Boston University College of Health
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1-2(b) MANDATORY COMPLIANCE AND DISCLOSURE FORM

Instructor or planner name (please print) _____

Title of course_____

HIPAA REQUIREMENTS

To comply with the Health Insurance Portability and Accountability Act (HIPAA), we ask that all program planners and instructional personnel insure 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.

Please sign to indicate that you are in compliance with these policies:

_____

Your signature today's date

FINANCIAL AND NON-FINANCIAL RELATIONSHIPS DISCLOSURE REQUIREMENTS

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, Boston University requires program planners and instructional personnel offering ASHA continuing education credit to disclose information regarding any relevant financial and non-financial relationships related to course content. These relationships must be disclosed to CEU participants in all advertising and verbally at the start of the course.

> **Relevant financial relationships** are those relationships relevant to this presentation in which the individual benefits by receiving a salary, royalty, intellectual property rights, gift, speaking fee, consulting fee, honorarium, ownership interest, or other financial benefit. Financial relationships may also include "contracted research" where an institution manages grant funds and the individual is the principal or named investigator.

- **Do you have relevant financial relationships to disclose? Yes _____ No_____**

> **Relevant non-financial relationships** include any personal, professional, political, institutional, religious, cultural or other relationship relevant to the presentation.

- **Do you have relevant non-financial relationships to disclose? Yes_____ No _____**

If answer to either question is "yes" please fill out the appropriate form(s). Financial relationships are on p. 2 and non-financial relationships are on p. 3. If you have multiple financial or non-financial relationships, please list them separately or make additional copies of the appropriate page(s).

Please sign to indicate that your responses to the questions are accurate to the best of your knowledge:

_____

Your signature today's date

Page 2: Financial Relationships Disclosure

Planner/Presenter name: _____
Please print name today's date

Financial relationship with:

1._____
name of company or organization

2. _____
name of company or organization

3. _____
name of company or organization

4. _____
name of company or organization

What was/will be received? (If you listed more than one relationship please use numbers from above list)

Salary _____
Consulting fee _____
Intellectual property rights _____
Speaking fee _____
Royalties _____
Honoraria _____
Hold patent on equipment _____
Per diem_____
Grants _____
Gift _____
Payment to teach this course_____
Ownership interest (e.g., stocks, stock options or other ownership interest) _____
Other (please describe):

For what role? (If you listed more than one relationship please use numbers from above list)

Employment _____
Management position _____
Teaching and speaking _____
Board membership _____
Ownership _____
Consulting _____
Membership on advisory committee or review panels _____
Independent contractor (including contracted research) _____
Other (please describe):

Page 3: Non-financial Relationships Disclosure

Planner/Presenter name: _____
Please print your name today's date

Non-financial relationship with: 1._____
name of company or organization

2. _____
name of company or organization

3. _____
name of company or organization

4. _____
name of company or organization

If the nature of your non-financial relationships is volunteer position(s) please check all that apply (use numbers from above list if you listed more than one relationship):

Volunteer employment _____ Board membership _____

Volunteer teaching and speaking _____ Volunteer consulting _____

Volunteer membership on advisory committee or review panels _____

Other volunteer activities (please describe):

Or: describe the nature of the non-financial relationship(s). (If you listed more than one non-financial relationship please use numbers from above list.)

Personal: _____
_____

Professional: _____
_____

Political: _____
_____

Institutional: _____
_____

Religious: _____
_____

Bias: _____
_____

Other:_____
_____