

North Carolina Chiropractic Association Disclosure Form

The following disclosure form has been prepared pursuant to the NCCA Bylaws Conflict of Interest Statement (Article 4, Item D) adopted by the Board of Directors and approved by the membership.

Please read the definitions and questions carefully and then answer each question briefly and concisely in the space provided. If you are uncertain about the question or its application to you, answer it and state your reason(s) for uncertainty. If you need additional space to provide an adequate explanation to any question, use a separate piece of paper and attach it to this form.

All information obtained in this disclosure form is confidential and will be used by the NCCA Conflict of Interest Committee and Legal Counsel to review potential conflicts of interest. *

Completion of the disclosure form will be requested on an annual basis.

- 1. Ownership and Investment Interest:** Do you or does any related person (you or spouse) own or have an investment interest, directly or indirectly, with any competitor of NCCA?
Yes _____ **No** _____

If yes, please indicate the full name and address of each interested person, the nature of the interest and the amount of the interest.

- 2. Compensation or Gifts:** Have you or has a related person received any compensation, entertainment, loans or anything else of value from any competitor in the past year? You may omit gifts and entertainment less than \$100.00 but must disclose any cash received.
Yes _____ **No** _____

Please describe each item and/or cash amount received, who provided it and the value.

- 3. Employment and Other Relationships:** Have you or any related person or business associate served as an officer, director, employee, agent, or consultant of any competitor within the past year?
Yes _____ **No** _____

If so, please provide us with a statement of the offices held by each person and the organization(s) involved.

- 4. Family Relationships:** Are any of the present officers, directors, agents or consultants of NCCA related to you or any member of your family?
Yes _____ **No** _____

If so, please provide us with the name of each related person.

5. Insurance Industry/Managed Care Involvement:

- A.** Are you involved as an officer, director, employee, independent contractor, agent or consultant with the insurance industry, medical review or utilization entity, or with any other Managed Care Organization, or have you from any of these, received in the past or currently receiving, or planning to receive or contracted to receive in the future, any expense reimbursement, expense account, stock options, deferred or future compensation or consideration, or promise or agreement of future employment, or any gifts or loans?

Yes _____ **No** _____

If so, describe the position you hold and the manner in which you are involved.

- B.** Do you have any investment or ownership interest in the insurance industry or in a Managed Care Organization or medical review or utilization entity?

Yes _____ **No** _____

If so, describe the investment you hold and the manner in which you are involved.

6. Organization Conflicts: Are you a member of a competing organization such as the Carolina Chiropractors?

Yes _____ **No** _____

- 7. Other Conflicts:** Do you otherwise have any type of interest or relationship, which may conflict with the specific activities undertaken or areas of interest addressed by the office or position you hold or the Committee(s) on which you serve?

Yes _____ **No** _____

If so, describe the details.

When you have answered these questions, please date and sign the disclosure form in the space provided below, and return it to the North Carolina Chiropractic Association in the enclosed envelope. If any of the information on this form changes that would cause inaccuracies, please promptly notify the NCCA President.

I acknowledge I have read and understand the NCCA Conflict or Interest policy and certify that to the best of my knowledge, my responses to the above questions are true, correct and complete.

I certify that I have read the Statement of Policy concerning Conflicts of Interest adopted by the NCCA Board of Directors, and I agree to abide by it.

Date: _____ Signature _____

(Please print your name)

* Privacy Statement: NCCA strongly believes in protecting the confidentiality and security of information we collect about individuals. We will treat your personal information confidentially before, during and after your business relationship with us. We generally will not give out information about you to third parties unless otherwise required by law. If information is disclosed to others who do business for us, such as our officers, Conflict of Interest Committee or legal counsel, they also agree to protect your information.