

CONFLICT OF INTEREST FORM-SEPARATE DOCUMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PATIENT PROTECTION COMMISSION

DISCLOSURE STATEMENT

The Patient Protection Commission Bylaws include the following statements regarding Conflicts of interest:

The Patient Protection Commission will survey its commission members annually to collect information regarding their affiliations outside of the PPC. If a member's personal or employment circumstances change before twelve (12) months have elapsed, it is the member's responsibility to update the Disclosure Statement and submit it to the Department of Health and Human Services, Director's Office.

Conflicts of Interest must be declared by members prior to discussion of any matter that would provide direct financial benefit for that member, or otherwise have the appearance of a conflict of interest. In addition to disclosure, a member must abstain from voting on or advocating the passage or failure of a matter with respect to which the independence of judgment of a reasonable person in the member's situation would be materially affected.

The Chairperson, or a majority of the PPC, may also declare a conflict of interest exists for a member, and ask that the member be removed from the voting process.

Please list any of the following affiliations in the lines below: 1) Employers; 2) Boards or Commissions; 3) Any allegiance or financial interest you or any member of your immediate family has that might affect or appear to compete with your duties on the PPC.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Name (Please print)

Signature

Date

Please complete and return this form via email to lezliemayville@dhhs.nv.gov