EVMS
Eastern Virginia Medical School

DEIDENTIFIED CASE STUDY
CONSENT TO PUBLISH

INFORMATION FOR AUTHOR(S)

A clinical case study (or clinical case report) is an article that describes a unique or unusual clinical case. They are usually submitted for publication in academic journals and, unless they involve the study of a group of individuals, they are not considered research and do not require IRB review. Authors must still comply with HIPAA and with the requirements of each individual journal, which usually includes obtaining consent from the subject of the case study, even when no protected health information ("PHI", as defined by HIPAA) would be published.

This Consent to Publish form may be used to obtain consent from the patient to publish your case study when the report will not include PHI (deidentified). This means that the following identifiers must be removed:

1. Names	10. Social security numbers
2. All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code if that zip code contains more than 20,000 people or, if not, the first three digits of the zip code are changed to 000.	11. Internet Protocol (IP) addresses
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older	12. Medical Record Numbers
4. Telephone numbers	13. Biometric identifiers, including finger and voice prints
5. Vehicle identifiers and serial numbers, including license plate numbers	14. Health plan beneficiary numbers
6. Fax Numbers	15. Full-face photographs and any comparable images
7. Device identifiers and serial numbers;	16. Account numbers;
8. Electronic mail addresses	17. Any other unique identifying number, characteristic, or code
9. Web Universal Resource Locators (URLs);	18. Certificate/license numbers;

If any of the above will be in your case report, you will also need to have the patient sign a HIPAA Authorization. The Authorization is a different form that must be obtained from the clinical site where the patient was seen. Also note that #17 means that if you are discussing an extremely rare circumstance or one where the patient may have been the subject of media reports, the patient can likely be identified. You will need an Authorization even if no other information from the list will be used. Questions about your obligation should be directed to the Privacy Officer where you work (or where the patient was treated) or, if you are an EVMS student, to metro@evms.edu.

This form is being provided for convenience, and nothing requires any publication to accept this form. Authors have the responsibility to confirm what forms will be required for publication and what signatures (wet or digital) are acceptable.

REMOVE THIS SHEET BEFORE PROVIDING THE FORM TO THE PATIENT
BE SURE TO PROVIDE THE PATIENT WITH A SIGNED COPY OF THE FORM AND LOAD IT INTO THE PATIENT'S MEDICAL RECORD

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Patient Name:

Site Name:

Your care team (physician, mid-level practitioner, resident, or student) believes that you have a unique or interesting clinical case. By writing about your experience (your symptoms, diagnosis, treatment, and medical management) in a case report, we can contribute to new ideas and information in medical knowledge.

By signing this Consent to Publish, you will be giving one or more members of your care team permission to submit your case to a medical journal for publication and permission for the journal to publish information about your case. No identifying information from your treatment record will be used unless you also sign an authorization to allow us to disclose your protected health information (a separate form).

By signing below, you:

1. Give your consent for the following care team member(s) to write a report about your symptoms, diagnostic strategy and/or treatment, and agree that the report may be published in medical journals/medical literature:

   _____

2. Acknowledge and agree that:

   - Your participation is voluntary, and if you do not sign this consent, it will not affect your health care or any payment for your health care.
   - Nothing guarantees that your case will be published.
   - Complete anonymity cannot be guaranteed. It is possible that someone who knows you well may be able to identify you based on the information published.
   - If the case report is published in a medical journal or other medical literature, it may be available on the world wide web and to individuals who are not healthcare professionals, such as news reporters, drug manufacturers, and social media users.
   - You can withdraw your consent at any time in writing, but if you do, it will not have any effect on any case reports submitted for publication/published prior to EVMS receiving your withdrawal.

3. Agree that this consent will not expire unless one of the boxes below is checked:

   ☐ One year from the date below ☐ On the date that you choose (insert date): _____

Patient Signature: **Date:**

Relationship: ☐ Self ☐ Parent or Guardian ☐ Power of Attorney

☐ Personal Representative - describe authority to act _____

Printed Name if different than Self: _____

Phone #: _____ **Email:** _____

Signature of Care Team Requestor: **Date:**

Printed Name: _____

EVMS Department: _____

To Withdraw Your Consent: ☐ Check this box and return a copy of this form to ogc@evms.edu or EVMS, Attn: Office of the General Counsel, P.O. Box 1980, Norfolk, VA 23501