

**American Medical Association (“AMA”) Conflict of Interest Policy Disclosure of Affiliations,
Compliance Statement, Acknowledgement and Affirmation**

Members of AMA Councils, Committees and Task Forces

*Note: Completion of this form is appropriate for Council members and candidates, Section Governing Council members and candidates, AMA Advisory Committee members, board members of AMA subsidiaries and affiliates including the AMA Alliance and AMA Foundation, and individuals in other roles. This paper form is for use **only in time-sensitive situations**. All other individuals must use an electronic form.*

NAME: MICHAEL B. SIMON, MD, MBA, FASA

What is your current AMA role, or the role for which you are a candidate?

☒ XX Council Candidate

☐ Section Governing Council Candidate

☐ Advisory Committee Candidate

☐ Other: _____

Which Council, Committee, or Task Force?

☐ Council on Constitution and Bylaws

☐ Council on Ethical and Judicial Affairs

☐ Council on Long-Range Planning

☐ Council on Medical Education

☒ XX Council on Medical Service

☐ Council on Legislation

☐ Council on Science and Public Health

☐ Advisory Committee on LGBTQ Issues

☐ Academic Physicians Section

☐ AMPAC

☐ Integrated Physicians Practice Section

☐ International Medical Graduates Section

☐ Medical Students Section

☐ Minority Affairs Section

☐ Organized Medical Staff Section

☐ Resident and Fellows Section

☐ Senior Physicians Section

☐ Women Physicians Section

☐ Young Physicians Section

☐ Other: _____

Instructions for Completing the AMA Conflict of Interest (“COI”) Policy Disclosure of Affiliations, Compliance Statement, Acknowledgement and Affirmation

Before completing this form, please review carefully the AMA Conflict of Interest Policy (“COI Policy”). Please also review the related Conflict of Interest Principles, (“Principles”) which provide explanatory text and examples of the COI Policy in specific situations.

The AMA's COI Policy requires each AMA Council member and candidate, AMA Committee member (including Governing Council Section members and candidates, AMA Advisory Committee members, and board members of the AMA Alliance and the AMA Foundation, and Task Force Members (collectively, “Leader(s)”) to disclose annually his or her affiliations and to execute a statement confirming that, to his or her knowledge, the Leader has complied with the COI Policy.

Complete each question to the best of your knowledge. **Please avoid using acronyms unless the acronym is widely understood.** If an interest is disclosed once on this form, it need not be disclosed again in response to a subsequent question.

If your circumstances change during the year, please promptly provide updated information on such affiliation to the AMA's Office of the General Counsel.

If you have questions about the AMA's COI Policy or the disclosure form, the AMA's Office of General Counsel is available to provide guidance ().

Disclosures of all Leaders' affiliations will be the subject of a report to the Board of Trustees. Disclosure forms completed by members and candidates for AMA Councils, Section Governing Councils and Advisory Committees will be posted on the members' only portion of the AMA website.

Definitions

The following defined terms are used in this form:

"AMA" shall mean the American Medical Association, its subsidiaries and affiliates, including the AMA Foundation and the AMA Alliance.

"Leader" shall mean each elected or appointed member of an AMA Council, AMA Committee (including the AMA Alliance and AMA Foundation) and AMA Task Force, each candidate for an AMA Council, Section Governing Council or Advisory Committee, and other designated AMA committee and task force members and candidates.

"Material Financial Interest" shall mean:

- a financial ownership interest of 5% or more in the relevant third party, or
- a financial interest or relationship which contributes materially to the income of the relevant third party, or
- a position as proprietor (e.g. owner, LLC member), shareholder, director, officer, partner, governing board member or key employee.

"Immediate Family Member" shall mean spouse, domestic partner, parent or child.

"Extended family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, grandchild, brother, sister, or spouse or child of a brother or sister.

1. Please identify your current principal occupation below.

Name of employer/main client: ENVISION HEALTHCARE, INC

Job title: REGIONAL MEDICAL DIRECTOR

Brief description of entity (Indicate if entity is your employer or a client): I AM AN EMPLOYEE OF ENVISION HEALTHCARE. ENVISION IS A PROVIDER OF PHYSICIAN SERVICES IN MULTIPLE DISCIPLINES. I ACT AS A REGIONAL MEDICAL DIRECTOR OF OUR ANESTHESIA SERVICES IN NORTH FLORIDA.

Type of organization:

Start of relationship (year): 2014

- ☐ Solo/Small Group Practice
- ☒ Medium/Large Group
- ☐ Healthcare Insurer/Payer
- ☐ Professional Liability Insurer
- ☐ None of the above

Are you a student?

If yes, identify the institution.

Yes No. XX

Are you retired?

Yes No. XX

Are you a member of an organized medical staff?

If yes, identify the institution.

Yes XX No.
BEACH MEDICAL CENTER

MULTIPLE. CURRENTLY FORT WALTON

Are you a medical school faculty member?

If yes, identify the institution.

Yes No. XX

2. Are you or is any Immediate Family Member affiliated with any of the following entities: healthcare accrediting body or board, healthcare provider organization, healthcare standards setting organization, healthcare-related professional society, or medical licensing board? Please indicate yes or no. If yes, list all instances below.

Yes. XXX. No

A. Type:

- XXX. Healthcare Accrediting body/board
- ☐ Healthcare Provider Organization
- ☐ Healthcare Standards Setting organization
- ☐ Healthcare-related professional society
- ☐ Medical Licensing Board

Relevant individual:

☒ Me

☐ Spouse/Domestic Partner

☐ Parent

☐ Child

Name of entity: THE JOINT COMMISSION

Brief description of entity: HEALTHCARE ACCREDITOR

Start of relationship (year): 2016

Role:

☒ XX Trustee

Other information (optional):

☐ Director/Officer

☐ Committee/Council Member

☐ Employee

☐ Consultant

B. Type:

☒ Healthcare Accrediting body/board

☐ Healthcare Provider Organization

☐ Healthcare Standards Setting organization

☐ Healthcare-related professional society

☐ Medical Licensing Board

Relevant individual:

☐ Me

☐ Spouse/Domestic Partner

☐ Parent

☐ Child

Name of entity:

Brief description of entity:

Start of relationship (year):

Role:

☐ Trustee

Other information (optional):

☐ Director/Officer

☐ Committee/Council Member

☐ Employee

☐ Consultant

C. Type:

☐ Healthcare Accrediting body/board

☐ Healthcare Provider Organization

☐ Healthcare Standards Setting organization

☐ Healthcare-related professional society

☐ Medical Licensing Board

Relevant individual:

☐ Me

☐ Spouse/Domestic Partner

☐ Parent

☐ Child

Name of entity:

Brief description of entity:

Start of relationship (year):

Role:

Other information (optional):

- ☐ Trustee
- ☐ Director/Officer
- ☐ Committee/Council Member
- ☐ Employee
- ☐ Consultant

D. Type:

- ☐ Healthcare Accrediting body/board
- ☐ Healthcare Provider Organization
- ☐ Healthcare Standards Setting organization
- ☐ Healthcare-related professional society
- ☐ Medical Licensing Board

Relevant individual:

Name of entity:

- ☐ Me
- ☐ Spouse/Domestic Partner
- ☐ Parent
- ☐ Child

Brief description of entity:

Start of relationship (year):

Role:

Other information (optional):

- ☐ Trustee
- ☐ Director/Officer
- ☐ Committee/Council Member
- ☐ Employee
- ☐ Consultant

3. **Do you, or does an Immediate Family Member, receive any consulting fee, honoraria, speaker fee, clinical trial-related payment or any other payment or item of value worth \$5,000 or more in the aggregate from any healthcare industry company (including but not limited to a pharmaceutical company, device manufacturer, or electronic medical record vendor) within the past 24 months or as expected in the next 12 months? Please indicate yes or no. If yes, list and explain all instances below.**

Yes

No. XX

A. Relevant individual:

- ☐ Me
- ☐ Spouse/Domestic Partner
- ☐ Parent
- ☐ Child

Name of entity:

Start of relationship (year):

Brief description of entity:

Other information (optional):

B. Relevant individual:

- ☐ Me
- ☐ Spouse/Domestic Partner
- ☐ Parent
- ☐ Child

Name of entity:

Start of relationship (year):

Brief description of entity:

Other information (optional):

C. Relevant individual:

- ☐ Me
- ☐ Spouse/Domestic Partner
- ☐ Parent
- ☐ Child

Name of entity:

Start of relationship (year):

Brief description of entity:

Other information (optional):

D. Relevant individual:

- ☐ Me
- ☐ Spouse/Domestic Partner
- ☐ Parent
- ☐ Child

Name of entity:

Start of relationship (year):

Brief description of entity:

Other information (optional):

4. Do you or does an Extended Family Member hold a Material Financial Interest in any business or entity which furnishes goods or services, or is seeking to furnish goods or services, to the AMA? Please indicate yes or no. If yes, list all instances below.

Yes

No XX

A. Relevant individual:

- ☐ Me
- ☐ Spouse/Domestic Partner
- ☐ Parent/In-laws
- ☐ Child/Spouse of Child/Grandchild
- ☐ Sibling/Spouse of Sibling/Niece/Nephew

Name of entity:

Start of relationship (year):

Brief description of entity:

Other information (optional):

B. Relevant individual:

- ☐ Me
- ☐ Spouse/Domestic Partner
- ☐ Parent/In-laws
- ☐ Child/Spouse of Child/Grandchild
- ☐ Sibling/Spouse of Sibling/Niece/Nephew

Name of entity:

Start of relationship (year):

Brief description of entity:

Other information (optional):

C. Relevant individual:

- ☐ Me
- ☐ Spouse/Domestic Partner
- ☐ Parent/In-laws
- ☐ Child/Spouse of Child/Grandchild
- ☐ Sibling/Spouse of Sibling/Niece/Nephew

Name of entity:

Start of relationship (year):

Brief description of entity:

Other information (optional):

5. Have you or has any Extended Family Member asserted or filed, or intend to assert or file, a lawsuit, legal complaint, personal claim for damages or formal grievance against the AMA? Please indicate yes or no. If yes, list all instances below.

Yes

No XX

A. Brief description of action:

Relevant individual:

- ☐ Me
- ☐ Spouse/Domestic Partner
- ☐ Parent/In-laws
- ☐ Child/Spouse of Child/Grandchild
- ☐ Sibling/Spouse of Sibling/Niece/Nephew

Other information (optional):

B. Brief description of action:

Relevant individual:

- ☐ Me
- ☐ Spouse/Domestic Partner
- ☐ Parent/In-laws
- ☐ Child/Spouse of Child/Grandchild
- ☐ Sibling/Spouse of Sibling/Niece/Nephew

Other information (optional):

C. Brief description of action:

Relevant individual:

- ☐ Me
- ☐ Spouse/Domestic Partner
- ☐ Parent/In-laws
- ☐ Child/Spouse of Child/Grandchild
- ☐ Sibling/Spouse of Sibling/Niece/Nephew

Other information (optional):

6. Are you a registered lobbyist in any jurisdiction? Please indicate yes or no. If yes, list all instances below.

Yes

No XX

A. Organization for which you are a registered lobbyist:

Jurisdiction(s):

B. Organization for which you are a registered lobbyist:

Jurisdiction(s):

C. Organization for which you are a registered lobbyist:

Jurisdiction(s):

7. Are you involved in public representation or advocacy on behalf of any organization *other than* the AMA? Please indicate yes or no. If yes, list all instances below.

Yes XX. No

On behalf of which organization(s)? AMERICAN SOCIETY OF ANESTHESIOLOGISTS

8. Do you hold any political office (elected or appointed)? Please indicate yes or no. If yes, list all instances below.

Yes No XX

What office(s)?

9. Are you involved in any other significant political activities *excluding* AMA-related political activities, voting and political contributions? Please indicate yes or no. If yes, list all instances below.

Yes No XX

What activities?

10. Are you aware of any activity of one of your Immediate Family Members which may conflict with AMA's policies or activities? Please indicate yes or no. If yes, list all instances below.

Yes No XX

A. Relevant individual:

- ☐ Me
- ☐ Spouse/Domestic Partner
- ☐ Parent
- ☐ Child

Description of activity:

Other information (optional):

B. Relevant individual:

- ☐ Me
- ☐ Spouse/Domestic Partner
- ☐ Parent
- ☐ Child

Description of activity:

Other information (optional):

C. Relevant individual:

- ☐ Me
- ☐ Spouse/Domestic Partner
- ☐ Parent
- ☐ Child

Description of activity:

Other information (optional):

11. Are you involved in any other personal relationship, activity or interest which may impair your objectivity on AMA policies or issues? Please refer to the Principles for additional guidance. Please indicate yes or no. If yes, list all instances below.

Yes No ☒ XX

What relationship, activity or interest? (Please explain such interest.)

12. I certify that, except as identified below:

- (i) **I will use my best efforts to maintain the confidentiality of and to prevent the unauthorized disclosure of information that is confidential or proprietary to the AMA, and I will not use such information for personal profit or advantage, or for the profit or advantage of any other organization.**

☒ XX I agree ☐ I do not agree

If you do not agree, please explain:

- (ii) **I have not and will not divert for myself or for any other person or entity any business opportunity I know, or have reason to believe, to be available to the AMA.**

☒ XX I agree ☐ I do not agree

If you do not agree, please explain:

- (iii) **I have not and will not use AMA staff or resources to perform personal services for me or for another organization in which I have a financial interest.**

☒ XX I agree ☐ I do not agree

If you do not agree, please explain:

- (iv) I have not and will not use the AMA's name, logo, or my affiliation with the AMA in a manner that would incorrectly imply an AMA endorsement of a non-AMA product or service, or that would imply AMA support of a personal opinion or activity.

XX I agree ☐ I do not agree

If you do not agree, please explain:

- (v) I have not and will not, nor have or will any of my Immediate Family Members, solicit or accept any gift money, benefit, loan, or other payment of any kind from any entity with which AMA does business, with which AMA is seeking to do business, or from any entity seeking to do business with AMA. (The term "entity" includes, but is not limited to, financial institutions, business and professional firms, and individuals providing goods or services).

I understand that the following gifts and benefits are *not* prohibited under the COI Policy: (1) acceptance or offering of nominal gifts, or social amenities and entertainment which are given in normal business practice and which would not raise an inference of undue influence, (2) acceptance or offering of gifts for a non-business reason, and which are motivated by a family relationship or personal friendship, (3) benefits or discounts offered under any AMA-sponsored program, (4) benefits or discounts which are offered as a professional courtesy to members of the medical profession, or to members of their immediate family, provided such benefits or discounts are not intended to influence an AMA decision, and (5) books, journals, audio or videotapes, software or other informational material provided to assist the Trustees or members in performing their duties for the AMA.

XX I agree ☐ I do not agree

If you do not agree, please explain:

- (vi) I have not and will not retain any honoraria received for AMA-related engagements, and will give any honoraria received to the AMA unless an alternative arrangement is made with prior approval from the Chair of the Board of Trustees.

XX I agree ☐ I do not agree

If you do not agree, please explain:

- (vii) After termination of my duties for the AMA, I will not: use the AMA name or my affiliation with the AMA in any manner which would imply AMA support or endorsement of policies or activities of another organization; use of the AMA name or my affiliation with AMA for commercial gain; disclose confidential or proprietary information for personal or commercial gain; or disparage the AMA, its Trustees or Officers.

XX I agree ☐ I do not agree

If you do not agree, please explain:

(viii) **I have not and will not give any bribe, kickback, or any other illegal or improper payment of any kind to any person with whom I come into contact in the course of carrying out my responsibilities for the AMA.**

XX I agree ☐ I do not agree

If you do not agree, please explain:

13. If you did not have space to list all your disclosable interests above, please disclose them below. Otherwise skip to the “Acknowledgement and Affirmation”.

A. Relevant Individual:

- ☐ Me
- ☐ Spouse/Domestic Partner
- ☐ Parent/In-laws
- ☐ Child/Spouse of Child/Grandchild
- ☐ Sibling/Spouse of Sibling/Niece/Nephew

Name of Entity:

Start of Relationship (Year):

Brief Description of Entity:

Other Information (Optional):

B. Relevant Individual:

- ☐ Me
- ☐ Spouse/Domestic Partner
- ☐ Parent/In-laws
- ☐ Child/Spouse of Child/Grandchild
- ☐ Sibling/Spouse of Sibling/Niece/Nephew

Name of Entity:

Start of Relationship (Year):

Brief Description of Entity:

Other Information (Optional):

C. Relevant Individual:

- ☐ Me
- ☐ Spouse/Domestic Partner
- ☐ Parent/In-laws
- ☐ Child/Spouse of Child/Grandchild
- ☐ Sibling/Spouse of Sibling/Niece/Nephew

Name of Entity:

Start of Relationship (Year):

Brief Description of Entity:

Other Information (Optional)

Acknowledgement and Affirmation

Duties to AMA. I acknowledge and confirm that I, when serving in my role as an AMA Council, Committee or Task Force member, will act at all times with care and for the sole benefit and interest of the AMA and not for my own personal benefit.

Conflicts of Interest (COI). I understand that I am expected to comply, and have a continuing responsibility to comply, with the AMA COI Policy and Principles. To my knowledge as of the date hereof, I am in compliance with the COI Policy and Principles (except as specifically disclosed above) and have disclosed as required my affiliations. If at any time following submission of this form, I become aware of any conflict of interest, or if the information provided becomes inaccurate or incomplete, I will promptly update this form.

I understand the COI Policy is intended to be an evolving policy, and questions of interpretation and application can be expected to arise, and that Principles have been developed to provide guidance in resolving conflicts. Any questions about how to respond to the disclosures or certifications requested above (including questions about potential affiliations) should be reviewed in advance with the Office of General Counsel (ogc@ama-assn.org).

Assignment. In consideration of my participation on an AMA Council, Committee or Task Force (or, if a candidate, upon my election or appointment to such a body), I assign to the AMA all rights, including copyright, in any enduring materials and other work products created in connection with my participation on the Council, Committee or Task Force.

Anti-Harassment Policy (H-140.837). I agree to adhere to the "Anti-Harassment Policy Applicable to AMA Entities." I understand that meetings of the House of Delegates and all AMA-sponsored events have a zero-tolerance policy for harassing conduct.

Speaking on Behalf of the AMA. I acknowledge that only authorized individuals may speak on behalf of the AMA.

Acknowledged and Affirmed by the undersigned:

Name (print): MICHAEL B. SIMON, MD

Signature:



Date: JUNE 9, 2019

Role:

XX. Council Candidate

☐ Section Governing Council Candidate

☐ Advisory Committee Candidate

☐ Other: _____