CONFLICT OF INTEREST STATEMENT

American Association of Hip and Knee Surgeons
(Adopted from the American Academy of Orthopaedic Surgeons disclosure statement)

The following form **must be filled out completely and submitted by each author (example, 6 authors, 6 forms).** All items require a response. If there is no relevant disclosure for a given item, enter "None."

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**Manuscript Title:** Patients, Pictures and Privacy: Managing Clinical Photographs in the Smartphone Era

1. Royalties from a company or supplier (The following conflicts were disclosed)
   - NO

2. Speakers bureau/paid presentations for a company or supplier (The following conflicts were disclosed)
   - NO

3A. Paid employee for a company or supplier (The following conflicts were disclosed)
   - NO

3B. Paid consultant for a company or supplier (The following conflicts were disclosed)
   - NO

3C. Unpaid consultants for a company or supplier (The following conflicts were disclosed)
   - NO

4. Stock or stock options in a company or supplier (The following conflicts were disclosed)
   - NO

5. Research support from a company or supplier as a Principal Investigator (The following conflicts were disclosed)
   - NO

6. Other financial or material support from a company or supplier (The following conflicts were disclosed)
   - NO

7. Royalties, financial or material support from publishers (The following conflicts were disclosed)
   - NO

8. Medical/Orthopaedic publications editorial/governing board (The following conflicts were disclosed)
   - NO

9. Board member/committee appointments for a society (The following conflicts were disclosed)
   - NO

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**Each author must sign AND print or type his/her name, date and submit a separate form**

In addition, one BLINDED Conflict of Interest form (no author names used) should be submitted per manuscript with all author disclosures.

B. Sonny Bal MD

September 16, 2018

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**Author Name (Print or Type):** B. Sonny Bal MD

**Author Signature:**

**Date:** September 16, 2018