

Submission Criteria for The Caring Quilt: Messages From Our Patients

The Caring Quilt is designed for radiologists and technologists (radiologic/nuclear medicine) whose primary or sole activity is to provide patient radiologic care. All submissions must meet federal and state patient privacy guidelines and comply with the Health Insurance Portability and Accountability Act (HIPAA) regarding de-identification of protected health information and/or patient authorization for release; the Radiological Society of North America (RSNA) relies on the radiologist's or technologist's selectivity as to the appropriateness of the content and compliance with the foregoing obligations. Submissions should not contain patient names, diagnoses, health information, or any other identifying information.



Image Specifications

Original documents (thank you notes, cards, email messages, etc.) or photos of you and your staff and/or with the patient who originally wrote the message may be electronically scanned, saved as jpeg or PDF electronic files and uploaded using the submission form. When possible, submit photos showing interaction with the patient who wrote the message. **Any electronic files submitted should not exceed 5mb in size.** If you have other ideas or materials for submission, please contact us at RadiologyCares@rsna.org to discuss how best to incorporate them. If you include a patient photo, we will contact you to obtain patient permission.

Terms & Conditions for “I am submitting a patient testimonial concerning myself.”

I hereby grant to the Radiological Society of North America (RSNA), with principal place of business at 820 Jorie Blvd., Oak Brook, Illinois, its subsidiaries, affiliates, licensees, successors and assigns, the right to use my name, statement, photograph or likeness (henceforth referred to as “*submission*”) as part of the RSNA *Radiology Cares*® program.

Furthermore, I do hereby release the RSNA, its successors, employees, agents, partners, licensees, and assigns from any and all claims, liability, or actions based upon any use that they may make of my *submission* in connection with *Radiology Cares*, including RSNA *Radiology Cares* publicity, education, advertising, publications, website, social media, annual meeting and other materials.

I affirm that I have ensured that this *submission* meets all federal and state patient privacy laws regarding disclosure of personally identifiable information, including protected health information under the Health Insurance Portability and Accountability Act (“HIPAA”), and further agree to indemnify and hold harmless the RSNA, its successors, employees, agents, partners, licensees, and assigns from any and all claims, liability, or actions based upon my failure to abide by state or federal privacy laws arising out of or related to this *submission* or the RSNA’s use or publication thereof.

I understand that I am authorizing the RSNA to use my *submission* for educational purposes as described herein. I further understand that I will receive no compensation for the use of the *submission*.

In addition, I waive any right to inspect or approve the finished product wherein my *submission* appears. By participating in this educational initiative, I acknowledge and agree that the RSNA reserves the right to edit, excerpt or decline any *submission* for publication.

Terms & Conditions for “I am submitting a patient testimonial concerning my institution and/or an imaging colleague.”

I affirm that I am the duly authorized representative for the above named institution and/or colleague (henceforth referred to as “*institution*”), and I affirm that I have permission to complete this form on behalf of the *institution*. I further affirm that the physicians and/or technologists named herein have granted me the right to use their names, submitted communications and photographs as part of the *institution’s* submission(s) to the Radiological Society of North America’s (RSNA) *Radiology Cares* initiative.

Therefore, I hereby transfer to the RSNA, with principal place of business at 820 Jorie Blvd., Oak Brook, Illinois, its subsidiaries, affiliates, licensees, successors and assigns, the right to use the names, communications and photographs of the physicians and/or technologists named herein as part of the *institution’s* submissions to the RSNA’s *Radiology Cares* initiative. This grant shall extend to any and all phases of the use or publication of these submissions, including RSNA *Radiology Cares* publicity, education, advertising, publications, website, social media, annual meeting and other materials.

Furthermore, as its representative, I acknowledge that the *institution* and the physicians and/or technologists named herein hereby release the RSNA, its successors, sponsors, employees, agents, partners, licensees, and assigns from any and all claims, liability, or actions based upon any use of the *institution’s* submissions in connection with any RSNA *Radiology Cares* educational efforts.

As its representative, I affirm that the *institution* has ensured that these submissions meet all federal and state patient privacy laws regarding disclosure of personally identifiable information, including protected health information under the Health Insurance Portability and Accountability Act (“HIPAA”), and further agree to indemnify and hold harmless the RSNA, its successors, employees, agents, partners, licensees, and assigns from any and all claims, liability, or actions based upon the *institution’s* failure to abide by state or federal privacy laws arising out of or related to these submissions or the RSNA’s use or publication thereof.

In addition, the *institution* waives any right to inspect or approve the finished product wherein the *institution’s* submission appears. By participating in this educational initiative, both I and the *institution* acknowledge and agree that the RSNA reserves the right to edit, excerpt or decline any submission for publication.