COSMOS
Navigate the Compliance Universe

Complete Healthcare Compliance Manual Resource: Conflict Management Plan

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Name:	**Date of Disclosure:**
Title:	**Reviewed by:**
Date of Conflict Management Plan:	**Date Reviewed:**

In accordance with the Conflict of Interest Policy, it has been determined that a conflict of interest, or appearance of a conflict of interest, involving you and your role at Organization, exists, and as a result, this Conflict Management Plan outlines the steps to be taken to manage the conflict(s) summarized below.

Summary of Conflict of Interest:	

General Provisions (applicable to all Conflict Management Plans, if relevant):

- Recusal from Negotiations: Neither you nor your Immediate Family Member(s), may participate in any contractual negotiations, between Organization and _____.
- Reporting Obligations: During the term of your relationship with Organization, you agree to report any change in (a) the reported financial interest in _____ (b) the nature of the reported relationship with _____, and (c) the reported activities on behalf of _____.
- Submission of Annual Update: You agree to submit an annual follow-up update confirming that no details of the disclosed conflict have changed, and that the Conflict Management Plan is being complied with.

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