



CONFLICT OF INTEREST DISCLOSURE STATEMENT



INTRODUCTION:

The Northern New England Society for Healthcare Risk Management is an affiliate of the American Society for Healthcare Risk Management (ASHRM) and the American Hospital Association (AHA). As such, we are adopting the Conflict of Interest Disclosure Statement of ASHRM with the understanding that the underlying code of ethics that form the basis of professional behavior related to conflict of interest for participation in a leadership role are the same at both the regional and national level.

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 Northern New England Society for Healthcare Risk Management (NNESHHRM). As an officer and/or member of the Board of Directors of NNESHHRM, you have an obligation of fidelity and loyalty to the Society and, therefore, should refrain from placing yourself or NNESHHRM 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 an individual obtains personal gain or advantage as a result of his/her activities on behalf of NNESHHRM and when his/her activities may be adverse to the best interest of NNESHHRM. 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 ineligibility to serve as an officer or member of the Board of Directors of NNESHHRM.

1. Do you, any member of your immediate family or household derive any economic benefit from any company, organization, or association that competes with NNESHHRM?

Yes No *(If yes, please describe:)*

2. Are you or any member of your immediate family or household, a director, trustee or officer, hold any other position in any business, charitable, civic, governmental or other organization that competes with NNESHHRM?

Yes No *(If yes, please describe:)*

3. Do you, or any member of your immediate family or household or your employer, hold memberships in any health care related organizations, for example, associates, alliances or systems or any organization, which takes a public position and/or lobbies on health care issues?
 Yes No *(If yes, please identify the organization and whether you are a director, trustee or officer of such organization:)*

4. 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 a member, officer, and/or director of NNESHHRM, I have a duty to understand, support, and abide by the Code of Professional Responsibility, Bylaws, rules, regulations, directives, and policies of NNESHHRM.
- 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 NNESHHRM as a whole and I will not be influenced by potential personal gain or relationships with vendors, other members or affiliated chapters.
- I will not use my position with NNESHHRM 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 NNESHHRM.
- I will immediately disclose any conflict or potential conflict of interest to the NNESHHRM 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 NNESHHRM 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 of Directors.

(Date)

(Signature)

(Print or type name)