



Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

hscrc.trustees@maryland.gov <hscrc.trustees@maryland.gov>
Reply-To: hscrc.trustees@maryland.gov
To: hscrc.trustees@maryland.gov

Mon, Oct 21, 2019 at 4:43 PM

DATE OF STATEMENT: 10/21/2019

PERIOD COVERED: FROM: 07/01/2018 **TO:** 06/30/2019

TRUSTEE, DIRECTOR, OR OFFICER NAME: Christy Dryer

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: Cecil College, One Seahawk Drive North East, MD 21901

HOSPITAL NAME: Union Hospital of Cecil County

HOSPITAL ADDRESS: [106 Bow St. Elkton, MD 21921](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Cecil College

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: One Seahawk Drive North East, MD 21901

MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: community college

TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY: Vice-President of Academic Programs

TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Invoices paid for health exp, career fair, and tuition reimbursement

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: \$13,602.60

DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:

PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER: Christy Dryer

COMPLETED BY: Christy Dryer, cdryer@cecil.edu, 4102871013



Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

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hscrc.trustees@maryland.gov <hscrc.trustees@maryland.gov>
Reply-To: hscrc.trustees@maryland.gov
To: hscrc.trustees@maryland.gov

Fri, Oct 18, 2019 at 3:27 PM

DATE OF STATEMENT: 10/18/2019

PERIOD COVERED: FROM: 07/01/2018 **TO:** 06/30/2019

TRUSTEE, DIRECTOR, OR OFFICER NAME: Jose Ma

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [111 w. high street, Elkton MD 21921](#)

HOSPITAL NAME: Union Hospital of Cecil County

HOSPITAL ADDRESS: [111 W. High St](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Union Primary Care

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [4853 Pulaski Hwy, suite 300, Perryville, MD 21903](#)

MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Physician

TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY: MD

TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: gross earnings paid by hospital

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: 274,264.70

DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:

PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER: Jose Ma

COMPLETED BY: Jose Ma, jma@uhcc.com, 4432063890



Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

hscrc.trustees@maryland.gov <hscrc.trustees@maryland.gov>
Reply-To: hscrc.trustees@maryland.gov
To: hscrc.trustees@maryland.gov

Sun, Oct 20, 2019 at 8:33 PM

DATE OF STATEMENT: 10/20/2019

PERIOD COVERED: FROM: 07/01/2018 **TO:** 06/30/2019

TRUSTEE, DIRECTOR, OR OFFICER NAME: Justin Sausville

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [137 W High St](#)

HOSPITAL NAME: Union Hospital of Cecil County

HOSPITAL ADDRESS: [106 Bow St](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Union Urology

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [137 W High St](#)

MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Urology

TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:
Urologist

TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: gross earnings paid by Union Hospital

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: 541,742.00

DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:

PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER: Justin Sausville

COMPLETED BY: Justin Sausville, jsausville@uhcc.com, 4439456325



Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

hscrc.trustees@maryland.gov <hscrc.trustees@maryland.gov>
Reply-To: hscrc.trustees@maryland.gov
To: garritys@yahoo.com

Mon, Oct 21, 2019 at 8:33 AM

DATE OF STATEMENT: 10/21/2019

PERIOD COVERED: FROM: 07/01/2018 **TO:** 06/30/2019

TRUSTEE, DIRECTOR, OR OFFICER NAME: Stephanie Garrity

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [401 Bow St Elkton MD 21921](#)

HOSPITAL NAME: Union Hospital of Cecil County

HOSPITAL ADDRESS: [106 Bow St Elkton MD 21921](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Cecil County Health Dept

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [401 Bow St Elkton MD 21921](#)

MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Public Health

TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY: Health Officer

TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Payments received by the hospital for Child Advocacy

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: \$10,300

DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:

PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER: Stephanie Garrity

COMPLETED BY: Stephanie Garrity, garritys@yahoo.com, 443-206-1553

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Reply-To: hscrc.trustees@maryland.gov
To: hscrc.trustees@maryland.gov

Mon, Oct 21, 2019 at 3:05 PM

DATE OF STATEMENT: 10/21/2019

PERIOD COVERED: FROM: 07/01/2018 **TO:** 06/30/2019

TRUSTEE, DIRECTOR, OR OFFICER NAME: Trustee

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: One Seahawk Dr

HOSPITAL NAME: Union Hospital of Cecil County

HOSPITAL ADDRESS: [106 Bow Street Elkton, MD 21921](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Cecil College

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: One Seahawk Dr

MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Community college

TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:
President

TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Invoices paid for health exp, career fair, and tuition reimbursement

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: \$13,602.60

DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:

PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER: Mary W. Bolt

COMPLETED BY: Mary W. Bolt, mbolt@cecil.edu, 4102871025