



HIPAA FORM

SIIM 2008 Annual Meeting
Washington Convention & Trade Center
Seattle, WA
May 14-18, 2008

If engaged in a CME related activity, I attest that:

Items marked with an asterisk, *, are required.

*1. I have disclosed all relevant financial relationships to the SIR and SIIM and will disclose any subsequent relationships (if applicable) to learners verbally and in print.

I Have

*2. I will base my contributions on the best scientific evidence available regarding this content. My contributions will give a balanced view of therapeutic options and be unbiased.

I Will

*3. My contributions will not promote the products or services of any commercial interest to this content.

I Agree

*4. All scientific research to support a patient care recommendation will conform to generally accepted standards of experimental design, data collection and analysis.

I Agree

*5. If I discuss any off-label product use, I will disclose it to participants.

I Will

*6. I will not use trade names of health care products or services.

I Agree

*7. If any portion of my presentation/slides is not original work, I will obtain necessary copyright permissions (as applicable).

I Will

*8. My presentation is HIPPA compliant (e.g. I have only used de-identified patient information)

I Agree

*9. I have read and considered each item in this form and have completed it to the best of my ability. I understand that my presentation will be evaluated for fair balance (e.g. commercial bias).

Yes

No

Please understand that by signing this form you have agreed to all of the questions above and to HIPPA guidelines.

Printed Name

Signature / Date