

# Community Review Board Conflict of Interest

Please answer the questions in this form to the best of your ability. OHA will use your responses to select Health Care Market Oversight (HCMO) community review board members. Send your completed form, along with a community review board application and demographic form, to [hcmo.info@oha.oregon.gov](mailto:hcmo.info@oha.oregon.gov).

If you are selected to serve on HCMO's community review board, you will be subject to conflict of interest disclosure requirements in ORS Chapter 244 as a public official and ORS 415.501 as a member of the community review board.

You can get this document in other languages, large print, braille, or a format you prefer free of charge. Contact us by email at [hcmo.info@oha.oregon.gov](mailto:hcmo.info@oha.oregon.gov) or by phone at 503-945-6161. We accept all relay calls.

## About Conflict of Interest

Members of a HCMO community review board are public officials and are required to publicly announce the nature of the conflict of interest before participating in any actions as a public official. If you are selected as a member of the community review board, you will be subject to the conflict of interest requirements in ORS Chapter 244 as a public official, and ORS 415.501 and OAR 409-070-0062 as a member of the HCMO community review board.

A conflict of interest occurs if a member of the community review board:

- Is employed by an entity that is party to the transaction.
- Is employed by a similar sized competitor to an entity that is party to the transaction.
- Has a financial stake in an entity that is party to the transaction.
- Has governance or decision-making authority for an entity that is a party to the transaction.

Additionally, a conflict of interest may exist if being a member of the community review board could result in financial benefit or detriment to:

- You
- Your relative
- A member of your household
- A business associated with you
- A business associated with a relative
- A business associated with a member of your household.

Household member refers to any person who resides at the same residence as you, regardless of whether you are related. Relative refers to people you have a legal obligation to support, who are covered by your benefits, and/or who legally support or provide benefits for

you. Relatives include a person who is a spouse or partner; parent; stepparent; child; sibling; stepsibling; child-in-law.

If you have questions or concerns about the information we are requesting, please email [hcmo.info@oha.oregon.gov](mailto:hcmo.info@oha.oregon.gov). You can also consult Oregon's [Guide for Public Officials](#) for more information.

## Parties involved in the transaction

This transaction involves three parties:

- Legacy Health
- Legacy Health Foundation
- PacificSource

When answering the questions below, please consider the parties listed, including any of their subsidiary or owned businesses.

## Applicant Information

First and last name	
Occupation	
Employer	
Today's date	

Please list all businesses associated with yourself, a relative, or a member of your household since January 1, 2023. Please include all businesses conducted under an assumed business name.

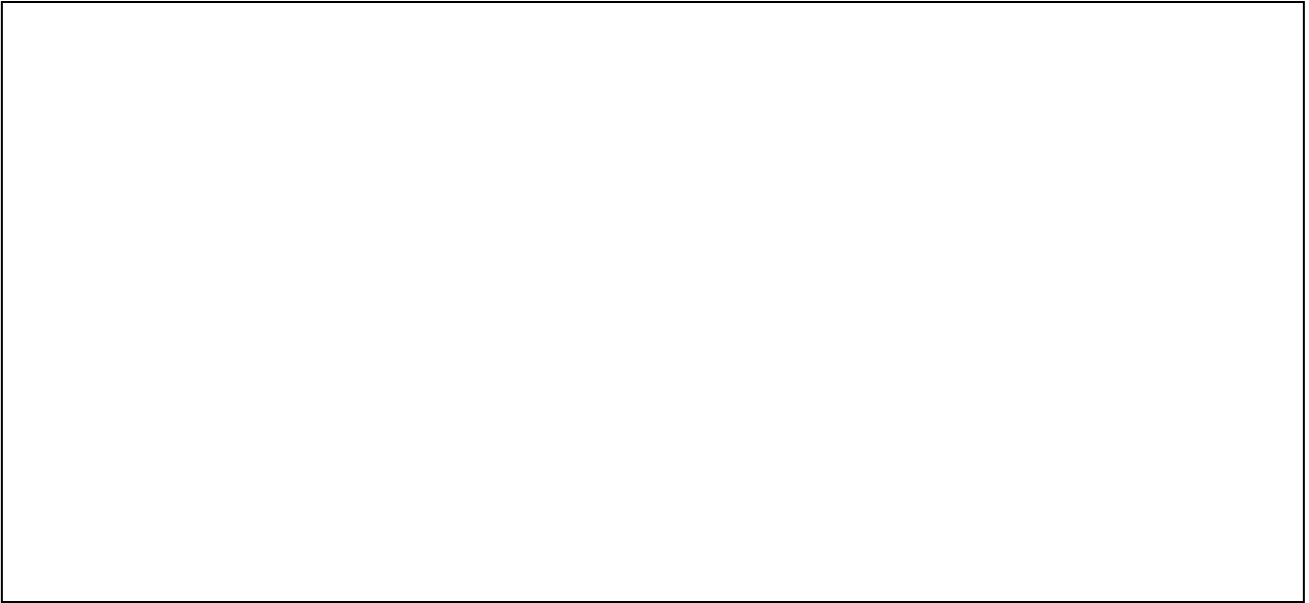
<b>Business Name</b>	<b>Self</b>	<b>Household member or relative</b>

Please indicate whether you, a relative, or a member of your household meets any of the following criteria. Include businesses associated with yourself, a relative, or a member of your household in your response.

	<b>Self</b>	<b>Household member or relative</b>
Currently employed by Legacy Health or PacificSource		
Past employment by Legacy Health or PacificSource		
Have done business with Legacy Health or PacificSource-owned companies in the past 12 months. This includes work as a contractor, paid consultant, or vendor.		
Have been in a decision-making role with Legacy Health or PacificSource-owned companies in the past 12 months. This may include being a director or member of a governing board.		
Had a financial relationship with Legacy or PacificSource-owned companies. This may include stocks or ownership interests, business investments, service fees, honorarium, loans, gifts, and/or other payments or financial benefits.		
Currently employed by a competitor of Legacy Health or PacificSource-owned companies.		

If you checked any of the boxes above, please provide more information in the text box below, including dates, persons involved, and a detailed description. HCMO may request additional information as necessary.

Additional information if applicable

A large, empty rectangular box with a thin black border, intended for providing additional information if applicable. The box is currently blank.