

DISCLOSURE AND CONFIDENTIALITY FORM

FULL NAME: _____

DATE: _____

VOLUNTEER POSITION(S) HELD:

TERM:

Elected Officers, President, Vice-President, Treasurer, Secretary (2 years of service)
Member of the Board of Directors (4 years of service)
International Chapter Chair/Vice Chair (4 years of service)
State and City Chapter Chair/Vice Chair (4 years of service)
Division and Committee Chair/Vice Chair (4 years of service)

The International Medical Interpreters Association (IMIA) is a non-profit organization committed to equal access to quality health care for all people and to the advancement of professional medical interpreting. Membership to the IMIA is open to all those employed in, interested in, or concerned with medical interpreting. The IMIA represents practicing medical interpreters as the ultimate experts on medical interpreting.

- Toward the above goals, the IMIA engages in the following activities:
- Defines educational requirements and qualifications for medical interpreters
 - Establishes professional standards of practice and norms of medical interpretation
 - Promotes the establishment of professional interpretation services by medical institutions and related agencies.
 - Acts as a clearinghouse for the collection & dissemination of information on medical interpretation and related issues.
 - Promotes research into issues of cross-cultural communication in the healthcare setting.
 - Promotes the medical interpreting profession.

The IMIA must ensure balance, independence, objectivity, and scientific rigor in all its individually sponsored and jointly sponsored activities. All IMIA volunteers are asked to disclose any significant financial interest or other relationships with (a) hospitals, clinics and other health service providers, (b) interpreting agencies and other providers of interpreter services, (c) interpreter and translator associations, (d) providers of interpreter training or hiring services, and (e) special interest groups involved in medical interpreting or language access initiatives.

Significant financial interests or other relationships include items as grants or research support, employee/employer, consultant, major stockholder, member of speakers' bureau, committee colleagues, personal relationships etc. The intent of disclosure is not to prevent a volunteer with a significant financial or other relationship from serving on the board/committee/division/chapter, but rather to provide IMIA members with information on which they can make their own judgments. It remains for individual IMIA members to determine whether an IMIA volunteer's interests or relationships may influence that individual with regard to voting, exposition or conclusions.

INTERESTS/RELATIONSHIPS

Please disclose all interests and/or positions (volunteer or paid) you or your spouse/partner have with any organization within the previous 12 months. List the name of the organization in the space provided below, and check the column indicating the nature of your relationship with the organization.

- I have no financial interests, positions, or relationships to disclose.
 I have the following positions or relationships to disclose.

Name of Organization (Please list)	Nature of position	Comments

The IMIA requests that IMIA volunteers abstain from voting when their affiliated organization being discussed, even by group (ex. a decision in favor of academic programs and you happen to be an instructor in an academic program or the discussion about the relationship between IMIA and an association, and you hold a position in that association) includes an organization or position (voting related to employment of interpreters and you are an employer of interpreters) that the IMIA volunteer belongs to. Those who do not abstain may be reprimanded in writing. Recurrent behavior considered inappropriate in terms of conflict of interest will be documented and may be considered a justifiable reason for termination by a majority or quorum vote of remaining IMIA volunteers.

CERTIFICATION:

- I certify that the information I have provided is true and complete to the best of my knowledge.
- I understand that information shared and disclosed in the city/state/international and division/board/committee activities is confidential and shall not be disclosed to anyone without permission from the group.
- Likewise, I will not disseminate IMIA information intended for members to the public unless instructed to do so.
- I understand that I will utilize all the information and knowledge and event ideas gained from the IMIA activities for the benefit of the IMIA as an organization and not other organizations for which I am also affiliated with.
- I will hold the IMIA's interests in high regard and will not allow other organizations to utilize my IMIA position for their benefit (example: accept projects, positions or favors from organizations in return for information, promotion/access to IMIA members in my guardianship)
- I will utilize all my volunteer work for the IMIA to benefit the IMIA members and the medical interpreting profession.
- For all IMIA related activities and communications I will disclose my IMIA position in my signature for transparency.
- I will not create my own lists or groups of interpreters, but will utilize the IMIA official membership lists for my activities and information dissemination.
- I will not disclose IMIA information for members to non-members unless instructed to.
- I agree with the conditions set forth in this disclosure/confidentiality form.

Print Name: _____

Signature: _____

Date: _____