

Conflict of Interest Disclosure Form for Planning Group Members and Members-Elect



Conflict of Interest (COI) is an actual or perceived interest in an action that will result – or has the appearance of resulting – in personal, organizational, or professional gain for the HIV Planning Group member or an immediate family member. Conflict of Interest generally does not apply to persons living with HIV whose sole relationship to a Part A-funded provider is that of a client receiving services or an uncompensated volunteer.

Conflict of Interest Disclosure

By my signature below, I, _____ certify that:

1. I have read, understand, and support the San Diego HIV Planning Group Policy and Procedures regarding Conflict of Interest and understand the definition provided here.

AND

2. Please check one:

	I have no conflict(s) of interest.
	My immediate family member serves as a Board Member, Employee, or Consultant for a service provider that currently receives or is a current applicant for Ryan White Part A funding, and therefore have an actual or perceived conflict of interest.
	I serve as a Board Member, Employee, or Consultant for a service provider that currently receives or is a current applicant for Ryan White Part A funding, and therefore have an actual or perceived conflict of interest.

For each entity, please provide the following information:

Name of Organization:			
Type of Affiliation:	Board Member	Employee	Consultant
Explanation (If needed):			
Status:	Affiliation is current Affiliation ended less than six (6) months ago on (<i>Select Date</i>):		
Name of Organization:			
Type of Affiliation:	Board Member	Employee	Consultant
Explanation (If needed):			
Status:	Affiliation is current Affiliation ended less than six (6) months ago on (<i>Select Date</i>):		
Name of Organization:			
Type of Affiliation:	Board Member	Employee	Consultant
Explanation (If needed):			
Status:	Affiliation is current Affiliation ended less than six (6) months ago on (<i>Select Date</i>):		

Service Categories for Which the Member has a Conflict of Interest

If you indicated that you have a conflict of interest, please check the funded service categories (Part A or Part A MAI) for which you have a conflict of interest, considering all affiliations listed on the previous page:

Core Medical-Services		Support Services	
	Early Intervention Services: HIV Counseling and Testing		Cost Sharing Assistance
	Early Intervention Services: EIS Regional Services		Emergency Financial Assistance
	Home-based Health Care Coordination		Food Services: Food Bank/Home Delivered Meals
	Hospice		Health Education/Risk Reduction
	Medical Case Management		Home Health Care
	Medical Nutrition Therapy		Housing: Emergency Housing
	Mental Health: Counseling/Therapy & Support Group		Housing: Location, Placement and Advocacy Services
	Mental Health: Psychiatric Medication		Housing: Partial Assistance Rental Subsidy (PARS)
	Oral Health		Legal Services
	Outpatient/Ambulatory Health Services: Medical Specialty		Non-Medical Case Management
	Outpatient/Ambulatory Health Services: Primary Care		Non-Medical Case Management for Housing
	Substance Use Tx Services: Outpatient		Peer Navigation - Referral for Health Care and Support Services
			Psychosocial Support Services
Coordinated Services			Substance Use Tx Services: Residential
	Coordinated HIV Services for Women, Infants, Children, Youth and Families (CHS: WICYF)		Transportation: Assisted & Unassisted
	Minority AIDS Initiative		

By signing below, I attest that this information is complete and accurate to the best of my knowledge. I understand that if my affiliations change, I must provide a modified COI Disclosure Form to the HPG Support Manager before the next HPG or committee meeting I attend, or within ten (10) working days, whichever comes sooner.

Electronic Signature:

Date: