ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)  
   Jacqueline

2. Surname (Last Name)  
   Calderone

3. Date  
   16-April-2020

4. Are you the corresponding author?  
   ✔ Yes  
   ☐ No

5. Manuscript Title  
   Telepsychiatry and Integrated Primary Care: Setting Expectations and Creating an Effective Process for Success

6. Manuscript Identifying Number (if you know it)  
   mHealth-19-232

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

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   ✔ No

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   ☐ No

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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. Calderone 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)  
Amy

2. Surname (Last Name)  
Lopez

3. Date  
16-April-2020

4. Are you the corresponding author?  
☐ Yes  ✔ No  
Corresponding Author’s Name  
Jacqueline Calderone MD

5. Manuscript Title  
Telepsychiatry and Integrated Primary Care: Setting Expectations and Creating an Effective Process for Success

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Lopez has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Sarah

2. Surname (Last Name)  
   Schwenk

3. Date  
   16-April-2020

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   Jacqueline Calderone

5. Manuscript Title  
   Telepsychiatry and Integrated Primary Care: Setting Expectations and Creating an Effective Process for Success

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Dr. Schwenk has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Joel

2. Surname (Last Name)  
   Yager

3. Date  
   16-April-2020

4. Are you the corresponding author?  
   [ ] Yes  [ ] No
   Corresponding Author’s Name  
   Jacqueline Calderone MD

5. Manuscript Title  
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Dr. Yager has nothing to disclose.

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Shore
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jay

2. Surname (Last Name)  
   Shore

3. Date  
   23-April-2020

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Jacqueline Calderone

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
   ☑ Yes  
   ☑ No

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
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<tbody>
<tr>
<td>Access Care</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>I am CMO of AccessCare a company that provides telemental health services in Colorado and Alaska. This work is done in my role and thru a contract between AccessCare and University of Colorado for which annual review of COI is preformed by the University.</td>
</tr>
<tr>
<td>American Psychiatric Association Press</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>I sit on the Board of Director's of the American Psychiatric Association Press and have received book royalties from them.</td>
</tr>
</tbody>
</table>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>I have received writing honorariums</td>
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</tbody>
</table>

### 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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Dr. Shore reports other from Access Care, other from American Psychiatric Association Press, other from Springer Press Inc, outside the submitted work.

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