



Code of Conduct – Our Commitment to Ethical Integrity Personnel Declaration Form

1. By signing below I acknowledge that I have read *Our Commitment to Ethical Integrity* and pledge to perform the duties of my position with Covenant Health, as a (an) _____ in a manner that upholds the mission, vision, values and ethical traditions of Covenant Health.
2. I promise to create a culture that will allow staff, physicians and volunteers to flourish, knowing I am making decisions, setting, and/or modeling standards of behaviour that are directed solely to support those we serve.
3. I will conduct myself impartially in carrying out my duties for Covenant Health.
4. I will not act in matters that promote my own self-interest or furthers a private interest while carrying out my duties for Covenant Health.
5. I will not accept gifts while carrying out my duties for Covenant Health that may impact my impartiality, further a private interest or could create a real, potential or apparent conflict of interest*.
6. I will not accept an appointment to other offices or hold employment which:
 - a. causes an actual or apparent conflict of interest*, or;
 - b. is performed in such a way as to appear to be an official act of Covenant Health or to represent Covenant Health’s opinion or policy, or;
 - c. materially interferes with my regular duties for Covenant Health, or;
 - d. involves the use of Covenant Health’s premises, equipment, supplies or assets unless such use is otherwise authorized.
7. I also disclose below any actual, potential or perceived conflicts of interest,* as reasonably would be concluded by an independent observer which may compromise exercise of my professional duties, or the reputation and integrity of Covenant Health, and hereby commit to disclose additional conflicts in the future as they may arise, and manage such conflicts to the extent possible.

Personnel Name

Employee ID #

Disclosure of Actual, Potential or Perceived Conflicts of Interest

Personnel Signature

Date

Supervisor Signature

Date

To be completed by Supervisor:

If the above signed Personnel acknowledge a conflict of interest, please confirm if the reported conflict is deemed a conflict of interest, what individuals were notified, and any action undertaken or required to be undertaken to manage the conflict.

**Conflict of Interest:*

A divergence between a person’s own and/or their family’s personal, financial or business interests and the person’s professional obligations to Covenant Health such that an independent observer might reasonably question whether the person’s professional actions or decisions are determined by considerations of personal gain, financial or otherwise. This definition extends to actual, potential and perceived conflicts of interest.

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