



# CONFLICTS OF INTEREST AND CONFIDENTIALITY POLICY

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## CONFLICTS OF INTEREST

### Preamble

The Society of Behavioral Medicine (SBM) is a multidisciplinary organization of clinicians, educators, and scientists dedicated to promoting the study of the interactions of behavior with biology and the environment, and then applying that knowledge to improve the health and well-being of individuals, families, communities, and populations. The vision of SBM is to pursue better health through behavior change. Health is defined by the World Health Organization as a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.<sup>1</sup>

### Purpose

The purpose of this conflict of interest policy is four-fold:

- 1) To assist SBM in evaluating the integrity of its decisions as it pertains to the mission of the organization, the best interests of the membership, and public health. <sup>2</sup>
- 2) To assist SBM in heightening awareness and educating its members about conflicts of interest.
- 3) To protect the interests of the Society of Behavioral Medicine (the Society) when entering into a transaction or arrangement that might benefit a Board member or one or more of its key employees
- 4) To protect the tax-exempt status of the Society.

### Principle

The affairs and decisions of the Society shall be conducted and made in a fair and impartial manner, without influence from Board members and key employees whose interests conflict with those of the Society.

### Definition

A conflict of interest arises when a Board member or key employee who is required to exercise judgment and make decisions on behalf of the Society also has financial, professional, personal, or reciprocal relationships that are likely to or directly compromise his/her ability to make an impartial judgment for the Society.

An apparent conflict of interest is present if there is a potential for the financial, professional, personal, or reciprocal relationships of a person to be at odds with the person's obligation to SBM and the circumstances are such that a reasonable person with knowledge of the relevant facts would question the person's ability to act in SBM's best interests.

### Practices

- Before SBM members run for office or accept Board appointments they shall be made aware that all winning candidates and appointees must divulge financial, professional, or personal relationships that could give rise to conflicts of interest as defined below.
- Annually, each Board member and key employee shall be asked to review the conflict of interest policy and acknowledge, in writing, that s/he has done so.
- Annually, each Board member and key employee shall complete a disclosure form identifying any relationships, positions or circumstances that could give rise to a conflict of interest.

- At the outset of every Board meeting, the Board president or presiding officer shall request that any Board member or key employee with a conflict of interest related to an agenda item make it known. Such disclosure shall be noted in the minutes.
- If or when a Board member holds a financial, professional, or personal relationship that represents an actual or apparent conflict of interest, the Executive Director or any Board member is entitled to request that such Board member recuse him- or herself from decision-making deliberations that could be affected by such relationship.
- Members who have a conflict of interest on a matter that comes to a vote shall abstain from voting; such abstention shall be noted in the minutes.

### **Conflicts that may need to be disclosed**

Financial, Professional, Personal, and Reciprocal Relationships. In determining whether you have a conflict to disclose, consider: 1) the definitions and examples below; and 2) whether the interest or relationship in question has the potential to affect decisions made on behalf of SBM.

- **Financial**

Financial interests are defined as direct financial holdings, (exclusive of mutual funds) valued at \$10,000.00 or greater in any company with which SBM could conceivably transact or is transacting business including, but not limited to: consulting firms; companies that sponsor, have sponsored, or could be invited to sponsor SBM's annual meeting or other events; and publishing firms. Disclosure is required if you, your spouse, partner, minor children or someone with whom you directly share income has financial holdings.

Other Possible Financial Conflicts

- Paid consultancy or expert testimony within the past two years
- Research funding (identify subject matter and funding organization, if permissible)
- Honoraria, stipends, or gifts exceeding \$100 in value per engagement directly received from an entity
- Royalties

- **Professional**

- Membership on another entity's board of directors or its advisory committees (whether for profit or not for profit).
- Employment with an entity with which SBM could conceivably transact or is transacting business.

- **Personal**

Close personal relationships that are likely to interfere or appear to interfere with judgment used when decisions are made on behalf of SBM.

- **Reciprocal and Business Relationships**

- **Family Relationships**

The IRS requires an annual disclosure on the IRS 990 Tax Form if any of the organization's officers, directors, trustees, or key employees, had a family relationship with another of the organization's officers, directors, trustees, or key employees, at any time during the organization's tax year.

- **Business Relationships**

The IRS also requires an annual disclosure on the IRS 990 Tax Form of any business relationships between two persons include any of the following:

1. One person is employed by the other in a sole proprietorship or by an organization with which the other is associated as a trustee, director, officer, key employee, or greater-than-35% owner.

2. One person is transacting business with the other (other than in the ordinary course of either party's business on the same terms as are generally offered to the public), directly or indirectly, in one or more contracts of sale, lease, license, loan, performance of services, or other transaction involving transfers of cash or property valued in excess of \$10,000 in the aggregate during the organization's tax year. Indirect transactions are transactions with an organization with which the one person is associated as a trustee, director, officer, key employee, or greater-than-35% owner. Such transactions do not include charitable contributions to tax-exempt organizations.
3. The two persons are each a director, trustee, officer, or greater than 10% owner in the same business or investment conducts investment entity (but not in the same tax-exempt organization).

Ownership is measured by stock ownership (either voting power or value) of a corporation, profits or capital interest in a partnership or limited liability company, membership interest in a nonprofit organization, or beneficial interest in a trust. Ownership includes indirect ownership (for example, ownership in an entity that has ownership in the entity in question); there may be ownership through multiple tiers of entities.

Privileged relationship exception: A "business relationship" does not include a relationship between an attorney and client, a medical professional (including psychologist) and patient, or a priest/clergy and penitent/communicant.

## **CONFIDENTIALITY**

It is expected that members of councils, committees, working groups, and the Board of Directors respect the confidentiality of sensitive information known to Board and committee service and used for the purposes of governance and management. By accepting the appointment, you acknowledge that you understand and support the concept that what is learned or heard as a representative of SBM will remain the intellectual property of SBM.

<sup>1</sup> *The Future of Public Health, Institute of Medicine, 1988.*

<sup>2</sup> Buscemi J, Bennett GG, Sheinfeld Gorin S, Pagoto S, Sallis J, Wilson D, Fitzgibbon ML. A 6-year update of the health policy and advocacy priorities of the Society of Behavioral Medicine. *Transl Behav Med.* 2017 Dec; 7(4): 903–911.



# CONFLICTS OF INTEREST AND CONFIDENTIALITY FORM

**Instructions:** Please indicate any actual or apparent financial, professional, personal, or reciprocal conflicts of interest you (or your spouse, partner, minor children or someone with whom income is directly shared) have. Disclosures must be made when an actual or apparent conflict exists that directly relates to the relationship you have with SBM (e.g., board membership) and that has the potential to affect your judgment or impartiality with regard to your participation in decision-making activities. For each family and business relationship, identify the persons and describe their relationship. It is sufficient to enter “family relationship” or “business relationship” without greater detail.

No conflicts to declare.

Conflicts to declare:

|                            | Entity/Person | Nature of Conflict |
|----------------------------|---------------|--------------------|
| <i>Financial</i>           | _____         | _____              |
|                            | _____         | _____              |
|                            | _____         | _____              |
| <i>Professional</i>        | _____         | _____              |
|                            | _____         | _____              |
|                            | _____         | _____              |
| <i>Personal</i>            | _____         | _____              |
|                            | _____         | _____              |
|                            | _____         | _____              |
| <i>Reciprocal Family</i>   | _____         | _____              |
|                            | _____         | _____              |
|                            | _____         | _____              |
| <i>Reciprocal Business</i> | _____         | _____              |
|                            | _____         | _____              |
|                            | _____         | _____              |

**Acknowledgment:** By completing this form and signing below, I verify that I have read the SBM Conflicts of Interest and Confidentiality Policy and understand and support its intent. Further, I agree to abide by all of its provisions and verify that the information reported above is true and accurate. I also understand that this form must be submitted annually whether or not I have a relationship requiring disclosure, and that I agree to update the information disclosed whenever necessary to report new conflicts.

**Printed Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Please sign and return form by fax, mail, or email to the Executive Office at the following address:**  
 SBM  
 555 East Wells Street, Suite 1100, Milwaukee, WI 53202  
 Fax: 414-276-3349 | Email: lbullock@sbm.org