

AMERICAN SOCIETY FOR HEALTHCARE RISK MANAGEMENT
CONFLICT OF INTEREST DISCLOSURE STATEMENT

PURPOSE:

The purpose of this questionnaire is for you to disclose any interests or affiliations you or members of your immediate family (i.e., spouse, children, parents, brothers and sisters) or household have that are or might create a conflict of interest, may appear to create such a conflict, individually or collectively, when considered in light of your relationship with the American Society for Healthcare Risk Management (ASHRM) and the American Hospital Association (AHA). As an officer and/or member of the Board of ASHRM, and/or the ASHRM Nominating Committee, you have an obligation of fidelity and loyalty to the Society and, therefore, should refrain from placing yourself or ASHRM in a position where a possible conflict of interest might influence the decision-making process of the organization or your decisions regarding the future direction of the organization.

DEFINITION:

A conflict of interest exists when the Healthcare Risk Management Professional is called upon to serve competing interests. Some conflicts of interests, such as transactions with a former employer or dealings with past business associates, may be acceptable as long as disclosure of the conflict is made to all involved parties. Other conflicts, such as business transactions that inure to benefit the Healthcare Risk Management Professional or his/her family members at the expense of others, are unacceptable even if disclosure to all involved parties is made. For example, a conflict of interest exists when an individual obtains or may appear to obtain personal gain or advantage as a result of his or her activities on behalf of ASHRM and/or AHA, and when his or her activities may be adverse to, or may appear to be adverse to, the best interests of ASHRM and/or AHA. Conflicts of interest may also occur when an individual is called upon to serve interests that compete with ASHRM's, to the detriment of ASHRM. Conflicts of interest do not necessarily involve intentional wrongdoing. They can result from a combination of completely innocent circumstances.

All questions must be answered and all YES answers must be completely explained on a separate sheet of paper. Failure to completely answer all questions on this questionnaire will result in your disqualification or ineligibility to serve as an officer or member of the Board of ASHRM or as a member of the ASHRM Nominating Committee.

1. Do you, any member of your immediate family or household derive any economic benefit of any type whatsoever from any company, organization or association that competes with ASHRM and/or AHA?

Yes No *(If yes, please describe completely on a separate sheet of paper if necessary, including the name of the company and the nature of the benefit derived.)*

2. Do you, or any member of your immediate family or household, hold a position as an officer or member of the board or trustee of any health care related organization, association, alliance or system, or any organization which lobbies or may lobby on health care issues, or which may compete with ASHRM and/or AHA, or which takes or may take a public position opposite or contrary to a position taken by ASHRM and/or AHA?

Yes No *(If yes, please provide on a separate sheet of paper the name and description of the organization (ie: mission statement or other publicly available materials describing the organization) and the position you hold.*

3. Do you, or any member of your immediate family or household, own or have a right to acquire stock, bonds or other ownership rights or securities constituting five percent (5%) or more of a publicly-owned corporation's outstanding stock or bonds, or any interest in the form of a loan, advance or other financial arrangement which may allow control of any publicly-owned corporation?

Yes No (If yes, please describe completely on a separate sheet of paper if necessary, including the name of the company.)

AFFIRMATION

By signing this Statement, I agree and affirm that:

- As an officer, member of the Board, member of the Nominating Committee, and as a member of ASHRM, I have a duty to understand, support and abide by the Code of Professional Responsibility, Bylaws, rules, regulations, directives and policies of ASHRM.
- If elected or appointed, I will act and base my decisions and votes on matters that may come before me on what is, in my opinion, in the best interests of ASHRM as a whole and I will not be influenced by potential personal gain or relationships with vendors, other members or affiliated chapters.
- If elected or appointed, I will not use my position with ASHRM in any published advertising or promotional activities designed to lead to personal gain for myself, an immediate family member, member of my household, or any organization I am associated with, nor in a manner that would indicate endorsement by the Society without the prior written consent of ASHRM.
- If elected or appointed, I will immediately disclose any conflict or potential conflict of interest to the ASHRM President or chairperson of the Committee in which I am participating that may arise due to the ongoing discussions of the Board or Committee and I will recuse myself from said discussions, deliberations and voting on the particular matter giving rise to, or which may give rise to, the conflict.
- I will file with the President of ASHRM and the General Counsel of AHA updated answers to the foregoing questions within thirty (30) days of any addition, deletion, or change in my status since the execution of this disclosure.
- Should a conflict of interest be determined to exist, I agree to abide by the decision of the Board.

(Date)

(Signature)

(Print or type name)

*Approved by the Board 12-14-99 Revisions approved
by the Board 9-27-02*