Division of Mental Health and Developmental Services
Policy #5.007 - Employment, Business or Other Financial Interests Outside of the
Division

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Policy: Employees of the Division are required to devote their full time,

attention, and efforts to their assigned duties during their

established hours of duty.

Purpose: To ensure persons working for MHDS and wishing to engage in

outside employment activities, provide notice of intent and ensure

outside employment activities are not in conflict with State

employment.

REFERENCES: NRS 281.110 requires state offices to be open 8-5.

NRS 433A.012 defines "administrative officer".

NRS 433A.040 administrative officer: other employment prohibited:

NAC 284.738 conflicting activities DHHS Prohibitions and Penalties

Procedures:

I. Administrative officers, agency directors, psychiatrists, department heads, and program heads function in a leadership role. Visibility and accessibility are required of them during the standard workweek from 8:00 AM to 5:00 PM.

- II. Private practice by division administrative staff, agency directors, the medical directors of the Northern Nevada Adult Mental Health Services and Southern Nevada Adult Mental Health Services, department heads, psychiatrists, and program heads during the standard workweek between the hours of 8:00 AM and 5:00 PM is incompatible with leadership functions, inconsistent with devoting full time to their employment with the division and creates the appearance of conflict with their division duties, functions and responsibilities.
- III. Licensed clinical staff, including physicians, shall complete a "Private Practice Statement" form within 30 days of initiating practice and annually on January 15th. At the time of the annual evaluation of the employee, the agency administrator will review the activities of the employee who has an outside practice to determine any conflict of interest with the agency functions of the employee. Completed forms are to be submitted to the division personnel officer.
- IV. Cases in which there appears to be conflict of interest will be reviewed by agency and division administration for possible discipline. Potential areas of conflict include but are not limited to:
 - A. Involvement at any stage of contracts with state agencies or individuals employed by the state.
 - B. Referral of division consumers to their office or private practice, or practice in which they have financial interest.

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- C. Acceptance of division consumers or individuals who have been division consumers within the past six months into their private practice or practice in which they have financial interest.
- D. Pursuit of a business or occupation which conflicts with duties required by the division.
- E. Seeking or accepting any gift, service, favor, employment, engagement, etc., that would tend to influence or affect one's discharge of public duties.
- F. Use of state employment to secure or grant unwarranted privilege, preferences, exemptions or advantage for self, family, friends, or business interest.
- G. Entering a private contract with the state could be construed as an extension of duties or responsibilities owed to the state as part of employment.
- H. Use of information acquired through duties, which by law are not available to the public to further private interests.
- I. Engaging in personal business during assigned duty hours.
- J. Soliciting contributions for political purposes or engaging in political activities during duty hours or at any time engaging in political activities forbidden by the Hatch Act.
- K. Using division or agency address or phone number in association with any outside employment.
- V. Each division agency shall originate policies and procedures to implement the provisions of this policy or shall incorporate this policy into the policy and procedure manual.

CHAS BRANDONSURJ

Administrator

Attachment: Private Practice Statement

Effective Date: 11/1/97 Date Revised: 8/22/07

Date Reviewed: 11/1/99, 3/10/05 Date Approved by MHDS Commission:

PRIVATE PRACTICE STATEMENT

*	•		annually thereafter on January 15. ion to engage in private practice.
	Initial Statement		Annual Statement
Print or type employe	e name and title		
Division Ager	ncy		
I am engaging in a private pra	actice as of:	Date	
My private practice will cons	ist of:		
	Type of practice a	nd/or se	rvice(s)
I have a contract with	(Att	ach copy	of the contract)
inconsistent, incompatible, or the State of Nevada. I am no assigned to report to work for	r in conflict with my t engaged in private r the Division of Me uman Services. I und	duties and practice ontal Heal derstand	cluding private practice, which is and responsibilities as an employee of activities during the hours I am th and Developmental Services or the that I must not use a State of Nevada anintaining private practice.
Signature		(Date	Signed)