



**ASAM** American Society of  
Addiction Medicine

## Disclosure Form

4/8/2021

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### Submission Name

Timothy Wiegand, MD, FACMT, FAACT, DFASAM

### Have you any interest to disclose?

Yes

### For whom are you disclosing?

Self

### Name the Business/Organization for which you are disclosing.

American College of Medical Toxicology and the Medical Toxicology Foundation

### Level of Interest

Modest

### Please describe the Interest

Volunteer participation in professional society activities including related to addiction (with specifically announced interest in helping Medical Toxicologists obtain dual certification in addiction medicine (boarded) and participate in ASAM activities (e.g. Med Tox Interest Group and presenting at ASAM/NYSAM annual conferences. Volunteer activities.

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Level of Interest

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

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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Have you any interest to disclose?

No

Level of Interest

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

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

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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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:

for ACMT I serve on committees and on the Foundation Board and completing final term of ACMT BOD not on Executive Board simply Board level completion of 2nd term as I start with ASAM Executive Directors I've been very vocal about connecting Med Tox/Addiction Medicine and the two professional societies to leverage opportunities and interest in particular for Med Tox physicians that want to expand practice areas/expertise into overlap of Med Tox/addiction med and make use of practice pathway to become dual boarded (see my essays for at large director and VP position). I'm not involved in lobbying for ACMT or public representation other than volunteer activities at conferences on occasion e.g. lecture/poster presenting (similar to ASAM ASM conference).

Role

Role

Role

For whom are you disclosing?

Indicate Position

Name of Organization:

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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:

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For whom are you disclosing?

Provide details

**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:

None

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

1.) Academic Medical Center UPMC (primary position as Associate Professor of Emergency Medicine -68% 2.) Hutter Doyle -Medical Director/supervision-treatment program outpatient NY OASAS certified program 17% 3.) Medicolegal consulting (expert witness work) 9% 4.) SBH/Helio consulting work related to treatment protocols and detoxification 6%

**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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**Provide details of such relationship**

**Who are you disclosing for?**

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

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For whom are you disclosing?

Level of Interest

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

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For whom are you disclosing?

Level of Interest

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

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For whom are you disclosing?

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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:

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Indicate Pending Actions

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Provide details

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