



**ASAM** American Society of  
Addiction Medicine

## Disclosure Form

3/31/2021

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### Submission Name

Shawn Ryan

### Have you any interest to disclose?

Yes

### For whom are you disclosing?

Self

Name the Business/Organization for which you are disclosing. Crosswave Health

### Level of Interest

Modest

### Please describe the Interest

Very small interest as Advisor to company

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### For whom are you disclosing?

Self

Modest

**Please describe the Interest**

Very small amount of interest as Advisor

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**For whom are you disclosing?**

Self

**Name the Business/Organization for which you are disclosing**

BrightView Health

**Level of Interest**

Significant

**Please describe the Interest**

Founder & Board member ( < 10%)

**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?**

**For whom are you disclosing?**

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

Please describe the Interest

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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:

Role

Role

Role

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For whom are you disclosing?

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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

For whom are you disclosing?

Provide Details

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

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:

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Provide details of such relationship

Who are you disclosing for?

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For whom are you disclosing?

Level of Interest

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

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?

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:

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Indicate Pending Actions

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Provide details

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