

## CODE OF ETHICS

Service on the Board of Directors/LAFP Committees of the Louisiana Academy of Family Physicians (LAFP) is an important honor and responsibility. The membership of the LAFP relies on its officers and committee members to act in its best interests, to be knowledgeable about and proactive on the issues facing family medicine, to base decisions on reliable information, to be a good steward of the resources of the LAFP, and to be honest and trustworthy in all actions. To assure the trust and ethical expectations of the members of the LAFP, I affirm the following:

### ***Duty of Care***

- In all matters affecting the LAFP, I will act in good faith and exercise my best efforts in the performance of my duties.
- I will faithfully prepare for discussions and decisions that affect the LAFP by reading information sent to me by the LAFP officers and staff and by striving to be knowledgeable on issues of importance to the LAFP and its members.
- I will be responsible for distributing information I receive as a board or committee member to LAFP members.
- I will make decisions based on factual data rather than unsubstantiated opinions.
- I will make decisions based on what is in the best interest of all members of the LAFP, rather than any one group, individual, or special interest.
- I will be honest in doing the work of the LAFP and in speaking on behalf of the LAFP and its leadership in order to foster trust among association members and the public.
- I will respect my fellow board or committee members of the LAFP, acknowledging differences of opinion, providing for open and respectful discussion, and making decisions only after listening to all points of view and all available data.
- I will publicly support the majority decisions made by the Board of Directors or committees.
- I will refrain from any discussion of tuition, fees, wages, etc. that might be construed as an infraction of anti-trust law or price fixing. *(See page 52 in the Standard Operating Procedures Manual)*
- I will support and encourage participation in all LAFP programs.
- I will hold my own business to the highest standards of professionalism, quality, and integrity, because the manner in which I conduct my individual business affairs can affect the public image of LAFP.

### ***Confidentiality (See page 53 in the Standard Operating Procedures Manual)***

- I will not disclose, beyond its intended scope, any information which is marked, designated, or treated as confidential by the Board, officers, committee, or staff and which I receive as a board or committee member of the LAFP.
- I understand that my obligation to maintain confidentiality extends indefinitely beyond my term of office.
- I acknowledge that I have received a copy of the Conflict of Interest Policy ("Policy") of the Louisiana Academy of Family Physicians ("Academy"), and that I have read, understand and agree to comply with the Policy.

### ***Conflict of Interest (See page 54 in the Standard Operating Procedures Manual)***

- I acknowledge that information, programs, research, services, and methods of operation are developed by LAFP for all members and as board or committee member I am obligated to pass on this information to members in my district. Therefore I will not expropriate for myself, my business, or another organization any information I receive as a result of my position as a board or committee member of the LAFP prior to disseminating this information to members in my district.
- I will not create any program that is in direct competition with an LAFP program including the Annual Assembly, or other programs that the LAFP may develop in the future.
- I will openly declare any actual or perceived conflict of interest that may result from my taking part in discussion or decision making on an issue before the LAFP while having business, professional, or personal interests that could bias my decisions. I further acknowledge the Board of Directors has the sole responsibility for determining whether my interests constitute a conflict and if so what the remedy will be.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_