CONFLICT OF INTEREST
AFFIDAVIT

THE STATE OF TEXAS §
§
COUNTY OF BEXAR §

I, ROBERT L. JIMENEZ, as a member of the Bexar County Hospital District d/b/a/ University Health System Board of Managers (hereinafter referred to as the "Board"), make this affidavit and hereby under oath state the following:

I have a substantial interest in a business entity or real property that may receive a special economic effect by a vote or decision of the Board and the economic effect on my business entity or real property is distinguishable from its effect on the general public. What constitutes a "substantial interest," "business entity," "real property" and a "special economic effect" are terms defined in chapter 171 of the Texas Local Government Code.

I affirm that the business entity or real property referred to above is: CENTER FOR HEALTH CARE SERVICES -

The nature of my substantial interest in this business entity or real property is:

- ☐ An ownership interest of 10 percent or more of the voting stock or shares of the business entity;
- ☑ An ownership interest of 10 percent or $15,000 or more of the fair market value of the business entity;
- ☑ Funds received from the business entity exceed 10 percent of my gross income for the previous year;
- ☐ Real property is involved and I have/has an equitable or legal ownership with a fair market value of at least $2500;
- ☐ A person who is related to me within the first degree of consanguinity (blood) or affinity (marriage) has a substantial interest in the involved real property or business entity. I have also checked which of the above types of interests my relative has in the item.

Upon the filing of this affidavit with the Integrity Officer, I affirm that I shall abstain from any discussion, vote, or decision involving this business entity or real property and from any further participation in this matter whatsoever.

Signed this the 27th day of OCTOBER, 2015

Signature of public official

Title: BOARD OF MANAGERS UHS

ACKNOWLEDGMENTS

BEFORE ME, the undersigned authority, this day personally appeared Robert L. Jimenez and by oath swore that the facts herein above stated are true and correct to the best of his/her knowledge or belief.

Sworn to and subscribed before me on this the 27th day of October, 2015

DAVID DE LA VEGA
Notary Public, State of Texas
My Commission expires
March 11, 2019

Notary Public in and for the State of Texas
My commission expires: March 11, 2019

University
Health System

Conflict of Interest Questionnaire

Please complete the following questions. **The terms used below have the same meaning as given in the attached Conflicts of Interest Policy.** If you have any questions, please contact the Integrity Officer @743-6540 for guidance. You can complete your questionnaire online or return your completed questionnaire to the Integrity and Regulatory Services Department @MS-134.

1. Do you have an employment or other business relationship with any person or entity doing business, or seeking to do business, with the University Health System that will result in you, your significant other, family member, or associate receiving (or is likely to receive) taxable income within a 12-month period? (Investment income is excluded.)

   ☐ No ☑ Yes

   - If yes, please describe this relationship and identify the entity or person doing business or seeking to do business with the University Health System.

     INCOME FROM CENTER HLTH CARE SERVICES

   - If yes, have you engaged in any actions or decisions (either directly or indirectly), as a board member, officer or staff member of the University Health System that concern this person or entity? Please describe.

2. As a board member, officer or staff member of the University Health System have you engaged in any actions or decisions (either directly or indirectly) which resulted in personal gain or benefit for you, your significant other, family member, or associate?

   ☑ No ☐ Yes. Please describe below.

3. Have you, your significant other, family member, or associate accepted, expect to accept, been offered, or expect to be offered, any gifts, favors, reportable honorariums or services from anyone doing business, or seeking to do business, with the University Health System within a 12 month period? (You do not have to include gifts won through random drawings during business related conferences or gifts exchanged between family members.)

☑ No ☐ Yes

- If yes, please describe the circumstances, including a description and value of the gift, favor, honorarium or service; the date of the offer and the identity of the offeror.

Thank you.

ROBERT L. JIMENEZ MD FAPA

Printed Name

Robert L. Jimenez MD FAPA

Signature (only if paper document completed, otherwise electronic signature will suffice)

Title

Email Address

Department Name **RC#** **Phone#/Extension**

10/27/15

Date