

**NEWYORK-PRESBYTERIAN FOUNDATION,INC.  
NEWYORK-PRESBYTERIAN HOSPITAL  
NEWYORK-PRESBYTERIAN HEALTHCARE SYSTEM,INC.**

**Conflict of Interest Policy Statement**

1. Purpose

The purpose of the policies and directives set out in this policy statement is to assure that the business of the NewYork-Presbyterian Organizations is conducted free from the possible influence or conflicts of interest of Board Members, Officers or Key Persons.

NewYork-Presbyterian Organizations are NewYork-Presbyterian Foundation, Inc., NewYork-Presbyterian Hospital, NewYork-Prebyterian Healthcare System, Inc. and each of the other entities listed in Appendix A.

Board Members of a NewYork-Presbyterian Organization are the voting members of the governing board of that NewYork-Presbyterian Organization.

Officers of a NewYork-Presbyterian Organization are the elected or appointed officers of that NewYork-Presbyterian Organization.

Key Persons of a NewYork-Presbyterian Organization are persons so designated by the chief executive officer of NewYork-Presbyterian Hospital or of the NewYork-Presbyterian Organization or his or her delegate. The chief executive officer or his or her delegate shall designate as Key Persons those persons who have roles in the management or administration of the business of the NewYork-Presbyterian Organization that could be influenced by a conflict of interest, included but not limited to selecting individually or with others, the vendors from whom goods or services are purchased.

The term Board refers to the governing board of a NewYork-Presbyterian Organization and includes committees of the Board.

2. Administration

This policy statement and the policies and directives which it sets forth shall be administered for each NewYork-Presbyterian Organization by, or under the direction of, the Audit and Corporate Compliance Committee of the Board of NewYork-Presbyterian Hospital.

3. Disclosure and Management of Possible Conflicts

3.1 Duty to Complete Questionnaire. Each Board Member, Officer or Key Person of a NewYork-Presbyterian Organization shall complete a conflict of interest questionnaire upon becoming a Board Member, Officer or Key Person of the NewYork-Presbyterian Organization and annually thereafter. Only one questionnaire needs to be completed to encompass all entities listed under Appendix A.

The questionnaire shall be substantially in the form attached to this policy statement or as otherwise prescribed by the Audit and Corporate Compliance Committee of the Board of NewYork-Presbyterian Hospital.

3.2 Duty to Update Information. Each Board Member, Officer, or Key Person shall promptly advise the chief executive officer of the NewYork-Presbyterian Hospital, or his or her delegate, of

any changes to the information provided in that individual's last completed conflict of interest questionnaire.

3.3 Management Response. The chief executive officer of NewYork-Presbyterian Hospital, or his or her designee, shall review all completed questionnaires and all subsequent advice of changes and shall take such action as is deemed appropriate to eliminate potentials for conflicts of interest, including such steps as reassignment of responsibilities or establishment of protective arrangements.

3.4 Audit and Corporate Compliance Committee. All disclosures of interests in completed questionnaires or subsequent advice, unless clearly irrelevant or immaterial, shall be compiled and reported by management to the Audit and Corporate Compliance Committee of the Board of NewYork-Presbyterian Hospital, together, in each case, with the response or recommendation of management. The Audit and Corporate Compliance Committee shall determine whether the reported resolution of issues raised by the disclosures is satisfactory and, if not, shall require such further action as it deems appropriate.

#### 4. Prohibited Relationships and Activities

4.1 Service as a Member of the Board, Officer or Employee of a Competing Healthcare Institution. No Officer or Key Person of any NewYork-Presbyterian Organization, shall serve as a member of the governing board or as an officer or other employee of any healthcare institution not a NewYork-Presbyterian Organization that is a substantial competitor of any NewYork-Presbyterian Organization unless such service is specifically approved by the Audit and Corporate Compliance Committee of the Board of NewYork-Presbyterian Hospital.

4.2 Acceptance of Gifts or Entertainment. No Board Member, Officer or Key Person of any NewYork-Presbyterian Organization shall accept gifts or entertainment from persons dealing with that NewYork-Presbyterian Organization that might be considered by an objective observer to have the potential for influencing his or her conduct of business of the NewYork-Presbyterian Organization. Gifts of money are never permissible. This policy is not intended to prohibit the exchange of social amenities or business courtesies of a nominal value, consistent with good taste and mature judgment.

#### Special Provisions for Board Proceedings

5.1 Duty to Disclose; No Participation. Each Board Member, and any Officer or Key Person presenting a proposed transaction or other matter to a Board, shall disclose promptly and in good faith to the Board such individual's interest in a proposed transaction or other matter to be considered by the Board. The individual may not participate in the deliberations of the Board or use personal influence in its matters.

5.2 Board Action. Following any such disclosure, and after such due diligence and such development and consideration of other alternatives, if any, as the Board shall deem appropriate, the Board may, in its discretion, authorize or approve the proposed transaction or other matter as at least as fair and reasonable to the NewYork-Presbyterian Organization as would otherwise be obtainable by the NewYork-Presbyterian Organization. Such actions shall be by a vote sufficient for such purpose without counting the vote or votes of such interested person or persons and such person or persons may not participate in determining the presence of a quorum at the meeting.

5.3 Board Committees. No employee, member of the Medical Staff or any other person receiving compensation directly or indirectly from a NewYork-Presbyterian Organization shall serve as a member of a Board committee responsible for Audit and Corporate Compliance or executive compensation matters.

6. Violations of Conflict of Interest Policy

Upon reasonable belief that a Board Member, Officer or Key Person failed to comply with the policies and directives set forth in this policy statement, the Board of the NewYork-Presbyterian Organization or Audit and Corporate Compliance Committee of NewYork-Presbyterian Hospital shall inform the individual of the basis of the belief and provide an opportunity to explain the noncompliance. If after hearing the individual's response and making further appropriate investigations, the Board or Audit and Corporate Compliance Committee determines that the individual has, in fact, failed to comply with such policies and directives, it shall take or recommend appropriate corrective action.

NewYork-Presbyterian Hospital  
Conflict of Interest Instructions--2007

You are required to complete a conflict of interest questionnaire for New-York Presbyterian Hospital. Please note that you must complete the NYP COI questionnaire even if you have completed questionnaires for other institutions (e.g. the Columbia University College of Physicians and Surgeons or any other hospitals or long-term care facilities in the NYP Healthcare System).

The Questionnaire must be completed in accordance with the attached NewYork-Presbyterian's Conflict of Interest Policy statement.

**Completed questionnaires must be received in the Office of Corporate Compliance by September 1, 2007.** The responses to the questions asked should reflect the status as of the date you complete the questionnaire. If you have any questions you may call Steven Forman at (212) 746-1406 or Tim Tempel at (212) 297-4208.

You may fax the completed questionnaire to Mr. Forman's office at (212) 746-8927 or you may mail it to the following address:

NewYork-Presbyterian Hospital  
Office of Corporate Compliance  
Attention: Veronica Latibeaudiere  
525 E. 68<sup>th</sup> Street  
Box 10  
New York, NY 10021

(a) "NewYork-Presbyterian Organization" means NewYork-Presbyterian Hospital and each of the entities listed in Appendix A.

(b) "Immediate family" means your spouse, parents, children, brothers and sisters, mothers- and fathers-in-law, sons- and daughters-in-law, and brothers- and sisters-in-law.

(c) "Transaction" includes the purchase, sale or lease of assets by or to a NewYork-Presbyterian Organization, the rendering of services in any capacity for remuneration from a NewYork-Presbyterian Organization and any loan from a NewYork-Presbyterian Organization.

IN ADDITION...

1. When you answer "YES" to any question, there is space below that question for details. In particular, we need to know "what" and "how much" so please provide complete information. For example, if you have a financial interest in a vendor, explain what it is (e.g. consulting fees; stock); how much you receive annually, and/or how much you have invested in that organization.
2. Err on the side of providing more information. It will be kept confidential. The purpose of the disclosures is to protect you as well as NYP.
3. Provide your submission by the due date. Failure to do so may result in disciplinary action. All results will be reported to the Audit and Corporate Compliance Committee of the Board of Trustees. You will be informed in writing if you need to take any action as a result of your submission.

## Appendix A

NewYork-Presbyterian Hospital  
NewYork-Presbyterian Foundation, Inc.  
NewYork-Presbyterian Fund, Inc.  
Royal Charter Properties, Inc.  
Royal Charter Properties – East, Inc.  
Royal Charter Properties – Westchester, Inc.  
RCP-East, LLC  
Presbyterian Hospital Infant and Child Care Center  
Columbia-Presbyterian Health Systems, Inc.  
Harkness Hall Club, Inc.  
PH Lenox Products, Inc.  
NewYork-Presbyterian Healthcare System, Inc.  
The NewYork-Presbyterian Community Health Plan, Inc.  
NewYork-Presbyterian System Select Health, LLC  
Network Recovery Services, Inc.  
Network Insurance Company Ltd  
NewYork Presbyterian Healthcare Network, Inc.

NAME: \_\_\_\_\_

Fax to (212) 746-8927

**NEWYORK-PRESBYTERIAN FOUNDATION,INC.  
NEWYORK-PRESBYTERIAN HOSPITAL  
NEWYORK-PRESBYTERIAN HEALTHCARE SYSTEM,INC.**

**Conflict of Interest Questionnaire**

**Question 1:**

Do you or, to your knowledge, any member of your immediate family have any financial interest in, or loans from, any supplier to or purchaser of goods or services from any NewYork-Presbyterian Organization? (You need not report any financial interest in less than 5% of the outstanding publicly traded shares of a supplier or purchaser of goods or services unless the financial interest is substantial in relation to your assets or those of a member of your immediate family.)

NO \_\_\_\_ YES \_\_\_\_ . IF "YES", please explain:

**Question 2:**

Do you or, to your knowledge, any member of your immediate family hold any position as a director, officer, partner, trustee, employee, agent or consultant of or for any supplier to or purchaser of goods or services from any NewYork-Presbyterian Organization? (You need not report any position with a NewYork-Presbyterian Organization.)

NO \_\_\_\_ YES \_\_\_\_ . IF "YES", please explain:

**Question 3:**

Have you or, to your knowledge, any member of your immediate family received or enjoyed, directly or indirectly, any gift, entertainment, compensation, reward or other benefit of more than nominal value during the past year from any supplier to or purchaser of goods or services from any NewYork-Presbyterian Organization? (You need not report any benefit received from a NewYork-Presbyterian Organization.)

NO \_\_\_\_ YES \_\_\_\_ . IF "YES", please explain:

**Question 4:**

Have you or, to your knowledge, any member of your immediate family engaged in any transaction with any NewYork-Presbyterian Organization during the past year? (You need not report any compensation received as salary, wages or bonuses, any benefit received under any NewYork-Presbyterian Organization's written employee benefit plans or arrangements, any reimbursement of expenses made in conformity with any NewYork-Presbyterian Organization's reimbursement procedures, or any healthcare services received from any NewYork-Presbyterian Organization on customary terms.)

NO \_\_\_\_\_ YES \_\_\_\_\_. IF "YES", please explain:

**Question 5:**

Are you a member of the governing board or an officer or other employee of any healthcare institution other than a NewYork-Presbyterian Organization?

NO \_\_\_\_\_ YES \_\_\_\_\_. IF "YES", please explain:

**Question 6:**

Are any members of your immediate family employed by NewYork-Presbyterian or any of the organizations listed in Appendix A .

NO \_\_\_\_\_ YES \_\_\_\_\_. If "YES", identify each person, the organization, his/her job title and immediate supervisor in the space below?

**ACKNOWLEDGEMENT**

I acknowledge that I have read the policies and directives set out in the attached Conflict of Interest Policy Statement, and that I will abide by its provisions.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Telephone: \_\_\_\_\_ Print Name: \_\_\_\_\_

Print Title and Department (if applicable): \_\_\_\_\_