1) List any 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 the level of interest.

Have you any interest to disclose? No
For whom are you disclosing? Self
Name the Business/Organization for which you are disclosing.
Level of Interest
Refer to definitions above

Please describe the Interest

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2) List any 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.

Have you any interest to disclose? No
For whom are you disclosing?
Name the Business/Organization for which you are disclosing.
Level of Interest
Refer to definitions above

Please describe the Interest

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3) List 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.

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Medical Association</td>
<td>Member (attend advocacy events)</td>
</tr>
</tbody>
</table>

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:

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4) Please indicate below 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
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:

5) Please list below any 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.

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

Clinical and Administrative work at the Los Angeles County Department of Mental Health (60%) Clinical work: Private Practice (15%) Consulting work: Centers for Care Innovation, PsyBAR, Orange County, STR-TA Opioid Response Network, APA-Friends Research Institute (14%) Clinical work as a contracted psychiatrist: Cedar Sinai Health System (5%) Senior Scientist: Friends Research Institute (4%) Co-Investigator at the RAND Corporation Financial Director: Annenberg Physician Training Program in Addictive Disease (<1%)

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:

7) Please indicate below any relationships within the last 12 months that could be relevant to the topics or issues addressed in or implicated by ASAM’s policy statements.

I am affiliated with the Camden Center (in Los Angeles), and although this is not a significant source of income, they are a private treatment program in Los Angeles with which I am affiliated.

8) Indicate financial relationship(s) you or your spouse have with a commercial interest [review definition above] within the past 12 months.

For whom are you disclosing?
Level of Interest
Refer to definitions above

List company, what was received, and for what role.
(Example: ABC company, received modest honoraria for speaking at conference)

For whom are you disclosing?
Level of Interest

Refer to definitions above

List company, what was received, and for what role.

(Example: ABC company, received modest honoraria for speaking at conference)

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For whom are you disclosing?

Level of Interest

Refer to definitions above

List company, what was received, and for what role.

(Example: ABC company, received modest honoraria for speaking at conference)

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:

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9) Please indicate below any a) civil judgments (excluding medical malpractice), b) licensure revocations or suspensions, c) arrests, indictments, or convictions for any criminal offenses, or d) disciplinary actions by any medical board or medical society currently pending against you or on record within the past ten years.
On December 3, 2013 I was arrested in New York, NY by a plain clothed police officer working for the New York Police Department because I was wearing a pedometer that the officer erroneously believed was contraband, and I was booked for resisting arrest. The New York District Attorney declined to prosecute the arrest, and so there are no criminal charges on my record. The New York City Civilian Complaint Review Board conducted an investigation, and in April 2016 the officers involved pled guilty to misconduct without legal justification before a disciplinary hearing prosecuted by the New York City Civilian Complaint Review Board Administrative Prosecution Unit.

10) Please describe any other information you believe is important to disclose.

Provide details
None at this time.

Statement of Compliance

I have reviewed, and agree to comply with, ASAM’s Universal Disclosure Policy and Procedures. I have identified all interests and affiliations about which information has been requested. I certify that the answers that I have provided to these questions are truthful and I agree to update this statement within 30 days to reflect any changes.

I understand that I am required to disclose any potential conflict of interest to ASAM before engaging in any ASAM related activities. Any perceived conflicts not addressed by self-disclosure or recusal will be managed by ASAM. If requested, the Ethics Committee will assist in evaluating potential conflicts of interest.

I attest that all the answers above are correct.