

Author Submission Anonymization Form

Patient Anonymization

Publication of clinical material by psychoanalysts and psychotherapists is essential to the development of knowledge in psychoanalysis and the broader mental health field and the growth and maintenance of high standards of patient care. Patient privacy should be protected such that patients can speak and act freely with full confidence. Ethical and legal considerations require the protection of patients' anonymity in case reports and elsewhere.

Authors whose papers include accounts of clinical work are required to take all necessary measures to ensure that none of the individuals written about can be identified by any third party and to fully minimize the likelihood that the patient(s) will recognize him/her/themself. To meet these objectives, this publication has adopted guidelines which all authors must follow to proceed through the online submission and throughout the review process.

Submitting Your Anonymized Article

Authors must verify that they have anonymized an individual or individuals' identity, as described below, and indicate which method(s) of anonymization has been used, using this form. Please note: exceptional care should be taken in cases including children and adolescents. There will be no exceptions.

Anonymisation Details Checklists

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.

_____ Thorough Disguise (of Individual Patients)

_____ When presented, details of anonymized patient-therapist interactions have been described so as to preclude identification of the patient.

_____ Use of Composites

_____ Other (please describe below).

Category 1—The following data must be altered or omitted (Please confirm all.)

- ___ Patient name
- ___ All other names
- ___ Patient place of birth
- ___ Patient occupation
- ___ Dates and exact length of treatment
- ___ Organisational or other affiliations
- ___ Exact location

Category 2: The following data must be disguised through alteration, generalisation, or other method. (Please confirm all)

- ___ Medical conditions
- ___ Age
- ___ Family and family history
- ___ Details of specific traumata and other key historical events

Category 3: The following data must 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)

Please sign here _____

Date: _____