

**Greater Columbia Behavioral Health
Board of Directors
Conflict of Interest Annual Disclosure**

Name: _____ Member Government: _____

Date: _____

As the County Commissioner, Tribal Authority or Member Government Designee, I _____ have read, understand and agree to abide by the GCBH Conflict of Interest Policy and Code of Conduct. I further understand that it is my obligation and responsibility to make decisions which are in the best interest of Greater Columbia Behavioral Health. It is my obligation to avoid conflicts of interest when making decisions on behalf of Greater Columbia Behavioral Health.

Should a possible or perceived conflict of interest arise while conducting business on behalf of Greater Columbia Behavioral Health, I recognize that I have the responsibility to notify the Chair of the GCBH Board of Directors and abstain from participation in conducting GCBH business until approved and/or resolved by the GCBH Chair or his/her designee. You must disclose those activities, relationships and interests which might influence or be perceived as influencing or having an impact on your performance, duties and actions as a member of the GCBH Board of Directors. If you are unsure about whether a particular item should be disclosed, it is generally best to disclose it

I understand that the information on this form is solely for the use of Greater Columbia Behavioral Health and is considered confidential information. Release to external parties shall be required only by law and/or federal regulations.

Signature of Certification

Date