

# HOSPICE OF GARRETT COUNTY, INC.

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## CONFLICT OF INTEREST DISCLOSURE STATEMENT

This statement is to be completed by each employee in compliance with agency policy which has been adopted by the Board.

I have read and am fully familiar with the Conflict of interest Policy adopted by the Hospice Board. I am not presently involved in any transaction, investment, or other matter in which I would derive any financial profit or gain directly or indirectly as a result of my employment with the agency. Furthermore, I agree to disclose any such interest which may occur in accordance with the requirements of the Agency Policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date