

**Conflict of Interest and Commitment
Disclosure Statement**

Name: _____

Pursuant to the Conflicts of Interest and Commitment Policy (requiring disclosure of certain interests, a copy of which has been furnished to me) I hereby state that I or members of my immediate family, which includes spouse, dependent children or domestic partner (herein after referred to as “immediate family”), had/have the following affiliations or interests and had/have taken part in the following transactions that when considered in conjunction with my position with or in relation to University HealthCare Alliance (“UHA”) and its Affiliates, might possibly constitute a conflict to interest or have the appearance of impropriety. (**Check NONE where applicable.**) (Attach a separate sheet if necessary.)

1. **Outside Interests:** Identify the interests, other than investments, of yourself or your immediate family with any person who: (1) solicits, bids, contracts, supplies goods or services to UHA and/or to any of its Affiliates; (2) from whom or to whom UHA and/or any of its Affiliates leases property or equipment; or (3) with whom UHA and/or any of its Affiliates is dealing or is planning to deal in connection with the purchase or sale of real property, investment securities or other property.

NONE

2. **Financial Interests or Investments:** List and describe, with respect to yourself or your immediate family, all investments that might be within the category of: (1) material financial interests such as significant ownership or a management position in other organizations which compete with UHA and/or any of its Affiliates; (2) a material financial interest through ownership of stock or other type of equity interest in a person or company that is engaging in transactions with UHA and/or any of its Affiliates; or (3) a material financial interest as a creditor of a person or company that is engaging in transactions with UHA and/or any of its Affiliates.

NONE

3. **Outside Activities:** Identify any outside activities, where you or your immediate family are an officer, serves on the Board of Directors, participates in management or is otherwise employed by a person, company or organization that is engaging in transactions with UHA and/or any of its Affiliates, other than UHA's own affiliates.

() NONE

4. **Consultant Services:** Identify any relationship (financial or otherwise) with any company or organization which furnishes consulting or professional services to UHA and/or any of its Affiliates.

() NONE

5. **Gifts, Gratuities and Entertainment:** List and describe, with respect to yourself or your immediate family, all gifts, gratuities, loans, etc. from any outside concern that does, or is seeking to do, business with, or is a competitor of UHA and/or any of its Affiliates.

() NONE

6. **Inside Information:** By my signature below, I certify that neither I, nor any member of my immediate family, has disclosed or used information relating to the business of UHA and/or any of its Affiliates for the personal profit or advantage of myself or any member of my immediate family. I hereby agree to report to the Vice President of Human Resources any change in the responses to each of the foregoing questions which may result from changes in circumstances before completion of my next Conflict of Interest Disclosure Statement.

Signed: _____ Title: _____ Date: _____

Printed Name: _____

Please return this form to:
University HealthCare Alliance
Vice President, Human Resources
855 Oak Grove Avenue
Menlo Park, California 94025