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Participant Conflict Disclosure

Permanent and ad hoc members of the collaborative or any of its committees may not have personal financial conflicts of interest that could substantially influence or bias their participation. If a collaborative or committee member has a personal financial conflict of interest with respect to a particular health care service being addressed by the collaborative, he or she shall disclose such an interest. The collaborative must determine whether the member should be recused from any deliberations or decisions related to that service.

Conflict of Interest decisions must be disclosed and balanced to ensure the integrity of Bree Collaborative decisions while acknowledging the reality that interests, and sometimes even conflicting interests, do exist. Individuals that stand to gain or lose financially or professionally, or have a strong intellectual bias need to disclose such conflicts.

Example: The fact that a member is a health care provider that may provide a service under review creates a potential conflict. However, clinical and practical knowledge about a service is also useful, and may be needed in decision making.

Procedure

Members must sign a conflict of interest form. The Bree Collaborative Chair and/or Bree Collaborative Steering Committee shall make a decision as to whether a conflict of interest rises to the level that participation by the conflicted member could result in a loss of public trust or would significantly damage the integrity of the decision.

The Health Care Authority (HCA) defines conflict of interest as any situation in which a voting member has a relationship with a manufacturer of any commercial products and/or provider of services discussed or voted on during the meeting. Relationship extends to include immediate family member(s).

A relationship is considered as:

1. Receipt or potential receipt of anything of monetary value, including but not limited to, salary or other payments for services such as consulting fees or honoraria in excess of \$10,000.
2. Equity interests such as stocks, stock options or other ownership interests in excess of \$10,000 or 5% ownership, excluding mutual funds and blinded trusts.
3. Status of position as an officer, board member, trustee, owner or employee of a company or organization representing a company, association or interest group.
4. Loan or debt interest; or intellectual property rights such as patents, copyrights and royalties from such rights.
5. Manufacturer or industry support of research in which you are participating.
6. Any other relationship that could reasonably be considered a financial, intellectual, or professional conflict of interest.
7. Representation: if representing a person or organization, include the organization's name, purpose, and funding sources (e.g., member dues, governmental/taxes, commercial products or services, grants from industry or government).
8. Travel: if an organization or company has financially paid your travel accommodations (e.g., airfare, hotel, meals, and private vehicle mileage).

Disclosure

Any unmarked topic will be considered a "Yes"

	Potential Conflict Type	Yes	No
1.	Salary or payments such as consulting fees or honoraria in excess of \$10,000.		
2.	Equity interests such as stocks, stock options or other ownership interests.		
3.	Status or position as an officer, board member, trustee, owner.		
4.	Loan or intellectual property rights.		
5.	Research funding.		
6.	Any other relationship, including travel arrangements.		

If yes to #s 1-5, list name of organizations with which a relationship(s) exists. For #6, describe other relationship:

	Potential Conflict Type	Yes	No
7.	Representation: if representing a person or organization, include the name and funding sources (e.g. member dues, governmental/taxes, commercial products or services, grants from industry or government).		

If yes to #7, provide name and funding source(s): _____

If you believe that you do not have a conflict but are concerned that it may appear that you do, you may **attach additional sheets** explaining why you believe that you should not be excluded.

I certify that I have read and understand this **Conflict of Interest Form** and that the information I have provided is true, complete, and correct as of this date.

X _____ <i>Signature</i>	_____ <i>Date</i>
_____ <i>Print Name</i>	

For questions contact: Ginny Weir
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