

Disclosure Form

2/1/2023

Submission Name

Alvanzo Disclosure Form

Have you any interest to disclose?

Yes

For whom are you disclosing?

Self

Name the Business/Organization for which you are disclosing.

Pyramid Healthcare, Inc.

Level of Interest

Significant

Please describe the Interest

Full-time employment as regional medical director

For whom are you disclosing?

Self

Name the Business/Organization for which you are disclosing.

Uzima Consulting Group, LLC

Level of Interest

Significant

Please describe the Interest

Managing partner for entithy providing addiction-related consulting and expert witness testimony

For whom are you disclosing?

Self

Name the Business/Organization for which you are disclosing

Behavioral Health Administration, Maryland Department of Health

Level of Interest

Modest

Please describe the Interest
Substance Use Disorder Consultant

Please list any additional business or any organization that you or an immediate family member have an interest in that has provided goods or services to ASAM within the last 3 years, or that you expect to provide within the next 1 year, describe the relationship and level of interest in the text box below:

Uzima Consulting- faculty for ASAM Criteria Courses

--

Have you any interest to disclose?

For whom are you disclosing?

Name the Business/Organization for which you are disclosing.

Level of Interest

Please describe the Interest

For whom are you disclosing?

Name the Business/Organization for which you are disclosing.

Level of Interest

Please describe the Interest

For whom are you disclosing?

Name the Business/Organization for which you are disclosing

Level of interest

Please describe the Interest

Please list any additional business or organization that you or an immediate family member have an interest that competes with ASAM's products or services, describe the relationship and the level of interest in the text box below:

Name of Organization

Name of Organization

Name of Organization

Please list any additional organizations and your role for which you serve as an officer, trustee or director of, or are involved in public representation and advocacy (including lobbying) on behalf of any organization other than ASAM or an ASAM Chapter in the text box below:

Role

Role

Role

For whom are you disclosing?

Indicate Position

Name of Organization:

For whom are you disclosing?

Indicate Position

Name of Organization:

Please list any additional information if you or an immediate family member have any interest(s) that derives from service/status as an officer, trustee, director, proprietor, partner, (full or part-time) employee, grant recipient, or consultant for any health care or health-related business or organization in the text box below:

For whom are you disclosing?

Provide details

For whom are you disclosing?

Provide Details

Please list any additional interests, affiliations, arrangements or relationships that you or your immediate family members have that could lead to questions about your motives in connection with your work on behalf of ASAM if such interest were made public in the text box below:

For each source, list the entity, briefly describe the work you do and the percentage of your income.

Pyramid Healthcare, Inc.: Regional Medical Director, medical administrator for residential and outpatient addiction treatment programs (93%) Uzima Consulting Group, LLC: Managing partner, addiction-related consultation, education, training, and expert witness testimony (2%)

Please list any additional sources of your professional income (e.g., private practice; consultation; employment by a clinic, HMO, hospital, medical school, etc.). For each source, list the entity, briefly describe the work you do and the percentage of income in the text box below:
Substance Use Disorder Consultant for the Behavioral Health Administration at the Maryland Department of Health (5%)

Provide details of such relationship

Who are you disclosing for?

For whom are you disclosing?
Level of Interest
List company, what was received, and for what role.

For whom are you disclosing?
Level of Interest
List company, what was received, and for what role.

For whom are you disclosing?
Level of Interest
List company, what was received, and for what role.

For whom are you disclosing?
Level of Interest
List company, what was received, and for what role.

For whom are you disclosing?
Level of Interest
List company, what was received, and for what role.
Please list any additional financial relationship(s) you or your spouse have with a commercial interest [review definition above] within in the past 12 months in the text below:

Indicate Pending Actions

Provide details
