



## Program Planners/Instructional Personnel Relationship Disclosure Form

To ensure balance, independence, objectivity and scientific rigor in all CE courses, the Nebraska Speech-Language and Hearing Association (NSLHA) requires program planners/instructional personnel to disclose information regarding any relevant financial and non-financial relationships related to course content prior to and during course planning.

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**Presentation Title:** Effect of Etiology on the Impact of Deep Brain Stimulation

### 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.

I am in compliance with these policies: mm (INITIAL HERE)

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**Relevant financial relationships** are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, gift, speaking fee, consulting fee, honoraria, ownership interest (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 financial relationships to disclose?

No  Yes, if yes complete *Financial Relationship Disclosure Form*

**Relevant non-financial relationships** are those relationships that might bias an individual including any personal, professional, political, institutional, religious or other relationship. May also include personal interest or cultural bias.

Do you have relevant non-financial relationships to disclose?

No  Yes, if yes complete *Non-Financial Relationship Form*.

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

Signature Monica McHenry Date 2/2/14