



The *Movement* Disorder Society

Copyright Transfer Agreement

Type of Work:

_____ Manuscript

_____ Presentation outline

_____ Video

_____ Photograph

_____ Other (specify): _____

Title of Work:

Author(s):

Name and Address of Organization:

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the above author(s) hereby irrevocably assign and transfer to The *Movement* Disorder Society, its successors and assigns, in perpetuity, all copyright (and extensions thereto) in and to the Work (including this and all subsequent editions thereof) and in any derivatives, translations and ancillaries thereof (in English and in any foreign translations), in all formats and media of expression now known or later developed, including, without limitation, any and all forms of electronic media.

The author(s) warrant that the Work is the original work of the author(s) and has never been published in its present form. The author(s) further warrant that the author(s) owns the copyright to the Work and has full power and authority to enter into this Agreement and perform its obligations hereunder.

Notwithstanding the transfer and assignment set forth herein, said transfer and assignment is subject to the following:

- (a) The author(s) retain the right to revise, adapt, prepare derivative works, present orally, or distribute the Work provided that all such use is for personal noncommercial benefit of the author(s);
- (b) No proprietary right other than copyright is claimed by MDS;
- (c) An author who is a U.S. Government employee and prepared the Work does not own the copyright in it. Any of the above-cited author(s) who are not employees of the U.S. Government should sign below.

Dated this _____ day of _____, 201____.

Sign here for Copyright Transfer:

_____ Print Author Name:

Additional Authors sign here:

_____ Print Author Name:

_____ Print Author Name:

Patient Identifiable Material

If the work contains patient identifiable material, complete the following:

The author(s) of the Work hereby represents and confirms that he/she has obtained the written consent of any and all patient(s) featured or who are otherwise identifiable or used in the Work to such feature, identification or other use therein and that said consent fully complies with all applicable legal requirements relating to the use of said such patient identifiable material, including, without limitation, if applicable, the specific requirements of the United States Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)¹.

Sign here to confirm Patient Consent:

_____ Print Author Name:

Additional Authors sign here:

_____ Print Author Name:

_____ Print Author Name:

Please FAX or MAIL this form referencing the information provided below.

¹ According to HIPAA, the following core elements **must** be included in the consent form:

1. A specific and meaningful description of the information to be used;
2. The name of the Physician and/or Hospital allowed to disclose the information;
3. That the item of Patient Identifiable Material will be provided to non-profit organizations and/or individuals involved in medical and scientific research and education and publication of articles, information or other content with respect to same ;
4. That the item of Patient Identifiable Material will eventually be used by members of for medical and scientific research and other educational purposes, including publication of articles, information and other content with respect to same;
5. An expiration date or event that relates to the individual or the purpose of the use or disclosure; and
6. The individual's signature and the date the authorization is signed.

In addition, the patient's consent form **must** provide notice of the following :

1. That the patient has the right to revoke his or her consent in writing, exceptions to this right and how this right may be exercised. Alternatively, reference may be made to the Notice of Privacy Practices for Protected Health Information provided to the individual if such notice contains the preceding information;
2. Whether the physician has the ability to condition medical treatment on the patient's giving such consent;
3. That information, once disclosed, may be subject to further disclosure by the recipient, in which case confidentiality would no longer be assured.