

## ICMJE DISCLOSURE FORM

**Date:** 10/20/2022

**Your Name:** Thomas D. Brothers

**Manuscript Title:** Retiring the "Against Medical Advice" Discharge

**Manuscript Number (if known):** M22-2964

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 10/19/2022

**Your Name:** Nathaniel P. Morris, MD

**Manuscript Title:** Retiring the “Against Medical Advice” Discharge

**Manuscript Number (if known):** M22-2964

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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**Your Name:** Robert A Kleinman

**Manuscript Title:** Retiring the “Against Medical Advice” Discharge

**Manuscript Number (if known):** Click or tap here to enter text.

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