APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:	
NAME: Bari Klein	
BOARD/COMMISSION NAME:	Behavioral Health Advisory Council (BHAC)
PART 2:	
Please Check Item(s):	Exemption Requested: □ No (If no, check box and skip to Part 3, Signature)
	x Yes (If yes, check box and complete rest of Part 2 and 3)

I request exemption for: Financial Interest x Employment

Financial Interest	**Employment**
Name of Entity where the financial interest exists:	Employment to be Exempted: UM Upper Chesapeake Health Klein Family Harford Crisis Center Board
Address of Entity: 520 Upper Chesapeake Drive, Bel Air, MD 21014	Your Position/Job Title: Executive Director, Healthy Harford
Interest to be Exempted: Employment, Board membership	
Current Value: □ Under $1,000 □ $1,000-$5,000 □ $5,000-$10,000 x $10,000 or More	

Explain below why you believe you may have financial interests or an employment situation that, in the absence of an exemption, will conflict with your service on the board or commission for which appointment is being considered. You may wish to contact the State Ethics Commission for information or advice at 410-260-7770.

While my employer is influenced by decisions made at the Maryland Department of Health, Behavioral Health Administration, I do not believe there would be a conflict with my service on the board or commission for which the appointment is being considered.

PART 3:	
Appointee: Bari Klein	Signature: *Bari Klein* Date: March 2, 2022

Mail, fax, or email this completed form to:
Kim Bennardi, Administrator
Maryland Department of Health
Office of Appointments and Executive Nominations
201 W. Preston Street, Baltimore, MD 21201
Phone: (410) 767-4049 Fax: (410) 767-6489 or 410-333-7687 Email: kim.bennardi@maryland.gov Form #5