



# EISENHOWER HEALTH

**Policy**

**Effective Date: January 27, 2025**

**Title: Guidelines for Publishing Case Reports of Patients Receiving Clinical Care at Eisenhower Health**

**Home Department: Office of Graduate Medical Education**

## **I. POLICY:**

All trainees and faculty are subject to and will abide by this institutional policy regarding publication of case reports of patients receiving clinical care at Eisenhower Health.

## **II. DEFINITIONS:**

- **Case Report:** A retrospective analysis of clinical symptoms, signs, diagnosis, treatment, and outcomes of an individual case. This definition includes case series describing up to three unique cases.
- **Research:** A systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge. Case reports involving more than three patients are considered research and require Institutional Review Board (IRB) approval.
- **Patient Identifiers:** Any information that can be used to identify an individual patient, including but not limited to names, contact details, medical record numbers, or photographic images.

## **III. PURPOSE:**

This policy provides guidance on patient consent requirements for publishing case reports. Case reports are not classified as research and do not require IRB submission. However, specific journals may require documentation of patient consent or an attestation of consent for publication, regardless of de-identification.

## **IV. PROCEDURES:**

The publishing requirements regarding consent for case reports differ from journal to journal. While the author must adhere to any rules and requirements mandated by the publisher, they should not assume that any given journal's requirements would fully protect themselves, their patient(s), or the Institution from risk.

### **A. Removal of Patient Identifiers**

All patient identifiers must be removed or anonymized in case reports prior to publication. This applies to both written content and images.

### **B. Types of Patient Identifiers**

The HIPAA Privacy Rule lists the following 18 identifiers. All of these identifiers must be removed or masked for a case report to be considered de-identified, and therefore not requiring the patient's consent:

1. Names;
2. All geographical subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code, if according to the current publicly available data from the Bureau of the Census: (1) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and (2) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
4. Phone numbers;
5. Fax numbers;
6. Electronic mail addresses;
7. Social Security numbers;
8. Medical record numbers;
9. Health plan beneficiary numbers;
10. Account numbers;
11. Certificate/license numbers;
12. Vehicle identifiers and serial numbers, including license plate numbers;
13. Device identifiers and serial numbers;
14. Web Universal Resource Locators (URLs);
15. Internet Protocol (IP) address numbers;
16. Biometric identifiers, including finger and voice prints;
17. Full face photographic images and any comparable images; and
18. Any other unique identifying number, characteristic, or code (note this does not mean the unique code assigned by the investigator to code the data)

Any questions regarding patient identifiers should be directed to the Privacy Officer or designated HIPAA authority prior to submission of the case report to ensure proper authorization has been obtained. If a case report contains one or more patient identifiers as defined under the HIPAA Privacy Rule, the author must not publish the report without either acquiring the patient's consent or obtaining approval from the Program Director. **If the patient is unable to provide consent or is unavailable, the author must submit the case report to the Program Director for review and approval prior to publication.**

### **C. Consent Requirements**

1. If patient identifiers cannot be fully anonymized, consent must be obtained from the patient or their legal representative before publication.
2. When seeking consent, patients should be informed about:
  - The journal where the case report will appear
  - How the report will be accessed (e.g., online, print)
  - Potential audiences (e.g., practitioners, general public)
  - The impossibility of guaranteeing full anonymity
3. Consent discussions should be documented in the patient's medical record.

### **D. Deceased or Minor Patients**

Consent for deceased patients should be obtained from next of kin or legal representatives. For minors, consent must be obtained from a parent or guardian.

**E. Documentation of Consent**

Document patient consent in the medical record, either as a provider entry or by uploading a signed consent form.

**F. Trainee and Faculty Collaboration**

All trainees (medical students, residents, and fellows) must collaborate with a faculty or attending physician as a co-author when publishing case reports of patients receiving care at Eisenhower Health.

**Links of Reference:**

- [\*Guidance Regarding Methods for De-identification of Protected Health Information in Accordance with the Health Insurance Portability and Accountability Act \(HIPAA\) Privacy Rule -\*](#)

**POLICY APPROVAL(S)**

Graduate Medical Education Committee

Original Effective Date: Jan. 27, 2025



## Case Report Review Form - Eisenhower Health

A case report is defined as a retrospective analysis of one, two or three clinical cases. A case report is a description of (a) the course of medical treatment with one or more patients that has a unique outcome or (b) the handling of a unique clinical case; which in either case did not involve the investigator having any research intent at the time of the intervention.

A case report is intended to share medical information with, or to provide education to, other providers; it is not designed to answer a specific question. Case reviews are not considered "research" as they do not meet the Federal Policy for the Protection of Human Subjects definition of Research, which requires an investigation that contributes to generalizable knowledge about a disease or condition.

**Title:** \_\_\_\_\_

**Author(s):** \_\_\_\_\_

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- The Case Report has been reviewed for clinical appropriateness and accuracy.
- The Case Report is not considered research as it does not meet the Federal Policy for the Protection of Human Subjects definition of Research, which requires an investigation that contributes to generalizable knowledge about a disease or condition.
- The Case Report does not contain any of the 18 identifiers that cause medical information to be considered PHI under HIPAA. The Case Report is considered de-identified, and its presentation or publication does not require a HIPAA authorization and there is no need to obtain the patient's signed authorization or to contact the HIPAA Privacy Officer.

**Signature Clinical Advisor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name of Patient:**

**Title of Publication/Conference:**

**Title of article/presentation:**

**Author:**

**Author Mailing Address:**

I, \_\_\_\_\_ give my consent for this information about MYSELF to appear in the above-identified journal and/or conference.

**By signing this form, I understand that:**

- I have been informed of the risks and benefits, if any, of allowing my information to be used in this case report. I understand this case report may describe sensitive topics such as HIV, substance use disorders, and/or behavioral/mental health topics.
- I have been informed that I do not have to participate in this case report.
- I have agreed to participate in this case report.
- The information may be published in a print journal, which is read worldwide, an online journal or presented at a conference. Journals and conferences are aimed mainly at health care professionals but may be seen by many non-doctors, including journalists.
- I can change my mind about participation at any time. I do not need to give a reason to withdraw my consent, but once the information has been committed to publication or presented, it will not be possible to withdraw the consent. A request to withdraw consent must be submitted in writing to the **author**.
- I understand that I will not receive any financial benefit from publication or presentation.
- The Information will be published or presented without my name attached. Every attempt will be made to ensure anonymity. I understand, however, that complete anonymity cannot be guaranteed.
- A copy of this consent will be maintained as part of my Eisenhower Medical Center medical record.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Author Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



**EISENHOWER HEALTH**

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**PATIENT CONSENT FOR CASE REPORT  
PUBLICATION/PRESENTATION**

