

REGION () IDAHO REGIONAL BEHAVIORAL HEALTH BOARD

CONFLICT OF INTEREST POLICY – MEMBERS OF THE BOARD

The members of the Board shall act at all times in the best interests of the Regional Behavioral Health Board (RBHB) and not for personal or third-party gain or financial enrichment. When potential conflicts of interest arise, members shall identify the potential conflict to the full Board, which shall determine whether a conflict exists and what steps shall be taken to remedy substantive impropriety or to avoid an appearance of impropriety by the RBHB. For this purpose, the term “conflict of interest” means any financial or other interest which conflicts with the participation of an individual in particular decisions of the Board because the interest could significantly impair the individual’s objectivity or could create an unfair competitive advantage for any person or organization. A copy of this policy shall be distributed to each member annually.

I have reviewed, and agree to abide by, the Policy of Conflict of Interest of the Region () Idaho Behavioral Health Board that is currently in effect.

Signature: _____

Date: _____

Name: _____

¹The members of the RBHB, as fiduciaries, are under a legal duty to act only in the interests of the Regional Behavioral Health Board and not in their own self interests.

²A financial interest which may give rise to a conflict of interest includes (1) a material ownership or investment interest in any entity with which the RBHB has a transaction or agreement, (2) a compensation arrangement with an organization or with any entity or individual with which the RBHB has a transaction or arrangement, or (3) a potential material ownership or investment interest in, or compensation arrangement with, any entity or individual with which the RBHB is negotiating a transaction or arrangement.

³Other interests arise if a member of the RBHB sits on the governing board of another organization, but he or she is not compensated for this service, with which the RBHB is considering whether to enter into a program or other relationship with this other organization.

⁴Competition with the RBHB might involve the improper use of an opportunity available to the RBHB, as where a member learns that the RBHB is competing for a particular grant or contract and the member advises another organization with which he or she is affiliated about the existence of the opportunity.

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DISCLOSURE STATEMENT

Name: _____ Date: _____

1.	Please list the Region () Idaho Behavioral Health Board's affiliates with which you are affiliated and the positions in which you serve. _____ _____
2.	Please list other entities (for example, corporations, partnerships, limited liability companies, trusts) with which you are affiliated as an officer, director, or trustee, and the positions in which you serve: _____ _____
	In the following disclosures, I understand that I am providing information regarding myself and members of my immediate family (spouse, child, parent, sibling or similar relative through marriage), members of my household, and/or any organizations with which I am affiliated as an employee, officer, director, trustee, majority owner, or principal beneficiary.
3.	<u>Business Relationship:</u> The following describes any business matter (such as the sale, exchange, or leasing of property; lending of money or other extension of credit; furnishing of goods, services or facilities; payment of compensation for non-employee services; and/or transfer of income or assets) in which I am now or have been involved since the date of my last disclosure relating to transactions with the RBHB, or a RBHB affiliate. Indicate "none" or provide a brief written explanation: _____ _____
4.	<u>Legal Entity Ownership:</u> The following describes any ownership interest I have in an entity which is also partially owned, managed or otherwise influenced by the RBHB or with which the RBHB affiliate does business (except ownership of less than a 1% interest in a publicly traded company). Indicate "none" or provide a brief written explanation: _____ _____
5.	<u>Competitive Relationship:</u> The following describes any relationship I have which is in competition with the RBHB or a RBHB affiliate. "Competition" or "competitor" means any individual or entity which provides a product or service which is the same as (or materially similar to) a product or service provided by the RBHB or RBHB affiliate in the same geographic area, or to clients in the same geographic area. Indicate "None" or provide brief written explanation.
6.	<u>Employment Relationship:</u> The following describes any employment or independent contractor relationship I have with the RBHB or RBHB affiliate. Indicate "none" or provide a brief written explanation. _____

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7.	<p>Competitive Employment Relationship: The following describes any employment relationship with an organization that has a direct business relationship or is in competition with the RBHB or the RBHB affiliate. "Competition" has the same meaning as described above. Indicate "none" or provide a brief written explanation.</p> <hr/> <hr/>
8.	<p>Referral Relationships: The following describes any relationship I may have with the RBHB or the RBHB affiliate involving the referral of patients for medical treatment relationship (for example, a member of the medical staff of the RBHB). Indicate "none" or provide a brief written explanation:</p> <hr/> <hr/>
9.	<p>Government Relationship: The following describes any employment or other relationship with any governmental entity having regulatory authority over the RBHB or the RBHB affiliate. Indicate "none" or provide a brief written explanation:</p> <hr/> <hr/>
10.	<p>Other Relationships: Do you maintain any other business position or financial interest that could reasonably be construed as being in conflict with the RBHB? If so, please set forth the nature of the position(s). Indicate "none" or provide a brief written explanation:</p> <hr/> <hr/>