

MODERN PSYCHOANALYSIS

The Journal of the Center for Modern Psychoanalytic Studies

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ANONYMISATION FORM TO BE INCLUDED IN SUBMISSION MATERIALS

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 Anonymisation patient-therapist interactions have been described so as to preclude identification of the patient.

Use of Composites

Other (please describe below). [Include separate document if necessary]

3. Anonymisation 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

Organisational or other affiliations

Exact location

Category 2—To be disguised through change, 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—To be disguised as above, unless essential to the usefulness of the case report (please confirm or explain why not and what you have retained while protecting the patient from identification).

Race

Religion

Historical and cultural details

Photographs and all other images from the treatment

Other (please elaborate)

***Special care should be taken in cases including children and adolescents.**

Authors Full Name:

Authors Signature:

Date: