



# AMERICAN DENTAL BOARD OF ANESTHESIOLOGY

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4411 Bee Ridge Road, #172 • Sarasota, FL 34233

## **Confidentiality and Conflict of Interest Policy and Disclosure Form ADBA Board of Directors Candidates**

### **Confidentiality**

As a candidate for the Board of Directors of the American Dental Board of Anesthesiology (ADBA), I recognize that, should I be elected to the Board, I owe a fiduciary duty of care to the ADBA. This includes a duty of confidentiality. All confidential information and documentation that I receive from the ADBA and others in connection with my service on the Board will be treated with strict confidentiality. Neither the contents nor the existence of this confidential information or documentation will be shared with anyone outside the ADBA. I will direct any questions regarding my confidentiality obligations to the ADBA President.

"Confidential information" includes that which is marked "Confidential" or which reasonably should be understood as expected to be kept in confidence, as well as deliberations, discussion and debates on those matters, unless information is available through public sources.

### **Conflict of Interest**

If elected to the ADBA Board, I recognize that I owe a fiduciary duty of loyalty to the ADBA. This duty requires me to avoid conflicts of interest and to act at all times in the best interest of the ADBA. The purpose of the conflicts of interest policy (set forth below) is to help inform the Board about what constitutes a conflict of interest, assist the Board in identifying and disclosing actual and potential conflicts, and help ensure the avoidance of conflicts of interest where necessary. As a Board member, I understand that:

1. ADBA Board members have a fiduciary duty to conduct themselves without conflict to the interests of the ADBA. In our capacity as Board members, we must subordinate personal, individual business, third party and other interests to the welfare and best interests of the ADBA.
2. A conflict of interest is a transaction or relationship which presents or may present a conflict between a Board member's obligation to the ADBA and the Board member's personal, business or other interests.
3. All conflicts of interest are not necessarily prohibited or harmful to the ADBA. However, full disclosure of all actual and potential conflicts is required.

4. All actual and potential conflicts of interests shall be disclosed by Board candidates to the ADBA's President through the attached disclosure form and/or whenever a conflict arises. The impartial President shall make a determination as to whether a conflict exists and what subsequent action is appropriate (if any). The ADBA President shall inform the Board of such determination and action. The Board shall retain the right to modify or reverse such determination and action, and shall retain the ultimate enforcement authority with respect to the interpretation and application of this policy.
5. On an annual basis, all Board members shall be provided with a copy of this policy and required to complete and sign the acknowledgement and disclosure form below. All completed forms shall be provided to and reviewed by the ADBA President, as well as all other conflict information, if any, provided by the ADBA Board members.

## Conflicts of Interest Acknowledgement and Disclosure Form

I have read the confidentiality and conflicts of interest policy set forth above and, if elected to the Board, agree to comply fully with its terms and conditions at all times during my service as an ADBA Board member. If at any time following the submission of this form I become aware of any actual or potential conflicts of interest, or if the information provided below becomes inaccurate or incomplete, I will promptly notify the ADBA President in writing.

### Disclosure of Actual or Potential Conflicts of Interest:

I have no commercial conflicts of interest to report.

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Potential conflicts of interest: As the residency program director at  
Jacobi Medical Center (Nov 2016- Present,) I will recuse myself from any oral exams  
involving any of my former dental anesthesiology residents. I also worked as an  
attending at St Barnabas Hospital from Aug 2015- Aug 2018, and would recuse myself  
from oral examinations involving any dental anesthesiology residents. As a current  
program director, I am asked to submit written exam questions and I do so while  
maintaining confidentiality. I will continue to maintain that confidentiality.

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Signature: \_\_\_\_\_

*Mana Saraghi*

Printed Name: Mana Saraghi DMD

Date: 03/14/2019