

**Frank James, MD, JD, DFASAM – Submission Date – 3/31/2020**

**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?

Name the Business/Organization for which you are disclosing.

Level of Interest

*Refer to definitions above*

Please describe the Interest

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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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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

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:

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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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**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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**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**

**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:**

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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.**

**Name of Organization**

UniteHere

**Role**Medical Director

Health

Consultant

**Name of Organization**

MagnaCare

**Role**Medical Director

Consultant

**Name of Organization**

MindStrong

**Role**Officer and

Health Services

Contracted Medical

Director

**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 business or organization.**

For whom are you disclosing? Indicate Position Name of Organization: -----	Self Consultant UniteHere Health
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: -----	Self Consultant MagnaCare MindStrong Health Services, Officer and Contracted Medical Director

**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.**

For whom are you disclosing? Provide details	None
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: -----	

**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.**

<b>Select Sources (hold CTRL key to multi-select)</b> <i>If "Other" is selected, indicate the sources on next question</i>	Consultation
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**For each source, list the entity, briefly describe the work you do and the percentage of your income.**

Behavioral Health Services Consulting, LLC President, 100% of income Provide contracted Medical Director services, consultation and oversight for management of pharmacy benefits, conduct external consultation and internal recommendation to health plans regarding benefit coverage for medical, pain management, substance use disorder, and behavioral health services and treatments

**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:**

None

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**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.**

**Provide details of such relationship**  
**Who are you disclosing for?**

January 01, 2019 through March 29, 2019 UnitedHealth Care; Full-Time Employment; Behavioral Health Medical Director and Subject Matter Expert on Disorders of Addication  
Self

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**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?**

Self

**Level of Interest**

*Refer to definitions above*

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

None

*(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)*

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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)*

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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)*

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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.**

**Indicate Pending Actions**

None

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

Provide details

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**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**