Disclosure Form

5/12/2023

Submission Name
William F. Haning, III, MD

Have you any interest to disclose?
No

For whom are you disclosing?
Self

Name the Business/Organization for which you are disclosing.

Level of Interest
N/A

Please describe the Interest

For whom are you disclosing?
Spouse

Name the Business/Organization for which you are disclosing.
None

Level of Interest
N/A

Please describe the Interest
N/A

For whom are you disclosing?
Immediate Family

Name the Business/Organization for which you are disclosing
None

Level of Interest
N/A

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:
No others

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Have you any interest to disclose?
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

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 organization that you or an immediate family member have an interest that competes with ASAM's products or services, describe the relationship and the level of interest in the text box below:

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

For whom are you disclosing?
Indicate Position
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?
Provide Details
Please list any additional interests, affiliations, arrangements or relationships that you or your 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.
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:

Provide details of such relationship
Who are you disclosing for?

For whom are you disclosing?
Level of Interest
List company, what was received, and for what role.

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Level of Interest
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For whom are you disclosing?
Level of Interest
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:
We have no financial relationships or commercial interests which bear upon my membership and service to ASAM.

Indicate Pending Actions

Provide details