

DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. (Type or print all information.)

A. Lauren Syphus Quality Assurance Coordination, DBHS 385-468-4715
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 South State Street, S2-300, Salt Lake City, UT 84114
Covered Person's County Address/Volunteer's Address

B. University of Utah Hospital
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section
PRN Employment
Covered person's status, relationship or commitment to the institution, entity, business or person named above
50 N. Medical Drive, SLC, UT
Address and phone number of the institution, entity, business or person named above

- C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
 - I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
 - I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
 - I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
 - I hold a personal interest that creates a potential or actual conflict with my public duties.
 - None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

I am currently employed PRN (variable hours) at the University of Utah Hospital as a medical social worker on their trauma team. No known conflicts identified.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 12 day of January, 22,
Date Month Year
at Salt Lake City, UT
City or other location, and state or county

Lauren Syphus
Printed Name
Lauren Syphus Digitally signed by Lauren Syphus
Date: 2022.01.12 11:53:34 -0700'
Signature

This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.

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A. Anna Cervantes Behavioral Health Services 435-650-1351
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2100 S State Street, Salt Lake 84112

Covered Person's County Address/Volunteer's Address

B. University of Utah Huntsman Center (formerly UNI)- Assessment and Referral Services
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

employer as group facilitator

Covered person's status, relationship or commitment to the institution, entity, business or person named above

450 East 900 South

Address and phone number of the institution, entity, business or person named above

C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:

- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
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I work with clients at Behavioral Health Services who can potential by receiving services from ARS also.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 10 day of January, 2022,
Date Month Year

Salt Lake County
at City or other location, and state or county

Anna Cervantes
Printed Name

Angelica Cervantes Digitally signed by Angelica Cervantes
Date: 2022.01.10 11:45:47 -0700'

Signature

This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.

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Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. (Type or print all information.)

A. Vicky Westmoreland QA Coordinator 3854684722
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
3538 Terra Sol Drive SSLC Utah 84115-5087
Covered Person's County Address/Volunteer's Address

B. Center for Resiliency and Recovery
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section
Owner Therapist
Covered person's status, relationship or commitment to the institution, entity, business or person named above
1345 East 3900 South St 102D SLC, Utah 84124-1474
Address and phone number of the institution, entity, business or person named above

- C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
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 - I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
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 - I hold a personal interest that creates a potential or actual conflict with my public duties.
 - None of the above categories apply.

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I have a private behavioral health therapy practice and I am on insurance panels including Optum Medicaid. I see Optum MCD covered cts in my practice. It is not a large portion of the total number of cts I provide services for and I do not provide SUD tx for these cts directly which is the QA team I am on at SLCo.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 01 day of January, 2022
Date Month Year

SLC Utah
at City or other location, and state or county

Vicky Westmoreland
Printed Name

Vicky Westmoreland Digitally signed by Vicky Westmoreland
Date: 2022.01.10 11:03:48 -07'00'
Signature

This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.