



IAOM Poster Author's Financial/NonFinancial Relationship Release Disclosure Form

The IAOM requires poster presenters/authors to disclose information regarding any relevant financial and non-financial relationships related to course content prior to and during course planning. Based on the information provided, IAOM will engage the poster presenters/authors in a guided interview process, which seeks to understand how the relevant financial or non-financial relationship may influence the content of the poster.

Poster Title: _____

Name: _____ (Primary Author) I am in compliance with these policies: ____ (INITIAL)

HIPAA REQUIREMENTS - To comply with the Health Insurance Portability and Accountability Act [HIPAA], we ask that **ALL** poster presenters/authors insure the privacy of their patients/clients by refraining from using names, photographs, or other patient/client identifiers in the poster without the patient's/client's knowledge and written authorization.

Relevant financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, gifts, speaking fee, consulting fee, honoraria, ownership interests (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 relationships to disclose? No Yes *(if yes – complete Form I - Financial Relationship Release)*

Relevant non-financial relationships are those relationships that might bias an individual including any personal, professional, political, institutional, religious or other relationship. May include personal interest or cultural bias. **Do you have relevant non-financial relationships to disclose?** No Yes *(if yes - fill out Form I - Financial Relationship Release)*

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

Signature: _____ Date: _____

Please fill out and return to: Shira Kirsh IAOM2019postersession@gmail.com