

**CAMC Health Education and Research Institute
CME Disclosure & HIPAA Compliance Form**

Presenter (please print) _____ **Activity Date:** _____

Name of Program: _____

Role(s) in Determining Educational Content:

☐ Planner/Lead ☐ Co-planner/Co-lead ☐ Planning Committee ☐ Presenter/Author

Purpose – The Accreditation Council for Continuing Medical Education (ACCME) requires CME providers to identify and resolve all potential conflicts of interest of planners and presenters prior to CME activity (i.e., all individuals in a position to control the content).

Relevant relationships identified on the disclosure form (including the absence of such relationships) must be conveyed to the audience prior to the activity.

Definitions – “Relevant financial relationships” are those in which an individual (including spouse/domestic partner) **has both:**

- 1) **a personal financial relationship** (any amount) with a commercial interest (any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients) in the past 12 months, whether the relationship has now ended or is currently active.
 - 2) control in planning or presenting educational content addressing specific products of the commercial interest.
- (No disclosure needed for relationships with non-profits, government entities, or entities not producing health care goods or services.)

Significant Interests and Off-Label Use of Products

It is the policy of the CAMC Health Education and Research Institute (CAMC Institute) that any faculty (speaker) who presents at a continuing education activity designated for CME credit must disclose any financial interest or other relationship (i.e. grants, research support, consultant, honoraria) that person has with the manufacturer(s) of any commercial product(s) that may be discussed in the educational presentation. Guidelines also require that these relationships be disclosed to participants prior to educational activities verbally or in brief statements in conference materials such as brochures, syllabi, exhibits, and poster sessions. In addition, when an off-labeled use of a commercial product, or an investigational use not yet approved for any purpose is discussed during an educational activity, the presenter is required to disclose that the product is off-label for the use under discussion or that the product is still investigational. All certified continuing education activities must conform to these policies.

_____ My presentation **does not include discussion** of any commercial product(s) or service(s).

_____ My presentation **includes discussion** of a commercial product/service of which **I do not have** any significant financial interest or other relationship with the company who makes/provides this product/service.

Please explain: _____

_____ My presentation **includes discussion** of a commercial product/service of which **I have** a significant financial interest or other relationship with the company who makes/provides this product/service.

Please explain: _____

_____ I intend to discuss an off-labeled use of the following product(s) during the presentation.

<u>Product</u>	<u>Off-labeled Use</u>
_____	_____
_____	_____
_____	_____

_____ I have the following financial interests or relationships:

<u>Affiliation/Financial Interest</u>	<u>Name of Corporate Organization(s)(Please Print)</u>
___ Grant/Research Support	_____
___ Consultant	_____
___ Speakers' Bureau	_____
___ Major Stock Shareholder	_____
___ Other Financial Support	_____
___ Other	_____
___ No relationship	_____

HIPAA Compliance

The Health Insurance Portability and Accountability Act (HIPAA) states that patient records and photos used in teaching must be stripped of all “direct identifiers” such as name, address, social security number, patient ID number, identifiable photographic images, etc., or that you have written authorization from the patient to use his/her directly identifiable health information in this way. The CAMC Institute requires that you, as faculty, verify by way of your signature that your presentation materials (handouts, slides, PowerPoint presentations, video, journal articles, etc.) meet these HIPAA standards.

_____ I verify that I am in **compliance with the HIPAA** standards to protect the privacy of the patients discussed in my presentation(s). I have either received written authorization from the patient, removed any identifiable images or patient records from my presentation, or my presentation does not pertain to patient treatment.

Signature _____