

**COMMUNITY MEDICAL CENTER**

**BOARD DIRECTOR AND COMMITTEE MEMBER  
CERTIFICATION**

BOARD MEMBER ROBERT J. PHILLIPS.

BOARD COMMITTEE (if applicable) FINANCE

DATE 2-13-14.

ENCLOSURES:

- Code of Conduct
- Confidentiality Attestation
- Conflict-of-interest Statement

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***Please read and sign each document.***

***Return to Administration.***

***Thank you.***

## CODE OF CONDUCT ACKNOWLEDGEMENT

I acknowledge that I have received, read and understood a copy of the Community Medical Center Code of Conduct. I understand and agree that as a Board Director or a Board Committee member of Community Medical Center, I have a duty to abide by the Code of Conduct and to report any good-faith concerns I may have that any law, regulation, or hospital policy is being violated.

BOARD OR BOARD COMMITTEE MEMBER ROBERT J. PHILLIPS.  
(Please print)

SIGNATURE Robert J. Phillips

DATE 2-13-14

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## CONFIDENTIALITY ATTESTATION

The Community Medical Center (CMC) Board of Directors recognizes the importance of confidentiality with respect to CMC's affairs. Board members have a duty to keep sensitive matters confidential. Accordingly, Board members agree to keep confidential, during and after their service, all sensitive information pertaining to the organization. This commitment to confidentiality includes, but is not limited to:

- Information regarding appointment and reappointment of professionals to the medical staff, information included in quality reports and statistical data about the organization's clinical services and patient care, risk management and malpractice information regarding the organization's and individual professional's performance.
- Information regarding actual or potential competitors.
- Information regarding the strategic plan, initiatives mounted to meet goals in the plan and data/analyses regarding the organization's competitive position.
- Financial information, including annual budgets, revenues and expenses, capital expenditure plans, and information regarding the organization's financial condition such as debt, liquidity, return on investment and profitability.
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It is particularly important that Board members recognize the sensitivity of information regarding real estate purchases, closures, acquisitions and other strategic plans that may have an impact on the organization's competitive position relative to other healthcare providers (both institutional and individual) in the market.

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The Board Chair is responsible for addressing infractions of confidentiality by individual Board members and taking action to remedy such problems. If behavior persists in violation of this confidentiality policy, the Board Chair will seek removal of the offending Board member through means specified in the bylaws.

### ATTESTATION:

By signing below, I acknowledge and understand this policy and agree to it. Furthermore, I will make a good faith effort to abide by it.

BOARD OR BOARD COMMITTEE MEMBER

SIGNATURE Robert J. Phillips  
(Please print)

DATE 2-13-14

## CONFLICT-OF-INTEREST STATEMENT

### 1. OUTSIDE INTERESTS

- A. **Definition:** To hold, directly or indirectly, a position or a material financial interest in any outside concern from which you have reason to believe CMC secures goods or services, or that provides services competitive with CMC

**Example:** Your brother owns a local office supply store where CMC purchases its office supplies. In addition to identifying the conflict below, you must abstain from any decision-making by CMC regarding the purchase of office supplies.

**Question:** Do you (or a close relative) hold a financial interest (including investments of a substantial nature), or position of influence, in any firm or organization from which CMC obtains goods or services (including banking, securities, legal or any other related goods or services)?

Yes  No

If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
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- B. **Definition:** To compete, directly or indirectly, with CMC in the purchase or sale of property of property rights, interests or services.

**Example:** Your spouse is a local real estate broker.

**Question:** Are you (or a close relative involved directly or indirectly in any activity or transaction that might affect CMC in the purchase or sale of real estate and other tangible or intangible property, rights or interests?

Yes  No

If Yes, describe: \_\_\_\_\_  
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**Definition:** To provide directive, managerial, or consultative services to any outside concern that does business with or competes with the services of CMC, or to provide others services in competition with CMC.

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**Questions:**

Are you (or a close relative) a director or trustee of any firm or organization that does business with, or competes with, CMC?

Yes  No

If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you (or a close relative) offer any managerial or consulting services to any firm or organization that does business with or competes with CMC?

Yes  No

If Yes, describe: REPRESENT ST. PETERS HOSP.  
HELENA IN A LAWSUIT FILED BY  
RADIOLOGISTS.

### 3. GIFTS, GRATUITIES, ENTERTAINMENT

**Definition:** To accept gifts, excessive entertainment, or other favors from any outside individual or entity that does or is seeking to do business with CMC, or is a competitor of CMC, under circumstances from which it might be inferred that such action was intended to influence or would possibly influence the individual or entity in the performance of his/her/its duties.

*Please note: This does not include the acceptance of items of nominal or minor value that clearly are tokens of respect or friendship and are not related to any particular transaction of activity of CMC.*

**Example:** You receive free gas for your family car in exchange for agreeing to purchase all CMC fuel from a specific local gas station.

**Question:** Have you or any member of your family accepted gifts, gratuities, or entertainment that might influence your judgment or action concerning CMC?

Yes  No

If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 4. INSIDE INFORMATION/OTHER INTERESTS

**Definitions:**

**Family relationships** include an individual's spouse, ancestors, children, grandchildren, great-grandchildren, siblings (whether by whole or half blood), and the spouses of children, grandchildren, great-grandchildren and siblings.

**Business relationships** include employment and contractual relationships and common ownership of a business where any officers, directors, or trustees, individually or together, possess more than a 35% common ownership interest. Ownership is voting power in a corporation, profits interest in a partnership, or beneficial interest in a trust.

(Note that these family and/or business relationships do not necessarily involve CMC.)

**Examples:** Two Board members co-owning a business; a Board member being a client of one of the independent contractors; a Board member and one of the highly compensated employees being brother and sister; a Board member using the services of one of the independent contractors; etc.

**Questions:**

(1) Do you, or a family member as described above, have any **family and/or business relationships** with any of the officers, directors, trustees, key employees, highest compensated employees, or highest compensated independent contractors for professional or other services listed on CMC's most recent Form 990?

Yes  No

If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
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(2) Have you or any member(s) of your family, or any taxable organizations with which you are affiliated as an officer, director, trustee, majority owner or principal beneficiary, directly or indirectly engaged in any of the following acts with CMC:

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Yes  No

If Yes, describe: \_\_\_\_\_  
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(b) Lending of money or other extension of credit (e.g., Board member is an officer of a bank where CMC maintains an account).

Yes  No

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(c) Furnishing of goods services, or facilities (e.g., Board member is a partner in a law firm and CMC retains that law firm).

Yes  No

If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(d) Payment of compensation (or payment or reimbursement of expenses if more than \$1,000) (e.g., any payments that are not already reported on Part V-A):

Yes  No

If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(e) Transfer of any part of its income or assets.

Yes  No

If Yes, describe: \_\_\_\_\_  
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In fulfillment of the requirements of the CMC policy on Conflict of Interest, I have listed above all ownership, employments, public and private affiliations, and other financial, family, and business relationships held by me or my relatives that may constitute a substantial interest.

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I understand that I may not vote, influence, or participate in any way on any matter that I, or any of my relatives, have a substantial interest.

BOARD OR BOARD COMMITTEE MEMBER ROBERT J. PARZELIOS  
(Please print)

SIGNATURE Robert J. Parzelios

DATE 2-13-14



From day one.

2827 Fort Missoula Road  
Missoula, MT 59804  
TEL (406) 728-4100  
www.communitymed.org

COMMUNITY MEDICAL CENTER  
Board of Directors  
2012 Information

FIRST NAME ROBERT LAST NAME PHILLIPS  
 SPOUSE PRISCILLA BIRTH DATE [REDACTED]  
 SOCIAL SECURITY NUMBER [REDACTED]  
 HOME ADDRESS [REDACTED]  PREFERRED  
 CITY MISSOULA STATE MT ZIP 59803  
 HOME PHONE [REDACTED] PHONE [REDACTED]  
 HOME EMAIL ADDRESS [REDACTED]  
 OCCUPATION ATTORNEY  
 COMPANY NAME PHILLIPS HAFLEY P.C.  
 BUSINESS ADDRESS [REDACTED]  PREFERRED  
 CITY MISSOULA STATE MT ZIP 59807  
 WORK PHONE [REDACTED] FAX NUMBER [REDACTED]  
 WORK EMAIL ADDRESS "SAME"  PREFERRED

**Please indicate your preferences for mailing and email addresses,  
and return in the enclosed, postage-paid envelope. Thank you!**



2827 Fort Missoula Road ▪ Missoula, MT 59804

(406) 728-4100 ▪ www.communitymed.org

COMMUNITY MEDICAL CENTER  
Board of Directors  
2008 Information

FIRST NAME Robert LAST NAME Phillips

SPOUSE Priscilla BIRTH DATE [REDACTED]

SOCIAL SECURITY NUMBER [REDACTED]

HOME ADDRESS [REDACTED]  PREFERRED

CITY Missoula STATE MT ZIP 59803

HOME PHONE [REDACTED] CELL PHONE [REDACTED]

HOME EMAIL ADDRESS \_\_\_\_\_  PREFERRED

OCCUPATION Attorney

COMPANY NAME Phillips Law Firm

BUSINESS ADDRESS [REDACTED]  PREFERRED  
[REDACTED]

CITY Missoula STATE MT ZIP 59802

WORK PHONE [REDACTED] FAX NUMBER [REDACTED]

WORK EMAIL ADDRESS [REDACTED]  PREFERRED

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*for CMC Board materials*

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BOARD OR BOARD COMMITTEE MEMBER ROBERT P. HILLIPS,  
(Please print.)

SIGNATURE Robert P. Hillips

DATE 12-26-12.

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BOARD OR BOARD COMMITTEE MEMBER

SIGNATURE

DATE

ROBERT J. PHILLIPS  
(Please print.)  
Robert J. Phillips  
12-26-12

# CONFLICT-OF-INTEREST STATEMENT

## 1. OUTSIDE INTERESTS

- A. **Definition:** To hold, directly or indirectly, a position or a material financial interest in any outside concern from which you have reason to believe CMC secures goods or services, or that provides services competitive with CMC

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Yes  No

If Yes, describe: \_\_\_\_\_  
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Yes  No

If Yes, describe: I REPRESENT ST. PETERS HOSPITAL  
IN HELENA IN A LITIGATION MATTER

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If Yes, describe: \_\_\_\_\_  
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Yes  No

If Yes, describe: \_\_\_\_\_  
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Yes  No

If Yes, describe: \_\_\_\_\_  
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Yes  No

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BOARD OR BOARD COMMITTEE MEMBER ROBERT J. PHILLIPS.  
*Please print.*

SIGNATURE Robert J. Phillips.

DATE 12-26-12.

# COMMUNITY MEDICAL CENTER

## BOARD DIRECTOR AND COMMITTEE MEMBER CERTIFICATION

BOARD MEMBER \_\_\_\_\_ **Robert Phillips** \_\_\_\_\_

BOARD COMMITTEE (if applicable) \_\_\_\_\_

DATE 12-16-11.

ENCLOSURES: Code of Conduct Acknowledgement  
Confidentiality Attestation  
Conflict-of-interest Statement

*Please read and sign each document. Return to the Executive Assistant.*

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BOARD OR BOARD COMMITTEE MEMBER

ROBERT J. PHILLIPS  
(Please print.)

SIGNATURE

Robert J. Phillips

DATE

12-16-11

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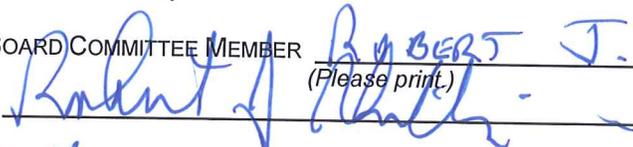
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(Please print.)  
  
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# COMMUNITY MEDICAL CENTER

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BOARD MEMBER ROBERT J. PHILLIPS.

BOARD COMMITTEE (if applicable) \_\_\_\_\_

DATE 7-1-08

ENCLOSURES:      Confidentiality Attestation  
                         Conflict-of-interest Statement

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- Financial information, including annual budgets, revenues and expenses, capital expenditure plans, and information regarding the organization's financial condition such as debt, liquidity, return on investment and profitability.
- Information regarding contracts with physicians and physician groups.
- Information regarding contracts for the provision of services to or with insurance companies, payers, HMOs, or purchasers.
- Information regarding contracts for the lease/purchase of facilities, equipment, supplies and services.
- Information regarding the performance of executives, including evaluations, compensation, contract and employment conditions.

It is particularly important that Board members recognize the sensitivity of information regarding real estate purchases, closures, acquisitions and other strategic plans that may have an impact on the organization's competitive position relative to other healthcare providers (both institutional and individual) in the market.

The organization will make every effort to specifically note which information, analyses, reports, other materials and associated Board discussions/deliberations are deemed to be confidential. Board members are expected to exercise reasonable prudent and common sense in keeping sensitive matters confidential. Questions regarding which matters, material, discussions and decisions are confidential should be directed to the Board Chair or President.

The Board Chair is responsible for addressing infractions of confidentiality by individual Board members and taking action to remedy such problems. If behavior persists in violation of this confidentiality policy, the Board Chair will seek removal of the offending Board member through means specified in the bylaws.

## ATTESTATION:

By signing below, I acknowledge and understand this policy and agree to it. Furthermore, I will make a good faith effort to abide by it.

BOARD OR BOARD COMMITTEE MEMBER

SIGNATURE

DATE

(Please print.)

ROBERT J. P. HULLYARD

*Robert J. Hullyard*

7-1-08

# CONFLICT-OF-INTEREST STATEMENT

## 1. OUTSIDE INTERESTS

- A. **Definition:** To hold, directly or indirectly, a position or a material financial interest in any outside concern from which you have reason to believe CMC secures goods or services, or that provides services competitive with CMC

**Example:** Your brother owns a local office supply store where CMC purchases its office supplies. In addition to identifying the conflict below, you must abstain from any decision-making by CMC regarding the purchase of office supplies.

**Question:** Do you (or a close relative) hold a financial interest (including investments of a substantial nature), or position of influence, in any firm or organization from which CMC obtains goods or services (including banking, securities, legal or any other related goods or services)?

Yes  No

If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- B. **Definition:** To compete, directly or indirectly, with CMC in the purchase or sale of property of property rights, interests or services.

**Example:** Your spouse is a local real estate broker.

**Question:** Are you (or a close relative involved directly or indirectly in any activity or transaction that might affect CMC in the purchase or sale of real estate and other tangible or intangible property, rights or interests?

Yes  No

If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 2. OUTSIDE ACTIVITIES

**Definition:** To provide directive, managerial, or consultative services to any outside concern that does business with or competes with the services of CMC, or to provide others services in competition with CMC.

**Example:** In addition to your work for CMC, you are paid for after-hours consulting to a new hospital in another area of Montana.

**Questions:**

Are you (or a close relative) a director or trustee of any firm or organization that does business with, or competes with, CMC?

Yes  No

If Yes, describe: I HAVE CONSULTED WITH OTHER HOSPITALS IN THIS STATE ON MALPRACTICE CLAIMS AND INSURANCE COVERAGE THERE FOR.

Do you (or a close relative) offer any managerial or consulting services to any firm or organization that does business with or competes with CMC?

Yes  No

If Yes, describe: SEE ABOVE

### 3. GIFTS, GRATUITIES, ENTERTAINMENT

**Definition:** To accept gifts, excessive entertainment, or other favors from any outside individual or entity that does or is seeking to do business with CMC, or is a competitor of CMC, under circumstances from which it might be inferred that such action was intended to influence or would possibly influence the individual or entity in the performance of his/her/its duties.

*Please note: This does not include the acceptance of items of nominal or minor value that clearly are tokens of respect or friendship and are not related to any particular transaction of activity of CMC.*

**Example:** You receive free gas for your family car in exchange for agreeing to purchase all CMC fuel from a specific local gas station.

**Question:** Have you or any member of your family accepted gifts, gratuities, or entertainment that might influence your judgment or action concerning CMC?

Yes  No

If Yes, describe: \_\_\_\_\_

### 4. INSIDE INFORMATION/OTHER INTERESTS

#### **Definitions:**

**Family relationships** include an individual's spouse, ancestors, children, grandchildren, great-grandchildren, siblings (whether by whole or half blood), and the spouses of children, grandchildren, great-grandchildren and siblings.

**Business relationships** include employment and contractual relationships and common ownership of a business where any officers, directors, or trustees, individually or together, possess more than a 35% common ownership interest. Ownership is voting power in a corporation, profits interest in a partnership, or beneficial interest in a trust.

(Note that these family and/or business relationships do not necessarily involve CMC.)

**Examples:** Two Board members co-owning a business; a Board member being a client of one of the independent contractors; a Board member and one of the highly

compensated employees being brother and sister; a Board member using the services of one of the independent contractors; etc.

**Questions:**

(1) Do you, or a family member as described above, have any **family and/or business relationships** with any of the officers, directors, trustees, key employees, highest compensated employees, or highest compensated independent contractors for professional or other services listed on CMC's most recent Form 990?

Yes  No

If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) Have you or any member(s) of your family, or any taxable organizations with which you are affiliated as an officer, director, trustee, majority owner or principal beneficiary, directly or indirectly engaged in any of the following acts with CMC:

(a) Sale, exchange or leasing of property (e.g., an officer owns a building and CMC leases space in it).

Yes  No

If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Lending of money or other extension of credit (e.g., Board member is an officer of a bank where CMC maintains an account).

Yes  No

If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) Furnishing of goods services, or facilities (e.g., Board member is a partner in a law firm and CMC retains that law firm).

Yes  No

If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(d) Payment of compensation (or payment or reimbursement of expenses if more than \$1,000) (e.g., any payments that are not already reported on Part V-A):

Yes  No

If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(e) Transfer of any part of its income or assets.

Yes  No

If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In fulfillment of the requirements of the CMC policy on Conflict of Interest, I have listed above all ownership, employments, public and private affiliations, and other financial, family, and business relationships held by me or my relatives that may constitute a substantial interest.

I also understand that I have a continuing responsibility to observe and apply the provisions of this policy. As my interests and those of my relatives change, I may need to modify this statement by reporting any further situations that may develop prior to completion of my next questionnaire.

I understand that I may not vote, influence, or participate in any way on any matter that I, or any of my relatives, have a substantial interest.

BOARD OR BOARD COMMITTEE MEMBER ROBERT J. PHILLIPS  
*Please print.*

SIGNATURE Robert J. Phillips

DATE 7-1-08

2007 Board of Director *lication, (Verification of Inform on) and Conflict of Interest Statement*

Dear Member of the Board of Directors: Please update your personal information, Committee(s) of Interest and read and sign the Conflicts of Interest Statement, an annual requirement of the Board of Director bylaws. I have enclosed a self-addressed stamped envelope for your mailing convenience. Thank you for your assistance in helping to maintain up-to-date information. Please call Administration at 327-4002 if you have questions or concerns.

98-2474

LAST NAME PHILLIPS FIRST NAME ROBERT

SOCIAL SECURITY NUMBER [REDACTED] BIRTHDATE [REDACTED]

SPOUSE: HOME ADDRESS [REDACTED]

CITY MISSOULA ST MT ZIP 59807-8569 HOME PH: [REDACTED]

OCCUPATION: Attorney

COMPANY NAME: PHILLIPS & BOHYER PC Phillips Bohyer & Hedger, P.C.

BUS ADDRESS: [REDACTED]

MAILING ADDRESS: [REDACTED]

CITY MISSOULA STATE MT ZIP 59807-8569

WORK PHONE: [REDACTED] CELL PHONE [REDACTED] FAX #: [REDACTED]

E-MAIL ADDRESS [REDACTED]

Please indicate the committee(s) you would like to serve on.

- Chair* Patient Safety and Quality
- Chair* Finance  Executive  *Chair*
- Development  Planning

Conflicts of Interest (Article III, Community Medical Center, Inc., Bylaws) At the time of appointment and annually thereafter any director, officer, key employee or committee member having an interest in a contract or other transaction presented to the Board or a committee thereof for authorization, approval, or ratification shall be required to make full disclosure of the nature and extent of his or her interest to the Board or committee prior to its acting on such contract or transaction. The body to which disclosure is made shall there upon determine, by majority vote, whether the disclosure shows that a conflict of interest exists or can reasonably be construed to exist. If a conflict is deemed to exist, such person shall either be excused from voting and/or from participating in discussions on matters involving any such conflicts.

Note to all new members: New members will be scheduled for orientation and a tour of the Medical Center, where you will also be provided information to help you get started. Electronic versions of the Board of Director Bylaws, Board Policies and Procedures, the Medical Center's Mission/Vision and information for each meeting can be accessed on Community's Web Site for the Board: www/board/communitymed.org. Your username is your FIRSTLASTNAME and pass word is LASTNAME (All IN CAPS)

I have read the Conflict of Interest Statement:  I have reviewed and corrected my information:

SIGNATURE: Robert J Phillips DATE: 4-9-07

**2005-06 Board of Director/Advisory Council Application (Verification of Information) and Conflict of Interest Statement**

**Dear Member of the Board of Directors/Advisory Council:**  
**Please update your personal information, Committee(s) of Interest and read and sign the Conflicts of Interest Statement, an annual requirement of the the Board of Director bylaws. I have enclosed a self-addressed envelope for your mailing convenience. Thank you for your assistance in helping to maintain up-to-date information. Please call Melissa at 327-4002 if you have questions or concerns.**

**LAST NAME** PHILLIPS                      **FIRST NAME** ROBERT

**SOCIAL SECURITY NUMBER** [REDACTED]                      **BIRTHDATE** [REDACTED]

**SPOUSE:** \_\_\_\_\_                      **HOME ADDRESS** [REDACTED]

**CITY** MISSOULA                      **ST** MT                      **ZIP** 59807-8569                      **HOME PH:** [REDACTED]

**OCCUPATION:** Attorney

**COMPANY NAME:** PHILLIPS & BOHYER PC

**BUS ADDRESS:** [REDACTED]

**MAILING ADDRESS:** [REDACTED]

**CITY:** MISSOULA                      **STATE:** MT                      **ZIP:** 59807-8569

**WORK PHONE:** [REDACTED]                      **CELL PHONE** [REDACTED]                      **FAX #:** [REDACTED]

**E-MAIL ADDRESS** [REDACTED]

*Please indicate the committee(s) you would like to serve on.*

<b>Human Resources</b> _____	<b>Marketing</b> _____
<b>Finance</b> _____	<b>Physician Leadership Committee</b> _____
<b>Development</b> _____	

**Conflicts of Interest (Article III, Community Medical Center, Inc., Bylaws) At the time of appointment and annually thereafter any director, officer, key employee or committee member having an interest in a contract or other transaction presented to the Board or a committee thereof for authorization, approval, or ratification shall be required to make full disclosure of the nature and extent of his or her interest to the Board or committee prior to its acting on such contract or transaction. The body to which disclosure is made shall there upon determine, by majority vote, whether the disclosure shows that a conflict of interest exists or can reasonably be construed to exist. If a conflict is deemed to exist, such person shall either be excused from voting and/or from participating in discussions on matters involving any such conflicts.**

Note to all new members: New members will be scheduled for orientation and a tour of the Medical Center, where you will also be provided information to help you get started. Electronic versions of the Board of Director Bylaws, Board Policies and Procedures, the Medical Center's Mission/Vision and information for each meeting can be accessed on Community's Web Site for the Board: [www/board/communitymed.org](http://www/board/communitymed.org). Your username is your FIRSTLASTNAME and pass word is LASTNAME (All IN CAPS)

**I have read the Conflict of Interest Statement:**  **I have reviewed and corrected my information:**

**SIGNATURE:** Robert J. Phillips                      **DATE:** 2-2-06

**2004-05 Board of Director/Advisory Council Application, (Verification of Information) and Conflict of Interest Statement**

**Dear Member of the Board of Directors/Advisory Council:**  
**Please update your personal information, Committee(s) of Interest and read and sign the Conflicts of Interest Statement, an annual requirement of the the Board of Director bylaws. I have enclosed a self-addressed envelope for your mailing convenience. Thank you for your assistance in helping to maintain up-to-date information. Please call Berniece at 327-4004 if you have questions or concerns.**

**LAST NAME** PHILLIPS **FIRST NAME** ROBERT

**SOCIAL SECURITY NUMBER** [REDACTED] **BIRTHDATE** [REDACTED]

**SPOUSE:** \_\_\_\_\_ **HOME ADDRESS** [REDACTED]

**CITY** MISSOULA **ST** MT **ZIP** 59807-8569 **HOME PH** [REDACTED]

**OCCUPATION:** Attorney

**COMPANY NAME:** PHILLIPS & BOHYER PC

**BUS ADDRESS** [REDACTED]

**MAILING ADDRESS:** [REDACTED]

**CITY:** MISSOULA **STATE:** MT **ZIP:** 59807-8569

**WORK PHONE:** [REDACTED] **CELL PHONE** [REDACTED] **FAX #:** [REDACTED]

**E-MAIL ADDRESS** [REDACTED]

*Please indicate the committee(s) you would like to serve on.*

Human Resources <input checked="" type="checkbox"/>	Marketing _____
Finance <input checked="" type="checkbox"/>	Physician Leadership Committee _____
Development _____	

**Conflicts of Interest (Article III, Community Medical Center, Inc., Bylaws) At the time of appointment and annually thereafter any director, officer, key employee or committee member having an interest in a contract or other transaction presented to the Board or a committee thereof for authorization, approval, or ratification shall be required to make full disclosure of the nature and extent of his or her interest to the Board or committee prior to its acting on such contract or transaction. The body to which disclosure is made shall there upon determine, by majority vote, whether the disclosure shows that a conflict of interest exists or can reasonably be construed to exist. If a conflict is deemed to exist, such person shall either be excused from voting and/or from participating in discussions on matters involving any such conflicts.**

Note to all new members: New members will be scheduled for orientation and a tour of the Medical Center, where you will also be provided information to help you get started. Electronic versions of the Board of Director Bylaws, Board Policies and Procedures, the Medical Center's Mission/Vision and information for each meeting can be accessed on Community's Web Site for the Board: [www/board/communitymed.org](http://www/board/communitymed.org). Your username is your FIRSTLASTNAME and pass word is LASTNAME (All IN CAPS)

*I have read the Conflict of Interest Statement:*  *I have reviewed and corrected my information:*

**SIGNATURE:** Robert J Phillips **DATE:** 1-23-05

**6. Ownership Interest and/or Managing Control Information (Individuals)**

This section is to be completed with information about any individual that has a 5% or greater (direct or indirect) ownership interest in, or any partnership interest in, the supplier identified in Section 2B. All officers, directors, and managing employees of the supplier must also be reported in this section. In addition, any information on adverse legal actions that have been imposed against the individuals reported in this section must be furnished. If there is more than one individual, copy and complete this section for each.

**A. Individual with Ownership Interest and/or Managing Control-Identification Information**

Add                       Delete                       Change                      Effective Date:      /      /     

1. Name	First	Middle	Last	Jr., Sr., etc.
	ROBERT	JAMES	PHILLIPS	
Social Security Number	[REDACTED]		Date of Birth (MM/DD/YYYY)	Credentials (M.D., O.D., etc.)
	[REDACTED]		[REDACTED] / /	

Medicare Identification Number (if applicable)	Effective Date of Ownership (MM/DD/YYYY)	Effective Date of Control (MM/DD/)
[REDACTED]	[REDACTED] / /	[REDACTED] / /

2. If the above individual is directly associated with the supplier in Section 2B, what is this individual's relationship with the supplier? (Check all that apply.)

5% or Greater Owner                       Partner                       Managing Employee  
 Director/Officer                       Other (Specify) \_\_\_\_\_

3. If the above individual is **directly** associated with an organization identified in Section 5B, furnish the name of that organization in the space below:

Legal Business Name of Organization: COMMUNITY MEDICAL CENTER

4. What is this individual's role with the organization reported in Section 6A3 above (check all that apply)?

5% or Greater Owner                       Partner                       Managing Employee  
 Director/Officer                       Other (Specify) \_\_\_\_\_

**B. Adverse Legal History**                       Change                      Effective Date:      /      /     

**Please read the applicable instructions before completing this section.** This section is to be completed only if the individual in Section 6A above is a 5% or greater owner (direct or indirect), or has a partnership interest in, or is an actual employee of, or director/officer of, the supplier identified in Section 2B.

1. Has the individual in Section 6A above, under any current or former name or business identity, ever had any of the adverse legal actions listed in Table A in Section 3A imposed against him or her?                       YES                       NO

2. IF YES, report each adverse legal action, when it occurred, the law enforcement authority/court/administrative body that imposed the action, and the resolution. Attach a copy of the adverse legal action documentation(s) and resolution(s).

Adverse Legal Action:	Date:	Law Enforcement Authority:	Resolution:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Board of Director/Advisory Council Application, (Verification of Information) and Conflict of Interest Statement*

Dear Member of the Board of Directors/Advisory Council: If you are a new member of the Board of Directors or Advisory Council, please complete your personal information, Committee(s) of Interest and read and sign the Conflicts of Interest Statement. Other members are asked to review/update their personal information, complete the Committee(s) of Interest and review the Conflicts of Interest Statement, which is an annual requirement of Board of Director bylaws. Enclosed is a self-addressed envelope for your mailing convenience. Thank you for your assistance.

LAST NAME PHILLIPS FIRST NAME ROBERT  
 SOCIAL SECURITY NUMBER [REDACTED] BIRTHDATE [REDACTED]  
 SPOUSE: \_\_\_\_\_ HOME ADDRESS [REDACTED]  
 CITY MISSOULA ST MT ZIP 59807-8569 HOME PH: [REDACTED]  
 OCCUPATION: Attorney  
 COMPANY NAME: PHILLIPS & BOHYER PC  
 BUS ADDRESS: [REDACTED]  
 MAILING ADDRESS: [REDACTED]  
 CITY: MISSOULA STATE: MT ZIP: 59807-8569  
 WORK PHONE: [REDACTED] CELL PHONE [REDACTED] FAX #: [REDACTED]  
 E-MAIL ADDRESS [REDACTED]

We are interested to know your Committee(s) of Interest.....

Human Resources <u>X</u>	Marketing _____
Finance <u>X</u>	Medical Staff Liaison _____
Development _____	

**Conflicts of Interest (Article III, Community Medical Center, Inc., Bylaws) At the time of appointment and annually thereafter any director, officer, key employee or committee member having an interest in a contract or other transaction presented to the Board or a committee thereof for authorization, approval, or ratification shall be required to make full disclosure of the nature and extent of his or her interest to the Board or committee prior to its acting on such contract or transaction. The body to which disclosure is made shall there upon determine, by majority vote, whether the disclosure shows that a conflict of interest exists or can reasonably be construed to exist. If a conflict is deemed to exist, such person shall either be excused from voting and/or from participating in discussions on matters involving any such conflicts.**

Note to all New members: New members will be scheduled for orientation and a tour of the Medical Center. All pertinent information i.e. the Board of Director Bylaws, Board Policies and Procedures, the Medical Center's Mission/Vision, and Meeting Information may be accessed on Community's Web Site: [www/board/communitymed.org](http://www/board/communitymed.org)

I have read the Conflict of Interest Statement:  I have reviewed and corrected my information:

SIGNATURE: Robert J Phillips DATE: 11-06-03



# COMMUNITY MEDICAL CENTER BOARD OF DIRECTORS FORM

Name: ROBERT J. PHILLIPS Birth Date (month/day) [REDACTED]

Home Address: [REDACTED] City: MISSOULA State MT Zip 59803

Home Phone Number [REDACTED] Spouse's Name PRISCILLA

Employer or Business Name: PHILLIPS & BOHYER, P.C.

Business Address: [REDACTED] MSLA 59806

Business Telephone Number: [REDACTED] Fax #: [REDACTED]

E-mail address: [REDACTED] Business Title: \_\_\_\_\_

Former title if retired: \_\_\_\_\_ Cellular # [REDACTED]

Please Send Board Correspondence to: Home Address:  Business Address:

### Check Committees of Interest:

- 1.  Board Development
- 2.  Human Resources
- 3.  Finance Committee

### Check Committees of Interest:

- 6.  Medical Staff Liaison
  - 5.  Marketing Committee
- (Refer to Article VI of the Bylaws for Committee Responsibilities)

### CONFLICTS OF INTEREST (ARTICLE III, COMMUNITY MEDICAL CENTER, INC., BYLAWS)

"At the time of appointment and annually thereafter any director, officer, key employee or committee member having an interest in a contract or other transaction presented to the Board or a committee thereof for authorization, approval, or ratification shall be required to make full disclosure of the nature and extent of his or her interest to the Board or committee prior to its acting on such contract or transaction. The body to which disclosure is made shall there upon determine, by majority vote, whether the disclosure shows that a conflict of interest exists or can reasonably be construed to exist. If a conflict is deemed to exist, such person shall either be excused from voting and/or from participating in discussions on matters involving any such conflicts.

All new members of the Board will be scheduled for an Orientation Session and will receive copies of the Medical Center's Bylaws, Articles of Incorporation and other pertinent information.

SIGNATURE: Robert J. Phillips DATE: 10-11-01

Please notify Administration at (406) 327-4002, if the above information changes.



COMMUNITY MEDICAL CENTER, INC.
BOARD OF DIRECTORS FORM

Name: Robert J Phillips Birth Date (month/day)
Home Address: City: State
Home Phone Number Spouse's Name
Employer or Business Name: SAME
Business Address:
Business Telephone Number: Fax #:
Business e-mail address: Business Title:
Former title if Retired: Cellular #
Please Send Correspondence to: Home Address: [ ] Business Address: [ ]

Check Committees of Interest:
1. [ ] Board Development
2. [ ] Human Resources
3. [ ] Finance Committee

Check Committees of Interest:
4. [ ] Medical Staff Liaison
5. [ ] Marketing Committee
(Refer to Article VI of the Bylaws for Committee Responsibilities)

CONFLICTS OF INTEREST (ARTICLE III, COMMUNITY MEDICAL CENTER, INC., BYLAWS)
At the time of appointment and annually thereafter any director, officer, key employee or committee member having an interest in a contract or other transaction presented to the Board or a committee thereof for authorization, approval, or ratification shall be required to make full disclosure of the nature and extent of his or her interest to the Board or committee prior to its acting on such contract or transaction. The body to which disclosure is made shall there upon determine, by majority vote, whether the disclosure shows that a conflict of interest exists or can reasonably be construed to exist. If a conflict is deemed to exist, such person shall either be excused from voting and/or from participating in discussions on matters involving any such conflicts.

All new members of the Board will be scheduled for an orientation session and will receive copies of the Medical Center's Bylaws, Articles of Incorporation and other pertinent information.

SIGNATURE: Robert J Phillips DATE: 10-13-00

Please notify Administration at (406)327-4002, if the above information changes.



## COMMUNITY MEDICAL CENTER BOARD OF DIRECTORS INFORMATION

Name: Robert J. Phillips Birth Date (month/day) [REDACTED]  
Home Address: [REDACTED] City: Missoula State MT  
Home Phone Number [REDACTED] Spouse's Name Priscilla  
Employer or Business Name: Phillips & Bohyer, P.C.  
Business Address: [REDACTED] Missoula, MT 59807  
Business Telephone Number: [REDACTED] Fax #: [REDACTED]  
Business Title: Attorney Cellular # \_\_\_\_\_

IF RETIRED PLEASE LIST FORMER OCCUPATION \_\_\_\_\_

### Please Send Correspondence to:

Home Address:

Business Address:

### Check Committees of Interest:

Board Development

Human Resources

Finance Committee

Medical Staff Liaison

(Refer to Article VI of the Bylaws for Committee Responsibilities)

### CONFLICTS OF INTEREST (ARTICLE III, COMMUNITY MEDICAL CENTER, INC., BYLAWS)

"At the time of appointment and annually thereafter any director, officer, key employee or committee member having an interest in a contract or other transaction presented to the Board or a committee thereof for authorization, approval, or ratification shall be required to make full disclosure of the nature and extent of his or her interest to the Board or committee prior to its acting on such contract or transaction. The body to which disclosure is made shall there upon determine, by majority vote, whether the disclosure shows that a conflict of interest exists or can reasonably be construed to exist. If a conflict is deemed to exist, such person shall either be excused from voting and/or from participating in discussions on matters involving any such conflicts.

All new members of the Board of Directors will be scheduled for an orientation session and will receive copies of the Medical Center's Bylaws, Articles of Incorporation and other pertinent information.

SIGNATURE: *Robert J. Phillips* DATE: November 15, 1998

Please notify Administration at (406)327-4002, if the above information changes.



COMMUNITY MEDICAL CENTER

BOARD OF DIRECTORS INFORMATION

Name: Robert J. Phillips Birth Date (month/day) [REDACTED]  
 Home Address: [REDACTED] City: Missoula State: Montana  
 Home Phone Number: [REDACTED] Spouse's Name: Priscilla  
 Employer or Business Name: Phillips, & Bohyer, P.C.  
 Business Address: [REDACTED] Missoula, MT 59807  
 Business Telephone Number: [REDACTED] Fax #: [REDACTED]  
 Business Title: Attorney  
 IF RETIRED PLEASE LIST FORMER OCCUPATION: \_\_\_\_\_

Please Send Correspondence to:

Home Address:   
 Business Address:

Check Committees of Interest:

- Board Development
  - Human Resources and Finance
  - Medical Staff Liaison
- (Refer to Article VI of the Bylaws for Committee Responsibilities)

CONFLICTS OF INTEREST (ARTICLE III, COMMUNITY MEDICAL CENTER, INC., BYLAWS)

"At the time of appointment and annually thereafter any director, officer, key employee or committee member having an interest in a contract or other transaction presented to the Board or a committee thereof for authorization, approval, or ratification shall be required to make full disclosure of the nature and extent of his or her interest to the Board or committee prior to its acting on such contract or transaction. The body to which disclosure is made shall there upon determine, by majority vote, whether the disclosure shows that a conflict of interest exists or can reasonably be construed to exist. If a conflict is deemed to exist, such person shall either be excused from voting and/or from participating in discussions on matters involving any such conflicts.

All new members of the Board of Directors will be scheduled for an orientation session and will receive copies of the Medical Center's Bylaws, Articles of Incorporation and other pertinent information.

SIGNATURE: *Robert J. Phillips* DATE: 10-28-97

Please notify Administration at (406)728-4100, ext. 5100, if the above information changes.