

deprescribing.org Team Guideline Modification Agreement

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- i. Any modifications of the content of Materials according to suit the requirements of individual projects, practices, sites, or personal preference. Such modifications may render the Materials inconsistent with the relevant guideline publication.
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3. Attribution

The template provided contains a blue box in the lower-left corner. Nothing should be added or removed from this box.

This box contains:

1. The copyright notice, Creative Commons notice, and Creative Commons information icon
2. Identification of the publication supporting the content of the Materials.
3. The email address and website address for deprescribing.org

The template contains a Modification Approval box indicating the date of the modification, labelling the Materials as modified, and naming of the modifying individual, group, or organization as well as a link to the original Materials (see example below.)

[DATE]: Algorithm modified by the [MODIFIER] in accordance with the deprescribing.org Team's Modification Policy. Original materials available at [[URL].
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A Modification Summary box will contain footnotes, identifying the modifications made, linking to reference materials, and/or providing other clarifications for users. (see example below.)

^a modifications conform to NRO guideline targets	^b see guideline publication for description
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deprescribing.org will provide both boxes and both must be included on the modified materials.

4. Fees

Requests for modifications may require significant deprescribing.org time for review and revisions. An hourly fee will apply. This will be estimated based on anticipated workload once the User's full modification request is received. The fee will be agreed upon by both parties before modification work begins. See Appendix II for details.

5. Intellectual Property and Moral Rights

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I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE TERMS AND CONDITION OF THE DEPRESCRIBING.ORG GUIDELINES MODIFICATION AGREEMENT.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

CONTACT INFORMATION:

Affiliation: _____

Email address: _____

Phone number: _____

deprescribing.org Agreement Administrator

PRINT NAME: _____ POSITION: _____

SIGNATURE: _____ DATE: _____

Appendix I: Modification Process

1. Contact deprescribing.org regarding which algorithm, guideline, patient pamphlet, or infographic you are interested in modifying; include the details and justification of the planned modification. This can be done by emailing deprescribing@deprescribing.org.
2. A member of the deprescribing.org team will contact you to confirm the requested modification and to clarify the modification process with you.
3. Your requested modifications will be forwarded to the deprescribing.org Project Lead for review and approval.
4. When the modifications have been approved, the deprescribing.org team will prepare a Modification Agreement for you to review and sign. Where any fees are applicable to the process, they will be detailed in Appendix II: Fees.
5. Once you have returned a signed copy (either manually signed and scanned into a PDF or an electronically-signed PDF), the deprescribing.org team will prepare your materials according to the approved modification request(s). The final materials will include:
 - a. The agreed-upon modification(s)
 - b. A Modification Approval box (identifying the materials as modified and that their modification has been approved, as well as the names of the modifying individual, group or organization and a link to the original material)
 - c. A Modification Summary box (containing the specifics of the modifications made)
6. The final, modified materials will be sent to you in as a locked PDF file; if applicable, you will also be invoiced for any applicable fees at this time.

Appendix II: Fees

1. Description of Services

deprescribing.org will provide the following services:

- Review and recommend revisions (where necessary) of modification(s)

- Review relevant documentation (eg clinical guidelines, medical association recommendations) to evaluate necessity, validity, and/or accuracy of modification(s) requested

2. Breakdown of Fees

Project Lead: [] hours @ CND 100.00 per hour: [subtotal in]

Project Assistant: [] hours @ CND 50.00 per hour: + [subtotal in]

TOTAL: = [total in]

I AGREE TO PAY CURRENCY[TOTAL] TO THE DEPRESCRIBING.ORG TEAM FOR SERVICES RENDERED AS DETAILED ABOVE.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____