

Disclosure Purpose: Annual Governance Disclosure 2021-2022,
Annual Governance Disclosure 2021-22

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Blue Cross Blue Shield of North Carolina	Employment	Spouse/Partner	-
<i>Title:</i> Manager <i>Start Date:</i> 07/31/2018 <i>End Date:</i>		<i>Position Description:</i> Cost management manager <i>Additional Information:</i>	
Duke University	Employment Current Employment	Self	-
<i>Title:</i> Assistant Professor of Medicine <i>Start Date:</i> 01/07/2019 <i>End Date:</i>		<i>Position Description:</i> <i>Additional Information:</i>	

Additional Questions:

1. Please specify any additional information which you consider relevant to this disclosure.

none

2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.

- a. Are you submitting your disclosures to ACP as a member of one of the following groups:

- ACP board, committee, council, task force, and/or other governance group?
- Chapter Council or other Chapter leadership role?
- National or chapter staff?
- Annals of Internal Medicine editorial staff?
- Other (meeting guests, contractors, authors, etc.)

Yes.

- i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Disclosure of Interests and Management of Conflicts Policy](#).

Yes

- ii. I, the undersigned, enter into the [Non-Disclosure Agreement](#) between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP with information developed for ACP, deemed "Proprietary Information."

Yes

- iii. I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the [ACP Intellectual Property Policy](#).

Yes

- iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Anti-Harassment Policy](#).

Yes

Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
- Investments and proprietary interests excluding broadly diversified investments such as mutual or pension funds (e.g., stocks, bonds, stock options, commercial business interests, patents, trademarks, copyrights)
- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

