

AACP Conflict of Interest Policy and Procedure

Policy:

To insure the integrity of the AACP's official policies, positions, publications and other activities, it is important that the members of the Board of Directors are free of actual or apparent conflicts of interests or that when such conflicts may exist they are declared and appropriately managed by the Board. It is the responsibility of each Board Member to serve the interests of the AACP and to avoid activities, practices or gratuities that could potentially compromise his/her ability to meet this responsibility. Accordingly, each Member of the Board is required to complete an annual disclosure in writing of all potential conflicts of interest. The disclosure includes potential conflicts related to family members or business partners that may indirectly be of influence. The declarations are available to all members of the AACP.

Procedures:

The AACP will use the following procedures to identify potential conflicts and to resolve any questions that arise about the interests of a member serving on the Board.

1. Each member is asked to complete a Disclosure of Interests and Affiliations form each year and to update it according to changing circumstances in the interim.
2. The forms are reviewed by the Secretary of the AACP. Forms with positive responses are distributed to the members of the Executive Committee for consideration. The executive Committee shares any information that represents a questionable conflict with the entire Board.
3. The Secretary verifies that each member of the Board has completed a form prior to participating in board activities.
4. An annually updated comprehensive listing of Board Members' conflict of interest disclosures is circulated to the Board and posted on the "For Members" page of the AACP Website.
5. Members who find that an issue or issues arise in the course of their involvement in Board activities that they believe may create a conflict or apparent conflict for them, should report this at the outset of the discussion and may recuse themselves from participation and/or voting.
6. Any member of the Board may raise a question about the potential or apparent conflict of another member with the president.
7. In the unusual circumstance that the Executive Committee determines that the interests and activities of a member are in direct conflict with the interests of the AACP, the committee may ask that the member recuse him or herself from any activities related to those interests.

**AMERICAN ASSOCIATION OF COMMUNITY PSYCHIATRISTS
DISCLOSURE OF INTERESTS AND AFFILIATIONS
BOARD OF DIRECTORS**

NAME: _____

TELEPHONE: _____

ADDRESS: _____

THE AACP HAS ADOPTED A CONFLICT OF INTEREST POLICY AND IMPLEMENTING PROCEDURES IN ORDER TO ENSURE THE INTEGRITY OF ITS POLICIES, POSITIONS, PUBLICATIONS AND OTHER ACTIVITIES. THE IDENTIFICATION OF AN INTEREST BELOW DOES NOT NECESSARILY INDICATE THAT A MEMBER HAS A CONFLICT OF INTEREST. A MEMBER MAY STILL BE ABLE TO PARTICIPATE IN THE ACTIVITIES OF THE BOARD IF AN IDENTIFIED INTEREST CREATES AN APPARENT OR POTENTIAL CONFLICT, AS LONG AS THE INTEREST IS DISCLOSED AND THE BOARD DOES NOT RECOMMEND RECUSAL. PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR INTERESTS AND AFFILIATION TO THE BEST OF YOUR CURRENT KNOWLEDGE.

AN INTEREST IS SIGNIFICANT IF IT:

- PROVIDES CASH, SHARES, AND/OR ANYTHING ELSE OF VALUE (INCLUDING GIFTS, TRAVEL, LODGING, MEALS, GOODS AND SERVICES) TOTALING \$2,000 OR MORE IN VALUE IN A YEAR;
- INVOLVES AN OWNERSHIP OF SHARES, STOCK OF OTHER INTEREST OF 5% OR MORE OF AN ENTITY; OR
- DERIVES FROM A POSITION AS DIRECTOR, TRUSTEE, PROPRIETOR, OFFICER, MANAGING PARTNER, CONSULTANT, OR EMPLOYEE.

PLEASE ANSWER EACH "YES/NO" QUESTION BELOW AND SIGN AND DATE THE STATEMENT AT THE END OF THIS FORM. IF THE ANSWER TO ANY OF THESE QUESTIONS IS "YES," PROVIDE THE INFORMATION REQUESTED ON ADDITIONAL SHEETS AND ATTACH THEM TO THIS FORM, IDENTIFYING THE NUMBER OF THE QUESTION(S) TO WHICH THE INFORMATION PROVIDED APPLIES.

1. DO YOU OR AN IMMEDIATE FAMILY MEMBER* HAVE A SIGNIFICANT INTEREST IN ANY BUSINESS OR ORGANIZATION THAT (A) PROVIDES GOODS OR SERVICES TO, OR DOES ANY OTHER BUSINESS WITH, THE AACP OR WHICH HAS SOUGHT TO DO SO WITHIN THE PAST THREE YEARS OR WHICH SEEKS TO DO SO IN THE FUTURE OR (B) THAT COMPETES WITH THE AACP, ITS PRODUCTS OR SERVICES?

**AN IMMEDIATE FAMILY MEMBER INCLUDES SPOUSE/SIGNIFICANT OTHER, CHILDREN AND PARENTS OR A MEMBER OF THE HOUSEHOLD.*

1 (A). YES ___ NO ___ IF YES, PLEASE PROVIDE COMPLETE INFORMATION

1(A). SAMPLE AFFIRMATIVE ANSWER:

YES X

SPOUSE OWNS MANAGEMENT CONSULTING FIRM THAT SOUGHT TO PROVIDE CONSULTATION ON EMPLOYEE BENEFITS TO AACP TWO YEARS AGO, AND MAY COMPETE TO PROVIDE SUCH SERVICES IN THE FUTURE.

1 (B). YES ___ NO ___ IF YES, PLEASE PROVIDE COMPLETE INFORMATION ABOUT INTEREST(S).

1(B). SAMPLE AFFIRMATIVE ANSWER:

YES X

I OWN \$25,000 WORTH OF STOCK IN A PROFESSIONAL PUBLISHER THAT PRODUCES PSYCHIATRIC TEXTS THAT MAY COMPETE WITH AACP.

2. PLEASE LIST THOSE SOURCES THAT ACCOUNT FOR MORE THAN 5% OF YOUR PROFESSIONAL INCOME (E.G., PRIVATE PRACTICE; CONSULTATION; EMPLOYMENT BY A CLINIC, HMO, HOSPITAL, MEDICAL SCHOOL, ETC.) AND THE NAMES OF THE ORGANIZATIONS FROM WHICH THE INCOME IS DERIVED.

SAMPLE ANSWER:

PRIVATE PRACTICE OF PSYCHIATRY – 50%

NURSING HOME CONSULTATION – 10%

TEACHING AT UNIVERSITY OF XANADU MEDICAL SCHOOL – 10%

PHARMACEUTICAL INDUSTRY-FUNDED RESEARCH, BQR PHARMACEUTICALS – 30%

3. ARE YOU AN OFFICER, TRUSTEE OR DIRECTOR OF, OR INVOLVED IN PUBLIC REPRESENTATION AND ADVOCACY (INCLUDING LOBBYING) ON BEHALF OF ANY ORGANIZATION OTHER THAN THE AACP?

YES ___ NO ___ IF YES, PLEASE GIVE THE NAME OF EACH ORGANIZATION(S) AND DESCRIBE THE ACTIVITIES IN WHICH YOU WILL BE INVOLVED:

SAMPLE AFFIRMATIVE ANSWER:

YES X

MY DAUGHTER IS EXECUTIVE DIRECTOR OF THE ASSOCIATION OF BEHAVIORAL HEALTH CARVE-OUTS

STATEMENT OF COMPLIANCE: I HAVE REVIEWED, AND AGREE TO COMPLY WITH THE AACP'S CONFLICT OF INTEREST POLICY AND PROCEDURES. I HAVE IDENTIFIED ALL INTERESTS AND AFFILIATIONS ABOUT WHICH INFORMATION HAS BEEN REQUESTED AND I AGREE TO UPDATE THIS STATEMENT SHOULD THESE CHANGE.

I UNDERSTAND THAT THE PROCEDURES REQUIRE THAT IF AN ISSUE ARISES IN THE COURSE OF THE WORK OF THE BOARD ON WHICH I SERVE THAT CREATES A CONFLICT OR APPARENT CONFLICT FOR ME, I WILL IDENTIFY MY INTEREST TO THE REMAINING MEMBERS OF THE BOARD AT THE OUTSET OF THE DISCUSSION.

DATE

SIGNATURE

PLEASE PRINT OR TYPE FULL NAME