

## POLICY STATEMENT

Alameda Alliance for Health discloses any purchases or leases of services, equipment, supplies, or real property from an entity in which any of the following persons have a substantial financial interest:

- a) Any person or corporation having 5% or more ownership or controlling interest in the plan
- b) Any director, officer, partner, trustee, or employee of the plan
- c) Any member of the immediate family of any person designated in a) or b) above.

The disclosure provided by the person(s) having substantial financial interest must include:

- a) The following elements:
  - i. Name and address of any person (individual or corporation) with an ownership or control interest in the disclosing entity, fiscal agent, or managed care entity;
  - ii. Date of birth and social security number
  - iii. Other tax identification number with an ownership or control interest in the disclosing entity or in any subcontractor in which the disclosing entity has a 5% or more interest
- b) Whether the person with an ownership or control interest in the disclosing entity is related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling; or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the disclosing entity (or fiscal agent or managed care entity) has a 5 percent or more interest is related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling.
- c) The name of any other disclosing entity (or fiscal agent or managed care entity) in which an owner of the disclosing entity (or fiscal agent or managed care entity) has an ownership or control interest.
- d) The name, address, date of birth, and Social Security Number of any managing employee of the disclosing entity (or fiscal agent or managed care entity).