

Disclosure Form

3/6/2025

Submission Name

James Patrick Murphy MD

Have you any interest to disclose?

Yes

For whom are you disclosing?

Self

Name the Business/Organization for which you are disclosing.

Kentucky Harm Reduction Coalition (Unpaid Relationship, non profit organization)

Level of Interest

Modest

Please describe the Interest

Volunteer on Board of Directors (no compensation)

For whom are you disclosing?

Self

Name the Business/Organization for which you are disclosing.

University of Louisville School of Medicine (Unpaid Relationship

)Level of Interest

Modest

Please describe the Interest

Gratis (non compensated) medical school faculty

For whom are you disclosing?

Immediate Family

Name the Business/Organization for which you are disclosing

Kentucky Harm Reduction Coalition (non profit organization)

Level of Interest

Significant

Please describe the Interest

My son works part time for the Kentucky Harm Reduction Coalition in the naloxone distribution division. His compensation is fifteen dollars per hour, less than 30 hours per week.

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

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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