

St. Clair County Community Mental Health Authority
Employee Disclosure Statement

Administrative procedure 06-001-0005, Personal Involvement with Community Mental Health Recipients, prohibits any personal involvement with individuals receiving services and their family members beyond the limits of the defined therapeutic relationship with the individual/support role of the employee. Any personal involvement activity with an individual served or their family members must be disclosed to the employee's supervisor, documented on this form, and approved by the supervisor and the Corporate Compliance Office, otherwise the activity is considered a violation of the administrative procedure.

A conflict of interest occurs when an employee's personal interests – family, friendships, financial, or social factors – could compromise his or her judgment, decisions, or actions in the workplace. This conflict could influence the performance of the employee's job duties, or involve the use of the employee's position for personal gain. A conflict may arise regardless of the employee's intentions and does not necessarily imply an employee is improperly motivated. All possible conflicts of interest must be disclosed to the employee's supervisor, documented on this form, and approved by the employee's supervisor and the Corporate Compliance Office. The approval process will include a review of the activity reported and a determination as to whether real, perceived, or potential conflict exists and how it will be resolved.

Instructions: Employees are required to report all personal involvement and/or possible conflict of interest with individuals served and their family members by completing this form with sufficient details for a determination to be made by their supervisor and the Corporate Compliance Office. Once complete, the employee must submit this form to their supervisor for signature. Supervisors will forward the signed form to the Corporate Compliance Office for final review/approval.

Employee's Name: _____

Job Classification: _____

Program: _____

Supervisor's Name: _____

Date: _____

PERSONAL INVOLVEMENT - [] N/A

Please provide a description of the personal involvement with the individual(s) receiving services or their family member(s).

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Describe how this involvement will be addressed to mitigate potential risk to the individual served.

Comments/other relevant information.

CONFLICT OF INTEREST - ☐ N/A

Please provide a description of your job duties or activities relevant to the possible conflict.

Please provide a description of your private interests relevant to the possible conflict.

Employee's assessment of real, perceived, or potential conflict of interest (indicate type). Describe the conflict.

What steps can be taken to address or resolve the potential conflict?

Comments/other relevant information.

By signing below, I attest that the information provided on this form is complete and accurate to the best of my knowledge. I understand that any misrepresentation or material omissions may be grounds for discipline, up to and including termination.

Employee's Signature

Print Name

Date

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BELOW SECTION TO BE COMPLETED BY THE SUPERVISOR

Supervisor's assessment of disclosed personal involvement activity:

Do you agree with suggested steps to mitigate potential risk? ☐ Yes ☐ No ☐ N/A

Other actions required:

Supervisor's assessment of disclosed conflict of interest:

Do you agree with suggested steps to address or resolve the potential conflict? ☐ Yes ☐ No ☐ N/A

Other actions required:

Supervisor's Signature

Date

BELOW SECTION TO BE COMPLETED BY CORPORATE COMPLIANCE OFFICE

Personal involvement appropriately and adequately addressed: ☐ Yes ☐ No ☐ N/A

Additional steps to be taken:

Conflict of interest appropriately and adequately addressed: ☐ Yes ☐ No ☐ N/A

Additional steps to be taken:

Comments/other relevant information.

Corporate Compliance Representative's Signature

Date

Original to Personnel File

Cc: Disclosing Employee
Supervisor