



International Parkinson and
Movement Disorder Society

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If the work contains patient identifiable material, complete the following:

The author(s) of the Work hereby represents and confirms that he/she has obtained the written consent of any and all patient(s) featured or who are otherwise identifiable or used in the Work to such feature, identification or other use therein and that said consent fully complies with all applicable legal requirements relating to the use of said such patient identifiable material, including, without limitation, if applicable, the specific requirements of the United States Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)¹.

Sign here to confirm Patient Consent:

_____ Print Author Name: _____

Additional Authors sign here:

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Please FAX or MAIL this form referencing the information provided below.

¹ According to HIPAA, the following core elements **must** be included in the consent form:

1. A specific and meaningful description of the information to be used;
2. The name of the Physician and/or Hospital allowed to disclose the information;
3. That the item of Patient Identifiable Material will be provided to non-profit organizations and/or individuals involved in medical and scientific research and education and publication of articles, information or other content with respect to same ;
4. That the item of Patient Identifiable Material will eventually be used by members of for medical and scientific research and other educational purposes, including publication of articles, information and other content with respect to same;
5. An expiration date or event that relates to the individual or the purpose of the use or disclosure; and
6. The individual's signature and the date the authorization is signed.

In addition, the patient's consent form **must** provide notice of the following :

1. That the patient has the right to revoke his or her consent in writing, exceptions to this right and how this right may be exercised. Alternatively, reference may be made to the Notice of Privacy Practices for Protected Health Information provided to the individual if such notice contains the preceding information;
2. Whether the physician has the ability to condition medical treatment on the patient's giving such consent;
3. That information, once disclosed, may be subject to further disclosure by the recipient, in which case confidentiality would no longer be assured.