Policy Statement

Rochester Regional Health (RRH) is a charitable institution, which means it must be operated for public, charitable purposes and not for substantial private benefit. In order to ensure RRH is operated for charitable purposes, RRH requires all vendors providing goods and services to RRH or any of its affiliates to disclose any relationship which could be considered a conflict of interest. A conflict of interest arises whenever a transaction between vendor and RRH or its corporate affiliates results in substantial private benefit to the detriment of RRH’s charitable purposes.

Vendor should disclose on this form any relationship between vendor, its owners, directors, officers, employees or agents, or any family member of those individuals (“Vendor Entities”), and RRH, its corporate affiliates, officers, directors, employees or agents (“RRH Entities”).

By signing below, you are certifying the following on behalf of vendor:

1. Vendor is an independent firm or organization and this services arrangement is the result of arms-length negotiation between vendor and RRH.

2. Vendor has not used, and is not aware of, any Vendor Entity that has used, any relationship with RRH Entities in order to improperly influence RRH to select vendor to provide the good and services contracted under this arrangement.

3. Vendor agrees to disclose any transactions or relationships of which it is aware that may give rise to a conflict of interest as described in the Policy Statement. Vendor understands that this Certification is material to RRH’s decision to enter into this arrangement with Vendor, and that Vendor’s failure to disclose a known possible conflict may result in rescission of the agreement if, on the advice of legal counsel, RRH determines, in its sole discretion, that the terms of this arrangement more likely than not may be interpreted to violate the Policy Statement or any present or proposed future law or regulation applicable to RRH, including those which, if violated, would jeopardize RRH’s status as a recipient of governmental or private funds for the provision of health care services or its status as an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or any successor statute.

4. If there are any exceptions to statements 1-3 above vendor will list them here: ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

Signature: __________________________   Date: __________________________
Print Name: __________________________   Vendor Name: __________________________
Title: __________________________   Vendor EIN: __________________________