

## Gravity Project Technical Advisory Committee Participation Agreement

Date

Dear First Name,

The Gravity Project's Project Management Office invites you to become a member of the Project's Technical Advisory Committee. The Gravity Project brings industry leaders together to identify and harmonize social risk and protective factor data for interoperable electronic health information exchange and better care and health for people across the nation. The project focuses SDOH technology and terminology. By sharing your subject matter expertise and perspective, you will help inform the identification of common data elements and their associated value sets to support the Gravity Use Cases, as well as provide input on the requirements for the use of these value sets to describe activities related to capture, representation, and interoperable electronic exchange of these data elements.

### **Confidentiality of PHI Statement**

The Gravity Project is a public, open collaboration forum. As a result, deliberations during TAC meetings shall not require nor involve any Protected Health Information (PHI) or other types of sensitive data requiring protection under state and federal laws. Should you be exposed to such information through any discussions, we expect that you will not share such information and that it will be kept private and/or secure in accordance with state and federal laws. We require your cooperation in following these rules.

### **Conflict of Interest**

A conflict of interest is any personal or professional interest or relationship that could prejudice an individual's ability to perform his or her duties objectively. Such interests and relationships include all direct and indirect financial interests, but also include any other interest or relationship that may influence a TAC member's advice and judgment. A potential conflict of interest exists where any interest or relationship might interfere with, compromises, or gives the appearance of compromising the professional judgment or obligations of the individual. As a TAC member, some examples of conflicts of interest include but are not limited to the following:

1. Profiting directly or indirectly through the application of your authority and/or knowledge on the TAC in favor of an external organization (e.g., accepting gifts, donations, or entertainment in return for support or favorable decisions).
2. Holding a financial interest in a company (or having a relative/acquaintance who does) that would directly benefit from the proceedings of the TAC.
3. Using your role on the TAC to influence decisions that would benefit a company where a friend or relative works.

At the beginning of your engagement with the TAC and through periodic updates during the course of scheduled teleconference or web-based meetings, you will inform us if you have any personal or financial

interests or affiliations that constitute material or perceived conflicts of interest. Failure to declare conflicts of interest could result in the denial of participation in the TAC or retroactive withdrawal.

Please disclose below any potential conflicts of interest that you, your immediate family, or your employer (volunteer or otherwise) have, or circumstances that you believe could contribute to a conflict of interest (relationships, transactions, positions, etc.):

- I have no conflict of interest to report
- I have the following conflict(s) of interest to report:

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**As a TAC member, I promise and agree to the following:**

- I will protect the confidentiality, privacy, and security of any Protected Health Information (PHI) that I learn as a TAC member related to the Gravity Project.
- I will disclose any present or future personal or financial interests or affiliations that may constitute or be considered a conflict of interest.
- My information and my ideas, individually or collectively with other TAC members' information and ideas, may be used publicly for purposes of the Gravity Project. I give the Gravity Project team the right to use such information and ideas.

By my signature, I certify that I have reviewed this information, understand it, agree to it, and have had the opportunity to ask questions prior to signing.

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Signature

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Date

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Printed Name