

Community Health Services
Disclosure Statement for Members of the Board of Directors, Officers,
Advisory Board, Standing and Other Committees

Name: _____

Address: _____

Telephone: _____

Affiliation/position with Community Health Services: _____

I. Introduction

This Statement of Disclosure should be completed after a careful reading of the Community Health Services (CHS) Conflict of Interest Policy, a copy of which has been furnished to you. When completed this Statement of Disclosure should be given to:

Executive Director: Norma Portnoy, Community Health Services
Address: 4675 E. 69th Avenue
Commerce City, CO 80022

This Disclosure Statement covers the period beginning August 1, _____ (or the day you became associated with CHS) through July 31, _____.

II. Affirmation

I have read the CHS Conflict of Interest Policy prior to completing this Statement of Disclosure. I understand its provisions, and I hereby affirm that during the period of time indicated above, I am not, to the best of my knowledge, in a position presenting a possible conflict of interest with CHS, unless otherwise disclosed.

1. Please list your principal business affiliation and occupation, including the name of the firm or employer. [If none, please check here ()]:

2. Please list the names and addresses of any business enterprises (not set forth in Item 1 above) having any actual or proposed business dealings with CHS and with which you are affiliated as an employee, officer or director, from which you have an expectation of compensation of any kind (whether or not contingent upon a particular transaction or other matter) or in which you have a material interest as an owner or partner (a material interest is an ownership interest of 5% or more). [If none, please check here ()]:

3. Please list the names of any health or education organizations with which you are affiliated (if not listed in items 1 or 2 above). [If none, please check here ()]:

4. To the extent of your personal knowledge, please disclose any financial or other relationships between CHS and any of the organizations listed in items 1, 2 or 3 above. [If you have no such knowledge, please check here ()]:

I hereby certify that I have not accepted any compensation, gift, or gratuity that might influence my judgment or actions concerning CHS. I hereby agree to report to the President any change in the foregoing that may develop before my completion of my next Disclosure Statement.

Date: _____

Signature: _____

Print Name: _____