



**ETHICS DISCLOSURE STATEMENT**  
**CONFLICTS OF INTEREST – DECISIONS AND VOTING**  
State Form 55860 (R / 10-15)  
OFFICE OF THE INSPECTOR GENERAL  
IC 4-2-6-9

In accordance with IC 4-2-6-9, you must file your disclosure with the State Ethics Commission no later than seven (7) days after the conduct that gives rise to the conflict. You must also include a copy of the notification provided to your agency appointing authority and ethics officer when filing this disclosure. This disclosure will be posted on the Inspector General's website.

Name ( <i>last</i> ) Parks	Name ( <i>first</i> ) Christina	Name ( <i>middle</i> )	
Name of office or agency Indiana Department of Health		Job title Public Health Nurse Surveyor	
Address of office ( <i>number and street</i> ) 2 N Meridian Street		City Indianapolis	ZIP code 46204
Office telephone number ( 317 ) 233-7302	Office e-mail address ( <i>required</i> ) cparks1@health.in.gov		
Describe the conflict of interest:  I am a Public Health Nurse Surveyor in the Division of Home and Community Based Care. I will be interviewing for a position with First Horizon Home Health on 09/12/25. I conducted a survey at this agency in October 2024. I have notified my agency's ethics officer of this conflict and a screen has been put in place. My program supervisors are aware that I may not conduct any survey activity or otherwise have contact with or view records for First Horizon Home Health as long as I am in the hiring process with this agency. Further, I am aware that to accept employment with First Horizon I will need to seek and obtain an approved Post-Employment Waiver.			

**FILED**

**SEP 12 2025**

INDIANA STATE  
ETHICS COMMISSION

## AFFIRMATION

Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.

Signature of state officer, employee or special state appointee <i>Christina Parks</i>	Date signed (month, day, year) 09/12/2025
Printed full name of state officer, employee or special state appointee Christina Parks	

**FOR ETHICS OFFICER USE ONLY**

Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.

Signature of ethics officer 	Date signed (month, day, year) 09/12/2025
Printed full name of ethics officer Erin R. Elam	