

PRIVATE PRACTICE/CONFLICT OF INTEREST

(Form & Policy)

Jefferson Center requires current and updated information regarding our Private Practice Policy/Conflict of Interest policy. If you are a member of Jefferson Center’s clinical staff planning on entering into, or are currently involved in private practice, completing this form and reviewing the policy is mandatory. The policy states that, “if an employee intends to enter into private practice, in addition to Center employment, or if their private practice has changed (e.g. change in location) he/she **MUST** complete and submit this form to be approved by their manager with final approval by the VP, Clinical Services (for non-prescribers) or the Medical Director (for prescribers). **Please reply to the following questions:**

- 1) Are you intending on entering into private practice? YES NO
- 2) Are you currently involved in private practice? YES NO

If you answered “YES” to either question, continue on to answer the questions below. Private Practice/Conflict of Interest is a very important issue and **your compliance is mandatory.**

Date of commencement of private practice: _____

Private Practice Location: _____

- Copy of Professional Liability Insurance attached? YES NO

POLICY: Any clinical staff that has a private practice must have a completed and updated form on file. In addition, if an employee intends to enter into private practice, he/she **MUST** complete and submit this form to be approved by their manager (with final approval as noted in the first paragraph) to assure that the following criteria are met:

- 1) The initial phone call or referral must come directly to the clinician’s private office.
- 2) Jefferson Center facilities, equipment, or time may not be used.
- 3) The employee must conform to all statutory requirements or regulations imposed by the State of Colorado and to the ethical and certification standards of his/her profession.
- 4) The employee should not, in his/her announcement of services, utilize his/her status or the status of the staff, either directly or indirectly, as this may be interpreted by prospective clients as an endorsement by the Center.
- 5) Professional liability insurance covering private practice work is the responsibility of the employee. Under no circumstances will Jefferson Center’s liability insurance cover private practice work.
- 6) Employees may negotiate with the Center-shared private practice arrangements whereby the staff member and the Center share in the responsibilities and benefits. Under such circumstances, paragraphs #1 and #2 (under Policy) need not apply. All such arrangements will be documented in writing and signed by the employee and approved by Executive Management.
- 7) Jefferson Center employees may not engage in private practice that would be in direct competition with Jefferson Center’s lines of business. This would include working for a competitor and/or signing contracts with a competitor. You acknowledge that not engaging in such private practice is necessary to avoid a conflict of interest with your responsibilities to Jefferson Center or the appearance of such conflict of interest. Therefore, engaging in private practice that is in direct competition (includes Medicaid or private insurance consumers) with Jefferson Center’s line of business may be grounds for immediate termination. Generally, conducting a private practice within Jefferson Center’s service area (Jefferson, Gilpin and Clear Creek Counties) is not permitted, and will only be approved on an exception basis as noted above in the approval process.

8) Each employee is required to update his/her notice of intent to reflect any major changes in status, such as location, type of practice, etc.

9) Once reviewed by your manager, this form will be submitted to Human Resources, and final approval will come from the VP, Clinical Services (for non-prescriber staff) and the Medical Director (for prescriber staff). Then, a copy of the approved document will be sent to the employee, and the original will be retained in the employee's personnel file.

REFERRAL OF PATIENT TO THE PRIVATE SECTOR: Under special circumstances, new intakes, current clients or other individuals requesting services from the Center may, at times, be referred to private sources for treatment when deemed appropriate by a therapist at Jefferson Center. This should occur only when there is a need for services not available at Jefferson Center, or at the request of the client. In such cases, the therapist may refer directly to private care only when approved in advance in writing by the immediate supervisor.

Clinicians are not to refer clients to other staff members who are in private practice. At no time should an active client or an individual who has made application at Jefferson Center be referred to Jefferson Center staff in private practice without prior approval by their supervisor/manager and the VP, Clinical Services for non-prescriber or Medical Director, for prescriber staff. When a client, or prospective client, is referred outside the agency by a Jefferson Center staff member, the names of at least 2-3 professional organizations or providers shall be given to the person so referred.

DURING OR FOLLOWING EMPLOYMENT AT THE CENTER: Clinicians will not refer any client seen at The Center to their private practice, or to members of their practice group that are in Jefferson County, Gilpin County, Clear Creek County or the Denver metro area for up to two years following termination of employment at The Center, unless explicit approval is received from the Chief Executive Officer of The Center. Even if the practice area is outside of these limits or the time limit has expired, this information is confidential, and cannot be used or disclosed without proper consent.

FINAL APPROVAL PROCESS: My signature below indicates that I have read and understand Jefferson Center for Mental Health's Private Practice/Conflict of Interest Policy. I have completed the form and will abide by the guidelines set forth. I also understand that Professional Liability Insurance covering private practice work is my responsibility. I will return this form (along with a copy of my Professional Liability Insurance and my manager's signature) to Human Resources as soon as possible. (Note: You may be contacted if further details are required.)

Signature _____ Date _____ Print Name _____

Manager Review: _____
Signature _____ Date _____

VP, Clinical Services and/or Medical Director Approval (as indicated in the Policy):

Signature _____ Date _____