

## **Author Contract**

Any clinical material described in this article has been properly anonymized, in accordance with the Journal's Patient Anonymity Guidelines. By signing this agreement, I warrant that the confidentiality statements that I have provided are fully accurate and that I have read and followed the Journal's requirements for ensuring confidentiality.

**Date:**

**Signature:**

# Anonymization Form

## 1. Author Required to Confirm by Checking the Box

\_\_\_ I verify that I have anonymized the patient's identity to be unrecognizable by others and as unrecognizable to him/her/themself as possible and to render all other individuals unrecognizable to third parties.

## 2. How Have you Protected the Patient from Identification (more than one if so)?

\_\_\_ Thorough Disguise (of Individual Patients)

\_\_\_ When presented, details of Anonymization patient-therapist interactions have been described so as to preclude identification of the patient.

\_\_\_ Use of Composites

\_\_\_ Other (please describe below)

## 3. Anonymization Details Checklists

Category 1—The following must be changed or omitted (Please confirm all)

\_\_\_ Patient name

\_\_\_ All other names

\_\_\_ Patient place of birth

\_\_\_ Patient occupation

\_\_\_ Dates and exact length of treatment

\_\_\_ Organizational or other affiliations

\_\_\_ Exact location

Category 2--To be disguised through change, generalization, or other method (Please confirm all)

\_\_\_ Medical conditions

\_\_\_ Age

\_\_\_ Family and family history

\_\_\_ Details of specific traumata and other key historical events

Category 3--To be disguised as above, unless essential to the usefulness of the case report (Please confirm or explain why and what you have retained while protecting patient from identification.)

\_\_\_ Race

\_\_\_ Religion

\_\_\_ Historical and cultural details

\_\_\_ Photographs and all other images from the treatment

\_\_\_ Other (please elaborate)