Disclosure Form

2/1/2023

Submission Name

Brian Hurley

Have you any interest to disclose?

Yes

For whom are you disclosing?

Self

Name the Business/Organization for which you are disclosing.

Los Angeles County Department of Public Health

Level of Interest

N/A

Please describe the Interest

I am the medical director of the LA County Department of Public Health's Division of Substance Abuse Prevention and Control, which is a current purchaser of the ASAM CONTINUUM Product. I was uninvolved with the selection of ASAM CONTINUUM by LA County and remains personally uninvolved with LA County contracting decisions related to ASAM CONTINUUM.

For whom are you disclosing?

N/A

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 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:

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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

Los Angeles County Department of Public Health Division of Substance Abuse Prevention and Control

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

Medical Director

For whom are you disclosing?

Self

Indicate Position

Employee (Full or Part-time)

Name of Organization:

Los Angeles County Department of Public Health

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 parttime) 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?

Self

Provide details

I am the sole proprietor of an addiction psychiatry practice that might be seen as benefiting from my relationship with ASAM.

For whom are you disclosing?

N/A

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:

Brian Hurley, M.D. - I am the sole proprietor of an addiction psychiatry practice that might be seen as benefiting from my relationship with ASAM.

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

Administrative work at the Los Angeles County Department of Public Health (60%) Clinical work: Private Practice (25%) Consulting work: Centers for Care Innovation, PsyBAR and related forensic clients, JWCH Health Centers, Northeast Valley Health Corporation, and Friends Research Institute (15%)

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:

As above.

Provide details of such relationship

I am affiliated with the Camden Center (in Los Angeles), and although this is not a significant source of income, they are a private treatment program in Los Angeles with which I am affiliated.

Who are you disclosing for?

Self

For whom are you disclosing?

Level of Interest

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

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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:

Indicate Pending Actions

Provide details

On December 3, 2013 I was arrested in New York, NY by a plain clothed police officer working for the New York Police Department because I was wearing a pedometer that the officer erroneously believed was contraband, and I was booked for resisting arrest. The New York District Attorney declined to prosecute the arrest, and so there are no criminal charges on my record. The New York City Civilian Complaint Review Board conducted an investigation, and in April 2016 the officers involved pled guilty to misconduct without legal justification before a disciplinary hearing prosecuted by the New York City Civilian Complaint Review Board Administrative Prosecution Unit.