

70

COMMUNITY MEDICAL CENTER

BOARD DIRECTOR AND COMMITTEE MEMBER CERTIFICATION

BOARD MEMBER _____ John VanStrydonck _____

BOARD COMMITTEE (if applicable) Finance _____

DATE _____ October 16, 2014 _____

ENCLOSURES:

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

Please read and sign each document.

Return to Administration.

Thank you.

JV
10/16/2014

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 _____ John VanStrydonck _____

(Please print)

SIGNATURE



DATE _____ 10/16/2014 _____

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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- 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.

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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 John VanStrydonck
 SIGNATURE  _____
 (Please print)



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.

nr .u

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: _____

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.

11) 10/14

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).

Handwritten initials or mark.

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 _____ John VanStrydonck _____
(Please print)

SIGNATURE  _____



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 John Joseph LAST NAME Van Strydomk
 SPOUSE MARY ANN BIRTH DATE [REDACTED]
 SOCIAL SECURITY NUMBER _____
 HOME ADDRESS [REDACTED] PREFERRED
 CITY HELENA STATE MT ZIP 59601
 HOME PHONE [REDACTED] CELL PHONE [REDACTED]
 HOME EMAIL ADDRESS [REDACTED] PREFERRED
 OCCUPATION RETIRED
 COMPANY NAME _____
 BUSINESS ADDRESS _____ PREFERRED
 CITY _____ STATE _____ ZIP _____
 WORK PHONE _____ FAX NUMBER _____
 WORK EMAIL ADDRESS _____ 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 John LAST NAME Van Strydomck

SPOUSE Mary Ann BIRTH DATE [REDACTED]

SOCIAL SECURITY NUMBER _____

HOME ADDRESS [REDACTED] PREFERRED

Helena, MT 59601
CITY Helena STATE MT ZIP 59601

HOME PHONE [REDACTED] CELL PHONE [REDACTED]

HOME EMAIL ADDRESS [REDACTED] PREFERRED

OCCUPATION None

COMPANY NAME _____

BUSINESS ADDRESS _____ PREFERRED

CITY _____ STATE _____ ZIP _____

WORK PHONE _____ FAX NUMBER _____

WORK EMAIL ADDRESS _____ PREFERRED

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for CMC Board materials

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BOARD OR BOARD COMMITTEE MEMBER

John Van Strydomck
(Please print.)

SIGNATURE

[Handwritten Signature]

DATE

12-3-2012

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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 John Van Strydom
(Please print.)

SIGNATURE [Handwritten Signature]

DATE 12-3-2012

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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If Yes, describe: _____

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If Yes, describe: _____

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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: _____

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.

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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

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Yes No

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Yes No

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Yes No

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If Yes, describe: _____

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BOARD OR BOARD COMMITTEE MEMBER

John van Strydom
Please print.

SIGNATURE

[Handwritten Signature]

DATE

12-3-2012

RECEIVED DEC 05 2011

COMMUNITY MEDICAL CENTER

BOARD DIRECTOR AND COMMITTEE MEMBER CERTIFICATION

John VanStrydonck

BOARD MEMBER _____

BOARD COMMITTEE (if applicable) _____

Executive Committee
Audit & Finance Committee

DATE 11-28-2011

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

SIGNATURE

DATE

John Van Strydomick
(Please print.)

11-28-2011

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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If Yes, describe: _____

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If Yes, describe: _____

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BOARD OR BOARD COMMITTEE MEMBER

John Van Strydomck

Please print.

SIGNATURE

JL Daffa

DATE

11-28-2011

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BOARD OR BOARD COMMITTEE MEMBER

John Van Strydomck
(Please print.)

SIGNATURE

DATE

5-29-2010

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- 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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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

John Van Strydom
Please print.

SIGNATURE

John Van Strydom

DATE

5-27-2010

COMMUNITY MEDICAL CENTER

BOARD DIRECTOR AND COMMITTEE MEMBER CERTIFICATION

BOARD MEMBER John Van Strydomck

BOARD COMMITTEE (if applicable) Finance

DATE 2-26-2009

ENCLOSURES: Confidentiality Attestation
Conflict-of-interest Statement

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

CONFIDENTIALITY ATTESTATION

The Community Medical Center (CMC) Board of Directors recognizes the importance of confidentiality with respect to FMC'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.
- 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

John Van Strijdonck
(Please print.)

SIGNATURE

[Handwritten Signature]

DATE

2-26-2009

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: _____

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: _____

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

John VanStydonck
Please print.

SIGNATURE

[Handwritten Signature]

DATE

2-26-2009

COMMUNITY MEDICAL CENTER

BOARD DIRECTOR AND COMMITTEE MEMBER CERTIFICATION

BOARD MEMBER John Van Strydom

BOARD COMMITTEE (if applicable) Finance

DATE June 18, 2008

ENCLOSURES: Confidentiality Attestation
Conflict-of-interest Statement

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

CONFIDENTIALITY ATTESTATION

The Community Medical Center (CMC) Board of Directors recognizes the importance of confidentiality with respect to FMC'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.
- 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

John Van Strijdonck
(Please print.)

SIGNATURE

DATE

6-18-08

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: _____

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: _____

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.

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

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If Yes, describe: _____

4. INSIDE INFORMATION/OTHER INTERESTS

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

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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

John Van Strijdonck
Please print.

SIGNATURE

JLV

DATE

6-18-08

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 VAN STRYDONCK **FIRST NAME** JOHN
SOCIAL SECURITY NUMBER [REDACTED] **BIRTHDATE** [REDACTED]
SPOUSE: Mary Ann **HOME ADDRESS** [REDACTED]
CITY MISSOULA **ST** MT **ZIP** 59803 **HOME PH:** [REDACTED]
OCCUPATION: PUBLISHER
COMPANY NAME: MISSOULIAN
BUS ADDRESS: [REDACTED] , 59807
MAILING ADDRESS: [REDACTED]
CITY: MISSOULA **STATE:** MT **ZIP:** 59803
WORK PHONE: [REDACTED] **CELL PHONE** [REDACTED] **FAX #:** _____
E-MAIL ADDRESS [REDACTED]

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

Human Resources _____	Marketing _____
Finance <input checked="" type="checkbox"/>	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

I have read the Conflict of Interest Statement: I have reviewed and corrected my information:
SIGNATURE:  **DATE:** 11-5-03

Monday, November 03, 2003

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

All new members are requested to complete the entire the application, read the Conflict of Interest Statement . Current members are required to verify their information, review Committees of Interest and to annually review the Conflicts of Interest Statement a requirement of Community Medical Center's Board of Director Bylaws. Enclosed is a self-addressed envelop for your convenience. Thank you.

LAST NAME VAN STRYDONCK **FIRST NAME** JOHN
SOCIAL SECURITY NUMBER [REDACTED] **BIRTHDATE** [REDACTED]
SPOUSE: MARY ANN **HOME ADDRESS** [REDACTED], Missoula, MT 59803
CITY MISSOULA **ST** MT **ZIP** 59804 **HOME PH:** [REDACTED]
OCCUPATION: PUBLISHER
COMPANY NAME: MISSOULIAN
BUS ADDRESS: _____
MAILING ADDRESS: [REDACTED]
CITY: MISSOULA **STATE:** MT **ZIP:** 59804
WORK PHONE: [REDACTED] **CELL PHONE** [REDACTED] **FAX #:** _____
E-Mail Address [REDACTED]

We are interested to know your Committee of Interest.....

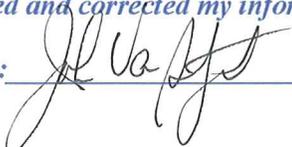
<i>Human Resources</i> _____	<i>Marketing</i> _____
<i>Finance</i> _____	<i>Medical Staff Liaison</i> _____
<i>Credentialing</i> _____	

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 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

I have read the Conflict of Interest Statement: Yes No *(Please Circle One)*

I have reviewed and corrected my information: Yes No *(Please Circle One)*

SIGNATURE:  **DATE:** 4-18-03

2007 Board of Director Declaration, (Verification of Information) and Conflict of Interest Statement

RECEIVED MAY 7 2007 ✓

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.

LAST NAME VAN STRYDONCK FIRST NAME JOHN
SOCIAL SECURITY NUMBER [REDACTED] BIRTHDATE [REDACTED]
SPOUSE: Mary Ann HOME ADDRESS [REDACTED]
CITY MISSOULA ST MT ZIP 59803 HOME PH: [REDACTED]
OCCUPATION: PUBLISHER
COMPANY NAME: MISSOULIAN
BUS ADDRESS: [REDACTED]
MAILING ADDRESS: [REDACTED]
CITY: MISSOULA STATE: MT ZIP: 59803
WORK PHONE: [REDACTED] CELL PHONE [REDACTED] FAX #:
E-MAIL ADDRESS john.vanstrydonck@lee.net

Please indicate the committee(s) you would like to serve on.
Patient Safety and Quality
Finance
Development
Executive
Planning X

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: [X] I have reviewed and corrected my information: []

SIGNATURE: [Handwritten Signature] DATE: 4-15-07

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 VAN STRYDONCK **FIRST NAME** JOHN

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

SPOUSE: Mary Ann **HOME ADDRESS** [REDACTED]

CITY MISSOULA **ST** MT **ZIP** 59803 **HOME PH:** [REDACTED]

OCCUPATION: PUBLISHER

COMPANY NAME: MISSOULIAN

BUS ADDRESS: [REDACTED]

MAILING ADDRESS: [REDACTED]

CITY: MISSOULA **STATE:** MT **ZIP:** 59803

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

E-MAIL ADDRESS [REDACTED]

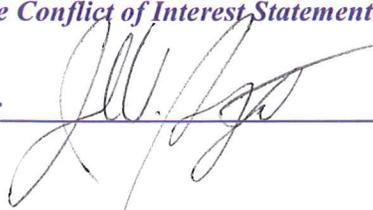
Please indicate the committee(s) you would like to serve on.

Human Resources _____	Marketing _____
Finance _____	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. 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:  **DATE:** 4-21-06

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 VAN STRYDONCK **FIRST NAME** JOHN

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

SPOUSE: Mary Ann **HOME ADDRESS** [REDACTED]

CITY MISSOULA **ST** MT **ZIP** 59803 **HOME PH:** [REDACTED]

OCCUPATION: PUBLISHER

COMPANY NAME: MISSOULIAN

BUS ADDRESS: [REDACTED]

MAILING ADDRESS: [REDACTED]

CITY: MISSOULA **STATE:** MT **ZIP:** 59803

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

E-MAIL ADDRESS [REDACTED]

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

Human Resources _____	Marketing _____
Finance _____	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. 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:  **DATE:** 1-17-05

Monday, January 10, 2005