

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Neil

2. Surname (Last Name)

Kirschner

3. Date

04-June-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

The Integration of Care for Mental Health, Substance Abuse and Other Behavioral Health Conditions into Primary Care: An American College of Physicians Position Paper

6. Manuscript Identifying Number (if you know it)

M15-0510

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Kirschner has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Ryan

2. Surname (Last Name)  
Crowley

3. Date  
04-June-2015

4. Are you the corresponding author?  Yes  No

5. Manuscript Title

The Integration of Care for Mental Health, Substance Abuse and Other Behavioral Health Conditions into Primary Care: An American College of Physicians Position Paper

6. Manuscript Identifying Number (if you know it)

M15-0510

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Mr. Crowley has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Tracey

2. Surname (Last Name)  
Henry

3. Date  
04-February-2015

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Crowley

5. Manuscript Title

The Integration of Care for Mental Health, Substance Abuse and Other Behavioral Health Conditions into Primary Care: An American College of Physicians Position Paper

6. Manuscript Identifying Number (if you know it)

m15-0510

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Dr. Henry has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Thomas

2. Surname (Last Name)

Tape

3. Date

04-February-2015

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Crowley

5. Manuscript Title

The Integration of Care for Mental Health, Substance Abuse and Other Behavioral Health Conditions into Primary Care: An American College of Physicians Position Paper

6. Manuscript Identifying Number (if you know it)

M15-0510

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Dr. Tape has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Sue	2. Surname (Last Name) Bornstein	3. Date 02-May-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ryan Crowley
5. Manuscript Title The Integration of Care for Mental Health, Substance Abuse and Other Behavioral Health Conditions into Primary Care: An American College of Physicians Position Paper		
6. Manuscript Identifying Number (if you know it) m15-0510		

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Dr. Bornstein has nothing to disclose.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Micah	2. Surname (Last Name) Beachy	3. Date 10-February-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Crowley
5. Manuscript Title The Integration of Care for Mental Health, Substance Abuse and Other Behavioral Health Conditions into Primary Care: An American College of Physicians Position Paper		
6. Manuscript Identifying Number (if you know it) m15-0510		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Beachy has nothing to disclose.

### Evaluation and Feedback

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Robert

2. Surname (Last Name)  
Lohr

3. Date  
01-May-2015

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Crowley

5. Manuscript Title

The Integration of Care for Mental Health, Substance Abuse and Other Behavioral Health Conditions into Primary Care: An American College of Physicians Position Paper

6. Manuscript Identifying Number (if you know it)

m15-0510

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Lohr has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Kenneth	2. Surname (Last Name) Olive	3. Date 04-February-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title The Integration of Care for Mental Health, Substance Abuse and Other Behavioral Health Conditions into Primary Care: An American College of Physicians Position Paper	_____	
6. Manuscript Identifying Number (if you know it) m15-0510	_____	

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
James

2. Surname (Last Name)  
Bush

3. Date  
08-June-2015

4. Are you the corresponding author?  Yes  No Corresponding Author's Name

5. Manuscript Title  
"The Integration of Care for Mental Health, Substance Abuse and Other Behavioral Health Conditions into Primary Care: An American College of Physicians Position Paper"

6. Manuscript Identifying Number (if you know it)  
M15-0510

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Bush has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Gregory	2. Surname (Last Name) Kane	3. Date 09-February-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ACP Health and Public Policy Committee
5. Manuscript Title Lesbian, Gay, Bisexual, and Transgender (LGBT) Health Disparities: Executive Summary of a Policy 2 Position Paper From The American College of Physicians		
6. Manuscript Identifying Number (if you know it) M14-2482		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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Dr. Kane has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Gregory	2. Surname (Last Name) Hood	3. Date 09-March-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Crowley
5. Manuscript Title The Integration of Care for Mental Health, Substance Abuse and Other Behavioral Health Conditions into Primary Care: An American College of Physicians Position Paper		
6. Manuscript Identifying Number (if you know it) m15-0510		

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Dr. Hood has nothing to disclose.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Douglas	2. Surname (Last Name) DeLong	3. Date 09-February-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Crowley
5. Manuscript Title The Integration of Care for Mental Health, Substance Abuse and Other Behavioral Health Conditions into Primary Care: An American College of Physicians Position Paper		
6. Manuscript Identifying Number (if you know it) m15-0510		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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### Section 1. Identifying Information

1. Given Name (First Name)  
Ashley

2. Surname (Last Name)  
Minaei

3. Date  
04-February-2015

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
crowley

5. Manuscript Title  
The Integration of Care for Mental Health, Substance Abuse and Other Behavioral Health Conditions into Primary Care: An American College of Physicians Position Paper

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m15-0510

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Shakaib

2. Surname (Last Name)  
Rehman

3. Date  
05-February-2015

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Crowley

5. Manuscript Title  
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