



BHRS Policy 19-08: Credentialing and Re-Credentialing Providers Attachment H:
BHRS Attestation for Conditions of Outside Employment for Health Policy A-14

BHRS Employees that complete the Annual Health Policy A-14 Attachment 1: Employee Statement Regarding Conflicts of Interest, Incompatible Activities, and Outside Employment may be approved by the Division Director and the Health Chief for outside employment. Typically, this outside employment may include clinical work for a community organization, institution, or self-employment. The purpose of this attestation is to assure that the employee does not self-refer or solicit BHRS clients and does not accept referral of Medi-Cal clients of either BHRS or HPSM.

I, _____
(print name) *(print title)*

of _____
(print name of division) hereby attest to the conditions listed below.

Concerning my outside employment that has been disclosed as part of the Employee Statement Regarding Conflicts of Interest, Incompatible Activities, and Outside Employment Form submission, I may be approved for outside employment. If I am approved for outside employment, then I will abide by the following conditions:

1. I will not self-refer clients of BHRS or HPSM to my own practice or outside employer.
2. I will not solicit potential clients in the course of my work at BHRS to my own practice or outside employer.
3. I will not accept referrals of BHRS or HPSM Medi-Cal clients.
4. I will not provide services in the course of my outside employment to clients of BHRS or HPSM.

By signing, I acknowledge and agree to abide by these conditions.

Signature: _____ Date: _____

