



ASAM American Society of
Addiction Medicine

Disclosure Form

2/22/2021

Submission Name

William F. Haning, III, MD

Have you any interest to disclose?

Yes

For whom are you disclosing?

Self

Name the Business/Organization for which you are disclosing.

John A. Burns School of Medicine, University of Hawaii

Level of Interest

Significant

Please describe the Interest

Part-time employment (20%) as Program Director, Addiction Psychiatry/Addiction Medicine

For whom are you disclosing?

Spouse

Significant

Please describe the Interest

Full-time employment as Director, Department of Health, State of Hawai`i

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:

None

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Have you any interest to disclose?

No

For whom are you disclosing?

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

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:

Board of Directors, PHREI (501c3 research administration arm, Pacific Islands Veterans Administration); Hawai`i. Board of Directors, Physicians Health Program (monitoring and advocacy of impaired physicians); Board of Directors, University of Hawai`i Alumni Association; Friends of the Medical School, John A. Burns School of Medicine.

Role

In all cited cases, non-officer member of the respective board of directors. No remuneration, emolument, or compensation.

Role

Role

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?

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.

Cited above, 0.20 FTE (20%) salary as Professor Emeritus, Program Director, Addiction Medicine & Addiction Psychiatry Residency Training Program, University of Hawai`i John A. Burns School of Medicine.

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:

Pensions: University of Hawaii Employee Retirement System 60%, Social Security 20%, U.S. Navy retirement 20%

Provide details of such relationship

Who are you disclosing for?

For whom are you disclosing?

For whom are you disclosing?

Level of Interest

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

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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:

Spouse: prior to 15 SEP 2020, FT combined as Medical Director, Honolulu Fire Department and Medical Director, American Medical Response. Terminated on accession to present post as Director of Health. Otherwise, none.

Indicate Pending Actions

None

Provide details

N/A
