

Protected Health Information Policy

Scientific Posters/Education Exhibits

To preserve the anonymity of patients and research subjects, authors/presenters must remove all potentially identifying information—including patient likenesses, identification numbers, names, initials, etc.—from images, charts, graphs, tables, and text before being displayed at the Annual Meeting.

For photographs, video, computerized renderings, or 3-D reconstructions of patients, (including live models being used in your presentation) a cropped or adequately masked image that excludes identifiable features may be acceptable.

Note: The simple masking of eyes in photographs is not sufficient to preserve anonymity.

In the rare circumstances when identifiable images, videos, photographs, or surface renderings are essential to conveying critical scientific information, the author must obtain an RSNA-specific letter of informed consent* from the patient, patient's guardian, or live models before submission. This permission requires that the individual be offered the ability to see the poster/exhibit as part of obtaining informed consent. The receipt of informed consent should be indicated in the poster/exhibit.

To respect your patient's and any other individual's privacy, **please do not send the signed forms to RSNA**. Please retain copies of the signed forms in the event they should be needed, and provide a letter from your institutional official indicating that patient/ individual informed consent has been obtained, and also note the presentation ID#, title and slide numbers where the consent has been acknowledged. This letter should be submitted to programs@rsna.org by October 25. If consent, permission, or release is made subject to any conditions, RSNA must be made aware in writing of all such conditions before display.

At any time that the RSNA deems poster/exhibit content to display identifying information or identifiable patient likenesses, the poster/exhibit will be removed from display by the RSNA.



Consent for Use of Identifying Information by RSNA

I give my permission to RSNA to use identifying photographs, video, or other data in the following manuscript or presentation:

Title:

I understand that my name will not be published but that complete anonymity cannot be guaranteed.

_____ I have reviewed the material in which I am included that will be published or presented

-or-

_____ I have been offered the opportunity to review the materials and to see all photographs, illustrations, video, surface renderings or audio files in which I am included, but I waive my right to do so.

Signature _____

Print name _____

Date _____

Please retain a copy of the signed form in the event it should be needed and provide a letter from your institutional official indicating that patient/ individual informed consent has been obtained. Send your letter to (programs@rsna.org) by October 25 with the presentation ID#, title, and the slide numbers where the consent has been acknowledged.