

ICMJE DISCLOSURE FORM

Date: 7/22/2021

Your Name: Shannon H Houser

Manuscript Title: Patient Clinical Documentation in Telehealth Environment: Are We Collecting Appropriate and Sufficient Information for Best Practice?

Manuscript number (if known): Number unknown - invited

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 summarize the above conflict of interest in the following box:

No conflict.

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ICMJE DISCLOSURE FORM

Date: 8/5/2021

Your Name: Cathy A Flite

Manuscript Title: Patient Clinical Documentation in Telehealth Environment: Are We Collecting Appropriate and Sufficient Information for Best Practice?

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Date: 7/22/2021

Your Name: Susan L Foster

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Date: 7/26/2021

Your Name: Thomas (T.J.) Hunt

Manuscript Title: Patient Clinical Documentation in Telehealth Environment: Are We Collecting Appropriate and Sufficient Information for Best Practice?

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Date: 7/22/2021

Your Name: Angela L. Morey

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Date: 7/24/2021

Your Name: Jennifer L Peterson

Manuscript Title: Patient Clinical Documentation in Telehealth Environment: Are We Collecting Appropriate and Sufficient Information for Best Practice?

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Date: 7/24/2021

Your Name: Roberta Darnez Pope

Manuscript Title: Patient Clinical Documentation in Telehealth Environment: Are We Collecting Appropriate and Sufficient Information for Best Practice?

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Date: 7/22/2021

Your Name: Linda Sorensen

Manuscript Title: Patient Clinical Documentation in Telehealth Environment: Are We Collecting Appropriate and Sufficient Information for Best Practice?

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