

HIPAA Compliance and Affirmation of Disclosures

(to be completed by/for each presenter)

Program Planner/Instructional Personnel's Name: _____

HIPAA Requirements

In order to comply with the Health Insurance Portability and Accountability Act (HIPAA), we ask that all program planners and instructional personnel ensure the privacy of their patients/clients by refraining from using names, photographs, or other patient/client identifiers in course materials without the patient's/client's knowledge and written authorization.

"I am in compliance with these policies." _____ *(INITIAL HERE)*

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with ASHA's Continuing Education Board's Requirements, the Speech and Hearing Association of Alabama (SHAA) requires program planners and instructional personnel to disclose information regarding any relevant financial and non-financial relationships related to course content prior to and during course planning.

Course Title: _____

Relevant financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, gift, speaking fee, consulting fee, honoraria, ownership interest (e.g., stocks, stock options, or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial relationships can also include "contracted research" where the institution gets the grant and manages the funds and the individual is the principal or named investigator on the grant.

Do you have relevant **financial** relationships to disclose?

No Yes If "yes," **complete Addendum A, Financial ... Disclosure Form.**

Relevant non-financial relationships are those relationships that might bias an individual including any personal, professional, political, institutional, religious or other relationship. This may also include personal interest or cultural bias.

Do you have relevant **non-financial** relationships to disclose?

No Yes If "yes," **complete Addendum B, Non-Financial ... Disclosure Form.**

"I attest that the information in this disclosure is accurate at the time of completion and I agree to notify SHAA of any changes to this information between now and the presentation."

Signature (typing here is equivalent to signing) _____

Date _____

*If you answered "No" regarding financial relationships and "No" regarding non-financial relationships, **stop here.***

Addendum A – Financial Relationship Disclosure Form (Complete if you answered ‘yes’ about financial relationships)

***Copy this page as many times as you need to complete information regarding each of your relevant financial relationships.**

Program Planners/Instructional personnel have a “relevant” financial relationship if that relationship could influence the information presented in the course and could be perceived as a conflict of interest by learners.

| | |
|---|--|
| Planner/Presenter name: | |
| Date this form was completed: | |
| Financial relationship with <i>(name of company/organization)</i> | |

For what role(s)? (Highlight all that apply)

| | |
|-----------------------|--|
| Employment | Consulting |
| Management position | Membership on advisory committee or review panels |
| Teaching and speaking | Independent contractor (including contracted research) |
| Board membership | Other activities <i>(please describe):</i> |
| Ownership | |

What was received? (Highlight all that apply)

| | |
|------------------------------|---|
| Salary | In-Kind Grants |
| Consulting Fee | Gift |
| Intellectual Property Rights | Ownership interest (e.g., stocks, stock options or other ownership interest excluding diversified mutual funds) |
| Speaking Fee | Hold patent on equipment |
| Royalty | Other financial benefit <i>(please describe):</i> |
| Honoraria | |

Addendum B – Non-Financial Relationship Disclosure Form

(Complete if you answered ‘yes’ about non-financial relationships)

Program Planners/instructional personnel have a relevant non-financial relationship if that relationship could influence the information presented in the course and could be perceived as a conflict of interest by learners.

| | |
|---|--|
| Planner/Presenter name: | |
| Date this form was completed: | |
| Non-Financial relationship with <i>(name of company/organization)</i> | |

For what role(s)? (Highlight all that apply)

| |
|---|
| Board membership |
| Volunteer employment |
| Volunteer teaching and speaking |
| Volunteer consulting |
| Volunteer membership on advisory committee or review panels |
| Other volunteer activities <i>(please describe):</i> |

What is the nature of the non-financial relationship? (Highlight all that apply)

| |
|---|
| Personal, <i>please describe:</i> |
| Professional, <i>please describe:</i> |
| Political, <i>please describe:</i> |
| Institutional, <i>please describe:</i> |
| Religious, <i>please describe:</i> |
| Bias, <i>please describe:</i> |
| Other relationship, <i>please describe:</i> |
| Personal, <i>please describe:</i> |
| Professional, <i>please describe:</i> |