

CORPORATE POLICY

SUBJECT: Conflict of Interest	CATEGORY: Human Resources ORIGINAL DATE: May 1, 1996 REVIEWED DATE: March 29, 2017 REVISION DATE: August 26, 2020
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I. **POLICY:**

Except as otherwise authorized or provided by Illinois Compiled Statutes, Lake County Ordinance or formal action of the Lake County Board, no employee of the Lake County Health Department and Community Health Center (LCHD/CHC) shall have any substantial interest, direct or indirect, or engage in any business transaction or professional activity or incur any obligation of any nature that is in conflict with the proper discharge of their duties in the public interest.

No employee of LCHD/CHC shall use their position to secure special privileges or exemptions, personally or for others.

No employee of LCHD/CHC may solicit or receive remuneration for inducing referrals of items or services covered by any Federally funded program including Medicare and Medicaid.

II. **SCOPE:**

All LCHD/CHC employees.

III. **PROCEDURE:**

A. Conflict of Interest

1. Employees must never allow themselves to be placed in a position where their personal interests are in conflict, or could be in conflict, with the interests or business of LCHD/CHC.
2. Employees must avoid any situation or activity that compromises, or may compromise, their judgment or ability to act in the best interest of LCHD/CHC.

B. Disclosure of Potential Conflicts: Employees must promptly disclose in a written statement to their immediate supervisor and appropriate Director:

1. Any situation or activity that has the actual or perceived appearance of personal, organizational or professional gain.
2. Family or personal relationships with employees in the same program or reporting structure; or where one or the other has supervisory authority over the other.
3. Family or personal relationships with customers, patients, clients, vendors, consultants or any persons to whom we provide or obtain business or services.
4. Knowledge of a contractual or family relationship with a Board member.

C. Statement of Economic Interest (SEI) Filing: Employees required to do so under the Illinois Governmental Ethics Act of 1972 must file an annual SEI with the County Clerk. Those employees will be notified by the County Clerk when the annual filing is due. LCHD/CHC requires all employees to disclose any potential conflicts that may occur after filing the disclosure statement.

CORPORATE POLICY

- D. Employees failing to disclose conflicts of interest will be afforded an opportunity to explain the alleged failure to disclose. Records of proceedings will include names of the persons who disclosed or were found to have an interest or potential conflict of interest, the nature of the interest, any action taken to determine if conflict of interest existed, and the decision if the conflict was found to have existed. If after further investigation it is determined that the employee has in fact failed to disclose, appropriate corrective action up to and including termination may take place.
- E. Acceptance of Gifts: No employee of LCHD/CHC may solicit payment in kind or case for the recommendation or actual purchase, lease, or ordering of any goods, facility services, or items, nor may they directly or indirectly receive or agree to receive any compensation, gift, reward, favors or gratuity from any of the following, except as noted in III.B.4 and 5:
 - 1. A person currently receiving or seeking to receive benefits or services from the organization;
 - 2. A person or organization currently performing or seeking to perform services under contract with the organization; and
 - 3. A person currently in a position to benefit from the actions of any employee of the organization.
 - 4. Employees may, with the prior written approval of their Director, receive honoraria or expenses paid for papers, lectures, demonstrations or appearances made on their own time.
 - 5. Honoraria received by employees acting in an official capacity in connection to activities related to employment with LCHD/CHC are to be paid to LCHD/CHC.
- F. Outside Employment or Business Activity: During working hours, employees are expected to devote their full time and attention to the business and the affairs of the agency. If an employee wishes to engage in employment or business activity outside of their employment with LCHD/CHC, they must disclose the nature and extent of the proposed employment or business activity by completing and submitting an Outside Employment form to their immediate supervisor and appropriate Director for approval. Approval will only be denied if it is reasonably determined that the employee's proposed outside employment or business activity could conflict or compete with the interests of LCHD/CHC or could negatively affect the employee's job performance or attendance.
- G. Company Funds and Property: Employees must be conscientious in their handling of funds and property belonging to LCHD/CHC and must always avoid any form of financial impropriety. Employees must not use, or permit the use of, LCHD/CHC property or resources for anything other than approved LCHD/CHC business or activities.
- H. Violations of this policy should be reported promptly to the employee's immediate supervisor, appropriate Director, Human Resources (HR) and/or the Corporate Compliance Officer. Such reports may be made confidentially and anonymously. Raising such concerns will not jeopardize the reporting individual's terms and conditions of employment. Determination as to whether a conflict of interest exists will be made by HR with the assistance of the Corporate Compliance Officer, if necessary. In circumstances where conflicts of interest exist, an employee may be required to withdraw from their position with LCHD/CHC unless the individual, family

CORPORATE POLICY

member or business associate chooses to disassociate from the outside position that causes the conflict. LCHD/CHC will immediately dismiss any employee found to have offered or accepted a bribe to secure funding, offer positive regulatory results or other benefits.

IV. REFERENCES:

Illinois Governmental Ethics Act of 1972
Outside Employment Form

V. AUTHORS/REVIEWERS:

Designated Review Team, Corporate Policy and Procedure Committee, Executive Team and Lake County Board of Health Personnel Committee.

VI. APPROVALS:

Lake County Board of Health President

Signature: _____ Date: _____