

**ST. LUKE'S HOLDING COMPANY**  
**Standards of Ethical Business Practice**  
**Non-Employed Physician Certification Statement**  
**Attachment D**



I hereby certify that I have received a copy of, and read and understand, the *St. Luke's Physician Standards of Ethical Business Practice*. I agree to abide and be bound by the provisions of these documents, and will immediately report any real or potential violations to the Vice President of Medical Staff Affairs. Terms not otherwise defined in this statement shall have the same meanings as set forth in the Physician Standards of Ethical Business Practice. As used in this statement, St. Luke's means St. Luke's Holding Company and all of its affiliated entities, and "I" means both myself and the members of my immediate family.

I also certify and agree that, since the date of my last statement or, if none, to date (please place an "X" next to all that apply):

1. \_\_\_\_\_ I have not violated any federal, state or local laws (other than traffic laws).
2. \_\_\_\_\_ I have not violated the Corporate Compliance Plan, including patients' rights to privacy under HIPAA.
3. \_\_\_\_\_ I have not violated the Physician Standards of Ethical Business Practice, including the provisions for acceptance of cash or significant gifts, services, or personal favors from anyone who has, or is likely to have, business dealings with St. Luke's, other than those considered acceptable per the AMA Guidelines on Gifts to Physicians from Industry.
4. \_\_\_\_\_ I have not received any personal benefit by using St. Luke's discounts with any supplier or purchasing agent (and as further described in the Physician Standards of Ethical Business Practice).
5. \_\_\_\_\_ I have not made, been involved with, nor do I know of, any payments of St. Luke's organizational resources to current or prospective customers, political candidates, government officials, or other businesses in an attempt to influence their actions related to St. Luke's.
6. \_\_\_\_\_ I have not disclosed, directly or indirectly, any confidential information or trade secret of St. Luke's, that was acquired by me in the course of my association with St. Luke's, nor have I used such information for personal gain, or to the disadvantage of St. Luke's.

If all six of the above statements are not checked, please list below any violations or relationships or activities that preclude your ability to check the statement. If you are disclosing an affiliation with another company/organization, list the company name, the nature of its business, your relationship with the company, and the perceived potential conflict.

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I understand and agree that I have a continuing obligation to report any information that conflicts with these certifications or that is relevant to the Standards that may develop or that I become aware of prior to my next certification. I agree to respond fully and completely to all questions put to me by St. Luke's regarding these certifications and my compliance with the Standards and St. Luke's governance regulations.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date