REGION 3
BEHAVIORAL HEALTH SERVICES

CONFLICT OF INTEREST DISCLOSURE FORM

It is the duty of every staff member, consultant, contractor, Regional Governing Board member, and Behavioral Health Advisory Committee member of Region 3 Behavioral Health Services (Region 3) to disclose any conflicts of interest or any circumstances that might reasonably give rise to the perception of a conflict of interest. Apparent or perceived conflicts of interest can be as damaging as actual conflicts of interest. This form is to be completed by anyone who has an actual or perceived conflict of interest or a potential conflict of interest.

A *conflict of interest* is a situation in which financial or other personal considerations have the potential to compromise or bias professional judgment or objectivity.

Conflict of interest examples may include, but are not limited to:

- Accepting any other payment for work other than for wages received as part of the position.
- Accepting benefits in exchange for using one's influence to unfairly assist another person.
- Misusing confidential information, including using confidential information for one's own advantage.
- Participating in activities that may cause potential conflict with one's current position.
- Using Region 3 property, resources, or funds for personal use or personal financial gain.
- Accepting benefits of any nature which directly result from affiliation with Region 3 and/or use of Region 3 intellectual property.
- Using or attempting to use any position to secure unwarranted privileges or exemptions for one's self or others.
- Any duality of interest or possible conflict of interest that may cause a person to not think objectively or impartially.
- Providing preferential treatment to any individual or entity due to a personal relationship.

Failure to Disclose Actual or Possible Conflicts of Interest

Recognizing and disclosing activities that might give rise to conflicts of interest, or the perception of conflicts, is necessary to ensure that such conflicts are properly managed or avoided. If it is determined that an actual or potential conflict of interest is not disclosed, an investigation will occur and appropriate corrective action will occur, if necessary.

Please complete the Conflict of Interest Disclosure Form and submit it to the Region 3 Compliance Officer by mail or email:

Compliance Officer
Region 3 Behavioral Health Services
PO Box 2555
Kearney, NE 68848-2555

complianceofficer@region3.net

Date: _____

Name: _____

Title/Organization: _____

Please describe any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to an actual or perceived conflict of interest between Region 3 Behavioral Health Services and your personal interests (use additional paper if necessary):

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In signing and submitting this form, I certify that the above information is true and complete to the best of my knowledge.

Date: _____

Signature: _____

Reviewed/Revised: 1/26/24, 01/09/2026