>
<td>Carrollton Radiation Therapy Center, LLC</td>
<td></td>
</tr>
<tr>
<td>Century Integrated Partners, Inc.</td>
<td></td>
</tr>
<tr>
<td>Cleopatra Diagnostic Laboratories, LLC</td>
<td></td>
</tr>
<tr>
<td>CR Emergency Room, LLC</td>
<td>Baylor Emergency Center at Aubrey</td>
</tr>
<tr>
<td>Dallas County Indigent Care Corporation</td>
<td></td>
</tr>
<tr>
<td>Dallas Surgical Partners, LLC</td>
<td>Physicians Day Surgery</td>
</tr>
<tr>
<td>Denton Surgicare Partners, Ltd.</td>
<td>Baylor Surgicare at Denton</td>
</tr>
<tr>
<td>Desoto Surgicare Partners, Ltd.</td>
<td>North Texas Surgery Center</td>
</tr>
<tr>
<td>EED BEMC Burleson, LLC</td>
<td>Baylor Emergency Medical Center at Burleson</td>
</tr>
<tr>
<td>EED BEMC Colleyville, LLC</td>
<td>Baylor Emergency Medical Center at Colleyville</td>
</tr>
<tr>
<td>EED BEMC Keller, LLC</td>
<td>Baylor Emergency Medical Center at Keller</td>
</tr>
<tr>
<td>Legal Entity</td>
<td>Business Name (if applicable)</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>EBD BEMC Rockwall, LLC</td>
<td>Baylor Emergency Medical Center at Rockwall</td>
</tr>
<tr>
<td>EBD JV, LLP</td>
<td>Baylor Emergency Medical Center at Aubrey</td>
</tr>
<tr>
<td>Ellis County Indigent Care Corporation</td>
<td></td>
</tr>
<tr>
<td>ESWCT Cedar Park, LLC</td>
<td>Scott &amp; White Cedar Park Emergency Medical Center</td>
</tr>
<tr>
<td>ESWCT, LLC</td>
<td></td>
</tr>
<tr>
<td>Frisco Medical Center, LLP</td>
<td>Baylor Medical Center at Frisco</td>
</tr>
<tr>
<td>Ft. Worth Surgicare Partners, Ltd.</td>
<td>Baylor Surgical Hospital at Fort Worth</td>
</tr>
<tr>
<td>Garland Surgicare Partners, Ltd.</td>
<td>Baylor Surgicare at Garland</td>
</tr>
<tr>
<td>GlobalRehab – Ft. Worth, LP</td>
<td>Baylor Institute for Rehabilitation at Fort Worth</td>
</tr>
<tr>
<td>GlobalRehab, LP</td>
<td>Baylor Institute for Rehabilitation at Northwest Dallas</td>
</tr>
<tr>
<td>Grapevine Surgicare Partners, Ltd.</td>
<td>Baylor Surgicare at Grapevine</td>
</tr>
<tr>
<td>Health Care Administrative Services, LLC</td>
<td></td>
</tr>
<tr>
<td>HealthTexas Provider Network</td>
<td></td>
</tr>
<tr>
<td>HealthTexas Provider Network - Transplant Services, LLP</td>
<td></td>
</tr>
<tr>
<td>HealthTexas Provider Network-Gastroenterology Services, LLP</td>
<td>Baylor Ambulatory Endoscopy Center</td>
</tr>
<tr>
<td>Healthy Tarrant County Collaboration</td>
<td></td>
</tr>
<tr>
<td>Hillcrest Baptist Medical Center</td>
<td></td>
</tr>
<tr>
<td>Hillcrest Family Health Center</td>
<td></td>
</tr>
<tr>
<td>Hillcrest Physician Services</td>
<td></td>
</tr>
<tr>
<td>Insurance Company of Scott &amp; White</td>
<td></td>
</tr>
<tr>
<td>Irving Healthcare Foundation</td>
<td></td>
</tr>
<tr>
<td>Irving-Coppell Surgical Hospital, LLP</td>
<td></td>
</tr>
<tr>
<td>Lewisville Surgicare Partners, Ltd.</td>
<td>Baylor Surgicare at Lewisville</td>
</tr>
<tr>
<td>Lone Star Endoscopy Center, LLC</td>
<td></td>
</tr>
<tr>
<td>MEDCO Construction, LLC</td>
<td></td>
</tr>
<tr>
<td>Medfusion, LLC</td>
<td></td>
</tr>
<tr>
<td>Metrocrest Surgery Center, LLC</td>
<td>Baylor Surgicare Carrollton</td>
</tr>
<tr>
<td>Metroplex Adventist Hospital, Inc.</td>
<td></td>
</tr>
<tr>
<td>Metroplex Surgicare Partners, Ltd.</td>
<td>Baylor Surgicare at Bedford</td>
</tr>
<tr>
<td>MSH Partners, LLC</td>
<td>Baylor Medical Center at Uptown</td>
</tr>
<tr>
<td>North Central Surgical Center, LLP</td>
<td></td>
</tr>
<tr>
<td>North Garland Surgery Center, LLP</td>
<td>Baylor Surgicare at North Garland</td>
</tr>
<tr>
<td>North Texas Health Care Laundry Cooperative Association</td>
<td></td>
</tr>
<tr>
<td>Park Cities Surgery Center, LLC</td>
<td></td>
</tr>
<tr>
<td>Physicians Surgical Center of Fort Worth, LLP</td>
<td></td>
</tr>
<tr>
<td>Rockwall Ambulatory Surgery Center, LLP</td>
<td></td>
</tr>
<tr>
<td>Rockwall/Health Surgery Center, LLP</td>
<td>Baylor Surgicare at Heath</td>
</tr>
<tr>
<td>Scott &amp; White Clinic</td>
<td></td>
</tr>
<tr>
<td>Scott &amp; White Continuing Care Hospital</td>
<td></td>
</tr>
<tr>
<td>Scott &amp; White EMS, Inc.</td>
<td></td>
</tr>
<tr>
<td>Scott &amp; White Foundation-Brenham</td>
<td></td>
</tr>
<tr>
<td>Scott &amp; White Health Plan</td>
<td></td>
</tr>
<tr>
<td>Scott &amp; White Healthcare</td>
<td></td>
</tr>
<tr>
<td>Scott &amp; White Healthcare Foundation</td>
<td></td>
</tr>
<tr>
<td>Scott &amp; White Hospital-Brenham</td>
<td></td>
</tr>
<tr>
<td>Scott &amp; White Hospital-College Station</td>
<td></td>
</tr>
<tr>
<td>Scott &amp; White Hospital-Lano</td>
<td></td>
</tr>
<tr>
<td>Scott &amp; White Hospital-Marble Falls</td>
<td></td>
</tr>
<tr>
<td>Scott &amp; White Hospital-Round Rock</td>
<td></td>
</tr>
<tr>
<td>Scott &amp; White Hospital-Taylor</td>
<td></td>
</tr>
<tr>
<td>Legal Entity</td>
<td>Business Name (if applicable)</td>
</tr>
<tr>
<td>-----------------------------------------------------------------</td>
<td>------------------------------------------------------------------</td>
</tr>
<tr>
<td>Scott &amp; White Memorial Hospital</td>
<td>Scott &amp; White Memorial Hospital</td>
</tr>
<tr>
<td>Scott &amp; White Properties Holdings, Inc.</td>
<td></td>
</tr>
<tr>
<td>Scott &amp; White Properties, Inc.</td>
<td></td>
</tr>
<tr>
<td>SeniorCare Associates, LP</td>
<td>Baylor Institute for Rehabilitation - Pinnacle Home Health Services</td>
</tr>
<tr>
<td>Shared Clarity, LLC</td>
<td></td>
</tr>
<tr>
<td>Southern Sector Health Initiative</td>
<td>Diabetes Health and Wellness Institute at Juanita J. Craft Recreation Center</td>
</tr>
<tr>
<td>Specialty Surgery Center of Fort Worth, LP</td>
<td></td>
</tr>
<tr>
<td>Surgery Center of Richardson Physician Partnership, LP</td>
<td></td>
</tr>
<tr>
<td>Tarrant County Indigent Care Corporation</td>
<td></td>
</tr>
<tr>
<td>Texas Endoscopy Centers, LLC</td>
<td>Texas Endoscopy Centers, LLC – West</td>
</tr>
<tr>
<td>Texas Endoscopy Centers, LLC</td>
<td>Texas Endoscopy Centers, LLC– East</td>
</tr>
<tr>
<td>Texas Health Ventures Group, LLC</td>
<td></td>
</tr>
<tr>
<td>Texas Heart Hospital of the Southwest, LLP</td>
<td>The Heart Hospital Baylor Plano</td>
</tr>
<tr>
<td>Texas Proton Therapy Center, LLC</td>
<td></td>
</tr>
<tr>
<td>TBP Management Company, LLC</td>
<td>THE HEART HOSPITAL Baylor Denton</td>
</tr>
<tr>
<td>Trophy Club Medical Center, LP</td>
<td>Baylor Medical Center at Trophy Club</td>
</tr>
<tr>
<td>TTPC, LLC</td>
<td></td>
</tr>
<tr>
<td>Tuscan Surgery Center at Las Colinas, LLC</td>
<td></td>
</tr>
<tr>
<td>University Surgical Partners of Dallas, LLP</td>
<td></td>
</tr>
<tr>
<td>Valley View Surgicare Partners, Ltd.</td>
<td>Baylor Surgicare at Valley View</td>
</tr>
</tbody>
</table>
2016 BSWH Conflict of Interests Disclosure Statement – FOUNDATION BOARD MEMBERS

Date __________________________

Name ________________________________

Email Address ____________________________

Mailing Address ____________________________

BSWH Position/Title ____________________________

BSWH Entity ________________________________

Introduction

The BSWH Conflict of Interests Program is mandated by the BSWH Conflict of Interests Policy that is approved by the BSWH Board of Trustees. The BSWH Conflict of Interests Policy requires that individuals disclose actual and perceived conflict of interests annually and again each time circumstances change. Additionally, please review the updated listing of BSWH Affiliated Organizations to ensure that all disclosures associated with any of these entities are included.

Individuals should take diligent care to determine the existence, nature, and scope of outside interests and activities before completing this Disclosure Statement. Please carefully consider all potential conflicts with all of the new entities that are part of BSWH (BSWH Affiliated Organizations).

Please review the BSWH Code of Conduct and the BSWH Conflict of Interests Policy. The questions should be answered as they relate to fiscal year 2016 (July 1, 2015 through June 30, 2016).

About the Baylor Scott & White Health Conflict of Interests Program

The purpose of the BSWH Conflict of Interests Program is to promote an organization where patient care and business activities are conducted in an objective manner and are not motivated by desire for personal or financial gain.

The BSWH Board of Trustees Audit and Compliance Committee and/or the BSWH Corporate Compliance Committee will review all disclosures to determine if a conflict exists and to establish appropriate resolutions to address identified conflicts.
Attachments

- BSWH Disclosure Statement of Outside Interests and Activities
- Appendix A – Definitions of UNDERLINED WORDS used herein
- Appendix B – Baylor Scott & White Health Affiliated Organizations
- BSWH Code of Conduct
- BSWH Conflict of Interests Policy
1. Attestation

Before continuing to complete your Disclosure Statement, please review the Baylor Scott & White Health (BSWH) Code of Conduct and Conflict of Interests Policy.

I acknowledge that I have received and read the BSWH Code of Conduct, and the BSWH Conflict of Interests Policy, and I understand and acknowledge their requirements.

I understand that BSWH is a tax-exempt organization that must engage primarily in activities that accomplish one or more charitable purposes to maintain its tax-exempt status.

I also understand that BSWH participates in government health care programs (e.g., Medicare, Medicaid, and TriCare) and must comply with the laws, rules and regulations that pertain to these programs.

I agree to comply with the BSWH Conflict of Interests Policy and the BSWH Code of Conduct throughout my association with BSWH. I will deal honestly, fairly and with integrity in all matters related to BSWH and will not use my position or knowledge gained from there to the detriment of BSWH or to my personal benefit or the benefit of a member of my family, significant other, or an entity in which I hold a financial interest.

I have not violated any laws, regulations, BSWH policy or the Code of Conduct in my responsibilities to BSWH; and I do not have any knowledge of perceived, actual or potential violations of laws, regulations, BSWH policy or the Code of Conduct in my department or area of responsibility that have not already been disclosed to management or the BSWH Office of Corporate Compliance.

I hereby agree to report immediately in writing to the Office of Corporate Compliance (214-820-8888, email Compliance_Questionn@baylorhealth.edu) any new situation with the potential for a conflict of interest which may develop before the completion of my next annual Disclosure Statement.

Select one:

☑ Yes, I agree.
☐ No, I do not agree.

If you do not agree, please explain why, and enter your contact information so that a representative from the Office of Corporate Compliance can contact you.
1. Outside Influence

(There may be multiple disclosures for this question - If additional space is needed to complete a disclosure for any question, please provide additional information on an attached page)

Did YOU, a FAMILY MEMBER, or a BUSINESS PARTNER serve in a CAPACITY TO EXERCISE INFLUENCE over the affairs or decisions of a business or organization that is a customer, vendor, research sponsor, insurance payor, or competitor of Baylor Scott & White Health (BSWH) or a BSWH Affiliated Organization?

Examples of positions of influence include, but are not limited to:

- Leadership or management
- Consultant or advisor
- Board or advisory member
- Investor, owner, or trustee
- Fiduciary

Select one:

☐ Yes
☐ No (if no, skip to question 2)

To whom does your Yes response apply?

☐ Self
☐ Family Member
☐ Business Partner

What is the full name of the individual you are disclosing?


If a family member, how is this person related to you?


What was the position held that created a CAPACITY TO EXERCISE INFLUENCE?


What is the name and address of the company or organization where the disclosed position was held?


1. Outside Influence (continued)

Did you receive any type of REMUNERATION for this activity?
Select one:
- Yes
- No (if no, skip to question 2)

If yes, what kind of REMUNERATION did you receive? Select all that apply.
- Salary
- Finder's Fee
- Honoraria
- Hospitality
- Expense Reimbursement
- Contract
- Bonus
- Stock
- Consulting Fee
- Other, explain

If HONORARIA is checked above, did you remit the HONORARIUM to Baylor Scott & White Health?
Select one:
- Yes
- No

2. Other Disclosures
(There may be multiple disclosures for this question - If additional space is needed to complete a disclosure for any question, please provide additional information on an attached page)

Did YOU, a FAMILY MEMBER, or a BUSINESS PARTNER engage in any other situation related to Baylor Scott & White Health (BSWH) or a BSWH Affiliated Organization that could result in a perceived or actual CONFLICT OF INTERESTS?

Select one:
- Yes
- No (if no, stop and sign acknowledgement below)

To whom does your Yes answer apply?
- Self
- Family Member
- Business Partner
2. Other Disclosures (continued)

What is the full name of the individual you are disclosing who has a perceived or actual CONFLICT OF INTEREST?

If a family member, how is this person related to you?

Please explain the situation and the perceived or actual CONFLICT OF INTEREST.

Signature Acknowledgement

The answers provided on the previous pages are true and accurate to the best of my knowledge as of the date below.

Signature ____________________________ Date _______________
Appendix A – Definitions

Business Partner
A business partner is one with whom you or a member of your family has a contractual business relationship or with whom there exists a common ownership interest in a business. This definition also extends to businesses in which you or a member of your family holds a financial interest.

Capacity to Exercise Influence
Positions that hold the capacity to exercise influence include, but are not limited to: an officer, board member, manager, consultant, partner in a partnership, owner of a material interest or investor in an organization.

Conflict of Interest
A Conflict of Interest occurs if a person’s personal or outside activities or interests either appear to, could, or actually do influence the decisions required to carry out their responsibilities on behalf of Baylor Scott & White Health (BSWH) or a BSWH Affiliated Organization.

Entertainment
Implies a social event (e.g., attendance at a sporting or cultural event with or without a meal, participation in a sporting activity such as golf, fishing or hunting) at which business matters are discussed but where it is apparent that the event is not intended as a business meeting.

Family Member
As defined in the Conflict of Interests Policy, a family member is a spouse; birth, adoptive, or step-parent; child or step-child (whether natural or adopted); sibling (by whole- or half-blood); step-brother or step-sister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law or sister-in-law; grandparent, grandchild, or great-grandchild; and spouse of a grandparent, grandchild or great-grandchild.

Financial Interest
Includes, but is not limited to: employment or compensation arrangements, investments ($1,000 or greater/excluding publically-traded stocks), ownerships (5% or greater ownership position), partnerships, sales commission, revenue, or return on investment, or royalty payments.

Gift
Includes, but is not limited to: any gratuity, favor, discount, hospitality, loan, forbearance or other item or service having monetary value for which you pay nothing or less than fair market value and which is bestowed or acquired without being sought or earned by the receiver. Gifts may be tangible or intangible benefits, including, but not limited to; such items as meals, tickets, passes, promotional items, securities, subsidies, real property, personal property, or use of a giver’s time, material or equipment. A gift does not include reasonable business entertainment and business meals.
**Honorarium or Honoraria**
Includes, but is not limited to: salary, finder’s fee, honoraria, hospitality, expense reimbursement, contract, bonus, stock, consulting fee, or other payment whether cash or cash-in-kind.

**Independent Contractor**
A person who provides services but who is not treated as an employee. This generally includes services provided as an individual or a sole proprietor, but not through a partnership or corporation.

**Joint Arrangement**
Includes, but is not limited to: joint venture agreements, purchasing alliances, brand affiliations, operating partnerships, professional medical corporations, independent physician organizations, health maintenance organizations, health insurance companies, home health services, assisted living facilities.

**Outside Activities**
Activities that are not related to your position or roles at Baylor Scott & White Health (BSWH) or a BSWH Affiliated Organization.

**Remuneration**
Remuneration includes, but is not limited to: salary, finder’s fee, honoraria, hospitality, expense reimbursement, contract, bonus, stock, consulting fee, or other payment whether cash or cash-in-kind.

**Research Entity**
This includes organizations that sponsor research studies; companies that manufacture or distribute pharmaceuticals or medical devices that are used in the conduct of research at a BSWH Affiliated Organization; and companies from which you have received royalty payments for intellectual property.

**Significant Other**
Any individual with whom the employee has a dating or sexual relationship. A "dating or sexual relationship" includes cohabitation, dating, extramarital relationships, and any other dating/sexual relationship.

**Vendor Sponsored Travel**
Travel supported by a Vendor to a Vendor’s place of business or other location/site for purposes such as Vendor selection; contract negotiation or renewal; or product/equipment demonstration, training or education or to a Vendor sponsored event including, but not limited to, an industry sponsored conference or other type of educational activity; an annual conference or user group meeting; a meeting, trade show, lecture, focus group, etc., that is specifically related to the Vendor’s goods, property and/or services.
## Appendix B – Baylor Scott & White Health Affiliated Organizations

<table>
<thead>
<tr>
<th>Legal Entity</th>
<th>Business Name (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Saints Health Foundation</td>
<td></td>
</tr>
<tr>
<td>Arlington Orthopedic and Spine Hospital, LLC</td>
<td></td>
</tr>
<tr>
<td>Arlington Surgicare Partners, Ltd.</td>
<td>Surgery Center at Arlington</td>
</tr>
<tr>
<td>Baylor All Saints Medical Center</td>
<td>Baylor Scott &amp; White All Saints Medical Center - Fort Worth Andrews Women’s Hospital</td>
</tr>
<tr>
<td>Baylor Health Care System</td>
<td></td>
</tr>
<tr>
<td>Baylor Health Care System Foundation</td>
<td></td>
</tr>
<tr>
<td>Baylor Health Enterprises, LP</td>
<td>Baylor Physician Services</td>
</tr>
<tr>
<td>Baylor Health Network, Inc.</td>
<td></td>
</tr>
<tr>
<td>Baylor Health Services</td>
<td></td>
</tr>
<tr>
<td>Baylor Heart and Vascular Center, LLP</td>
<td>Baylor Jack and Jane Hamilton Heart and Vascular Hospital</td>
</tr>
<tr>
<td>Baylor Institute for Rehabilitation at Gaston Episcopal Hospital</td>
<td></td>
</tr>
<tr>
<td>Baylor Medical Center at Carrollton</td>
<td>Baylor Scott &amp; White Medical Center - Carrollton</td>
</tr>
<tr>
<td>Baylor Medical Center at Irving</td>
<td>Baylor Scott &amp; White Medical Center - Irving</td>
</tr>
<tr>
<td>Baylor Medical Center at Waxahachie</td>
<td>Baylor Scott &amp; White Medical Center - Waxahachie</td>
</tr>
<tr>
<td>Baylor Medical Centers at Garland and McKinney</td>
<td>Baylor Scott &amp; White Medical Center - McKinney</td>
</tr>
<tr>
<td>Baylor Quality Health Care Alliance, LLC</td>
<td>Baylor Scott &amp; White Quality Alliance</td>
</tr>
<tr>
<td>Baylor Regional Medical Center at Grapevine</td>
<td>Baylor Scott &amp; White Medical Center - Grapevine</td>
</tr>
<tr>
<td>Baylor Regional Medical Center at Plano</td>
<td>Baylor Scott &amp; White Medical Center - Plano</td>
</tr>
<tr>
<td>Baylor Research Institute</td>
<td></td>
</tr>
<tr>
<td>Baylor Scott &amp; White Assurance, SPC</td>
<td></td>
</tr>
<tr>
<td>Baylor Scott &amp; White Health</td>
<td></td>
</tr>
<tr>
<td>Baylor Scott &amp; White Holdings</td>
<td></td>
</tr>
<tr>
<td>Baylor Specialty Health Centers</td>
<td>Baylor Specialty Hospital</td>
</tr>
<tr>
<td>Baylor Specialty Health Centers</td>
<td>Our Children’s House at Baylor</td>
</tr>
<tr>
<td>Baylor Surgicare at Ennis, LLC</td>
<td></td>
</tr>
<tr>
<td>Baylor Surgicare at Granbury, LLC</td>
<td></td>
</tr>
<tr>
<td>Baylor Surgicare at Mansfield, LLC</td>
<td></td>
</tr>
<tr>
<td>Baylor Surgicare at Plano Parkway, LLC</td>
<td></td>
</tr>
<tr>
<td>Baylor Surgicare at Plano, LLC</td>
<td></td>
</tr>
<tr>
<td>Baylor University Medical Center</td>
<td></td>
</tr>
<tr>
<td>Bell County Healthcare Collaborative</td>
<td></td>
</tr>
<tr>
<td>Bellaire Outpatient Surgery Center, LLP</td>
<td>Baylor Surgicare at Oakmont</td>
</tr>
<tr>
<td>BIR JV LLP</td>
<td>Baylor Institute for Rehabilitation - Dallas</td>
</tr>
<tr>
<td>BMP, Inc.</td>
<td>Baylor Institute for Rehabilitation - Frisco</td>
</tr>
<tr>
<td>BT East Dallas JV LLP</td>
<td>Baylor Scott &amp; White Medical Center - White Rock</td>
</tr>
<tr>
<td>BT Garland JV, LLP</td>
<td>Baylor Scott &amp; White Medical Center - Garland</td>
</tr>
<tr>
<td>BTDI JV, LLP</td>
<td>Touchstone Imaging</td>
</tr>
<tr>
<td>Carellise</td>
<td></td>
</tr>
<tr>
<td>Carrolton Radiation Therapy Center, LLC</td>
<td></td>
</tr>
<tr>
<td>Century Integrated Partners, Inc.</td>
<td></td>
</tr>
<tr>
<td>Clearpoint Diagnostic Laboratories, LLC</td>
<td></td>
</tr>
<tr>
<td>CP Emergency Room, LLC</td>
<td>Baylor Emergency Center at Aubrey</td>
</tr>
<tr>
<td>Dallas County Indigent Care Corporation</td>
<td></td>
</tr>
<tr>
<td>Dallas Surgical Partners, LLC</td>
<td>Physicians Day Surgery</td>
</tr>
<tr>
<td>Denton Surgicare Partners, Ltd.</td>
<td>Baylor Surgicare at Denton</td>
</tr>
<tr>
<td>Desoto Surgicare Partners, Ltd.</td>
<td>North Texas Surgery Center</td>
</tr>
<tr>
<td>EBD BEMC Burleson, LLC</td>
<td>Baylor Emergency Medical Center at Burleson</td>
</tr>
<tr>
<td>EBD BEMC Colleyville, LLC</td>
<td>Baylor Emergency Medical Center at Colleyville</td>
</tr>
<tr>
<td>EBD BEMC Keller, LLC</td>
<td>Baylor Emergency Medical Center at Keller</td>
</tr>
<tr>
<td>Legal Entity</td>
<td>Business Name (if applicable)</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>EBD REMC Rockwall, LLC</td>
<td>Baylor Emergency Medical Center at Rockwall</td>
</tr>
<tr>
<td>EBD JV, LLP</td>
<td>Baylor Emergency Medical Center at Aubrey</td>
</tr>
<tr>
<td>Ellis County Indigent Care Corporation</td>
<td></td>
</tr>
<tr>
<td>ESWCT Cedar Park, LLC</td>
<td>Scott &amp; White Cedar Park Emergency Medical Center</td>
</tr>
<tr>
<td>ESWCT, LLC</td>
<td>Baylor Medical Center at Frisco</td>
</tr>
<tr>
<td>Frisco Medical Center, LLP</td>
<td>Baylor Medical Center at Frisco</td>
</tr>
<tr>
<td>Ft. Worth Surgicare Partners, Ltd.</td>
<td>Baylor Surgical Hospital at Fort Worth</td>
</tr>
<tr>
<td>Garland Surgicare Partners, Ltd.</td>
<td>Baylor Surgicare at Garland</td>
</tr>
<tr>
<td>GlobalRehab – Ft. Worth, LP</td>
<td>Baylor Institute for Rehabilitation at Fort Worth</td>
</tr>
<tr>
<td>GlobalRehab, LP</td>
<td>Baylor Institute for Rehabilitation at Northwest Dallas</td>
</tr>
<tr>
<td>Grapevine Surgicare Partners, Ltd.</td>
<td>Baylor Surgicare at Grapevine</td>
</tr>
<tr>
<td>Health Care Administrative Services, L.L.C</td>
<td></td>
</tr>
<tr>
<td>HealthTexas Provider Network</td>
<td></td>
</tr>
<tr>
<td>HealthTexas Provider Network - Transplant Services, LLP</td>
<td></td>
</tr>
<tr>
<td>HealthTexas Provider Network-Gastroenterology Services, LLP</td>
<td>Baylor Ambulatory Endoscopy Center</td>
</tr>
<tr>
<td>Healthy Tarrant County Collaboration</td>
<td></td>
</tr>
<tr>
<td>Hillcrest Baptist Medical Center</td>
<td></td>
</tr>
<tr>
<td>Hillcrest Family Health Center</td>
<td></td>
</tr>
<tr>
<td>Hillcrest Physician Services</td>
<td></td>
</tr>
<tr>
<td>Insurance Company of Scott &amp; White</td>
<td></td>
</tr>
<tr>
<td>Irving Healthcare Foundation</td>
<td></td>
</tr>
<tr>
<td>Irving-Coppell Surgical Hospital, LLP</td>
<td></td>
</tr>
<tr>
<td>Lewisville Surgicare Partners, Ltd.</td>
<td>Baylor Surgicare at Lewisville</td>
</tr>
<tr>
<td>Lone Star Endoscopy Center, LLC</td>
<td></td>
</tr>
<tr>
<td>MEDCO Construction, LLC</td>
<td></td>
</tr>
<tr>
<td>Medfusion, LLC</td>
<td></td>
</tr>
<tr>
<td>Metrocrest Surgery Center, LLC</td>
<td>Baylor Surgicare Carrollton</td>
</tr>
<tr>
<td>Metroplex Adventist Hospital, Inc.</td>
<td></td>
</tr>
<tr>
<td>Metroplex Surgicare Partners, Ltd.</td>
<td>Baylor Surgicare at Bedford</td>
</tr>
<tr>
<td>MSH Partners, LLC</td>
<td>Baylor Medical Center at Uptown</td>
</tr>
<tr>
<td>North Central Surgical Center, LLP</td>
<td></td>
</tr>
<tr>
<td>North Garland Surgery Center, LP</td>
<td>Baylor Surgicare at North Garland</td>
</tr>
<tr>
<td>North Texas Health Care Laundry Cooperative Associatiion</td>
<td></td>
</tr>
<tr>
<td>Park Cities Surgery Center, LLC</td>
<td></td>
</tr>
<tr>
<td>Physicians Surgical Center of Fort Worth, LLP</td>
<td></td>
</tr>
<tr>
<td>Rockwell Ambulatory Surgery Center, LLP</td>
<td></td>
</tr>
<tr>
<td>Rockwall/Heath Surgery Center, LLP</td>
<td>Baylor Surgicare at Heath</td>
</tr>
<tr>
<td>Scott &amp; White Clinic</td>
<td></td>
</tr>
<tr>
<td>Scott &amp; White Continuing Care Hospital</td>
<td></td>
</tr>
<tr>
<td>Scott &amp; White EMS, Inc.</td>
<td></td>
</tr>
<tr>
<td>Scott &amp; White Foundation-Brenham</td>
<td></td>
</tr>
<tr>
<td>Scott &amp; White Health Plan</td>
<td></td>
</tr>
<tr>
<td>Scott &amp; White Healthcare</td>
<td></td>
</tr>
<tr>
<td>Scott &amp; White Healthcare Foundation</td>
<td></td>
</tr>
<tr>
<td>Scott &amp; White Hospital-Brenham</td>
<td></td>
</tr>
<tr>
<td>Scott &amp; White Hospital-College Station</td>
<td></td>
</tr>
<tr>
<td>Scott &amp; White Hospital-Lano</td>
<td></td>
</tr>
<tr>
<td>Scott &amp; White Hospital-Marble Falls</td>
<td></td>
</tr>
<tr>
<td>Scott &amp; White Hospital-Round Rock</td>
<td></td>
</tr>
<tr>
<td>Scott &amp; White Hospital-Taylor</td>
<td></td>
</tr>
<tr>
<td>Legal Entity</td>
<td>Business Name (if applicable)</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------</td>
</tr>
<tr>
<td>Scott &amp; White Memorial Hospital</td>
<td>Scott &amp; White Memorial Hospital</td>
</tr>
<tr>
<td>Scott &amp; White Properties Holdings, Inc.</td>
<td></td>
</tr>
<tr>
<td>Scott &amp; White Properties, Inc.</td>
<td></td>
</tr>
<tr>
<td>SeniorCare Associates, LP</td>
<td>Baylor Institute for Rehabilitation - Pinnacle Home Health Services</td>
</tr>
<tr>
<td>Shared Clarity, LLC</td>
<td></td>
</tr>
<tr>
<td>Southern Sector Health Initiative</td>
<td>Diabetes Health and Wellness Institute at Juanita J. Craft</td>
</tr>
<tr>
<td>Specialty Surgery Center of Fort Worth, LP</td>
<td>Recreation Center</td>
</tr>
<tr>
<td>Surgery Center of Richardson Physician Partnership, LP</td>
<td></td>
</tr>
<tr>
<td>Tarrant County Indigent Care Corporation</td>
<td></td>
</tr>
<tr>
<td>Texas Endoscopy Centers, LLC</td>
<td>Texas Endoscopy Centers, LLC – West</td>
</tr>
<tr>
<td>Texas Health Ventures Group, LLC</td>
<td>Texas Endoscopy Centers, LLC- East</td>
</tr>
<tr>
<td>Texas Heart Hospital of the Southwest, LLP</td>
<td>The Heart Hospital Baylor Plano</td>
</tr>
<tr>
<td>Texas Proton Therapy Center, LLC</td>
<td></td>
</tr>
<tr>
<td>THHPB Management Company, LLC</td>
<td>THE HEART HOSPITAL Baylor Denton</td>
</tr>
<tr>
<td>Trophy Club Medical Center, LP</td>
<td>Baylor Medical Center at Trophy Club</td>
</tr>
<tr>
<td>TPPC, LLC</td>
<td></td>
</tr>
<tr>
<td>Tuscan Surgery Center at Las Colinas, LLC</td>
<td></td>
</tr>
<tr>
<td>University Surgical Partners of Dallas, LLP</td>
<td></td>
</tr>
<tr>
<td>Valley View Surgicare Partners, Ltd.</td>
<td>Baylor Surgicare at Valley View</td>
</tr>
</tbody>
</table>