



Date: _____

Welcome _____,

The OHSU Department of Dermatology is looking forward to seeing you at the Morphology Conference, which takes place every Wednesday morning at 7:30 am. The Morphology Conference is an educational conference attended by OHSU and community doctors and trainees. The conference services two beneficial purposes: 1) you and your dermatologist gain the opportunity to discuss your skin condition with local experts, and 2) your participation assists with the important teaching mission of the University by providing valuable education for our dermatologists in training residents and medical students.

Please review the following important information. You can reach us at 503-418-3376 or 888-482-7546 if you have any further questions or need additional directions.

Location: Please follow the enclosed directions to OHSU's offices called the Center for Health & Healing in Portland's South Waterfront area. Parking is located in an underground parking garage adjacent to the building (marked by a large yellow sign). After you park, take the parking elevator to the lobby. After arriving in the lobby, please proceed to the main elevators, directly behind the parking elevators. The morphology Conference is in the Department of Dermatology clinic on the 16th floor. Take the elevator to the 16th floor and follow the signs to check in.

Check in: Please check in at the front desk on the 16th floor by 7:15 am. Please let the receptionist know that you are checking in for the Morphology Conference. You will be given some paperwork to fill out.

Your Visit: After checking in, you will be taken to a private examination room. Doctors and trainees will respectfully examine your skin. This process will take approximately 30 minutes.

Patient follow up: Be sure to leave your contact information with your dermatologist as he/she will contact you by phone or email shortly after the conference with a summary of the discussion from the conference. We hope that this will be an interesting, valuable, and beneficial experience for you.

Cost: There will be no charge for this visit. Your insurance will not be billed.

Your parking is free and will be validated by the Department of Dermatology at the end of the conference.

School of Medicine

Department of Dermatology

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Portland, Oregon 97239-4501
Tel 503 418-3376
Fax 503 346-8106
www.ohsu.edu/dermatology

Chair

Sancy A. Leachman, M.D., Ph.D.

Faculty

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Pamela B. Cassidy, Ph.D.
Lara A. Clayton, P.A.-C.
Ashlyn Cross, F.N.P.
Macey R. Delcambre, M.D.
Nisha Desai, M.D.
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Rebecca S. Foreman, M.D.
Tracy Funk, M.D.
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Frank Parker, M.D.
Phoebe Rich, M.D.
Melinda C. Riter, M.D., Ph.D.
Kim B. Sanders, P.A.-C.
Eric L. Simpson, M.D., M.C.R.
Alvin R. Solomon, M.D., Emeritus
Frances J. Storrs, M.D., Emerita
Neil A. Swanson, M.D., Emeritus
Susan J. Tofte, R.N., M.S., F.N.P.
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Kevin P. White, M.D.
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Administration

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Eric T. Smith, M.S.T., M.B.A.



MR1470

ACCOUNT NO.

MED. REC. NO.

NAME

BIRTHDATE

AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION

All sections below **must** be completed or the authorization will not be accepted. **Page 1 of 1.**

I authorize OHSU to use and disclose a copy of the specific health information described below regarding:

Name of individual: _____

Address: _____

Phone number: _____ E-mail address: _____

My information that may be used and disclosed includes:

- ☐ My name ☐ My age ☐ Photo, video or recording of me ☐ City, county or state of residence
☐ Information about my medical history, including injuries, diseases, treatments ☐ Other information that may identify me

The purpose of releasing the above information may be one or more of the following uses and disclosures:

- ☐ Media request ☐ OHSU, OHSU Foundation or Doernbecher Foundation fundraising campaign or activities
☐ OHSU, OHSU Foundation or Doernbecher Foundation communications or marketing print, broadcast or electronic messages (i.e., brochure, flier, poster, newsletter, magazine, report or social media such as Twitter and Facebook)
☐ Other: _____

If the information to be disclosed contains any of the types of records or information listed below, additional laws relating to the use and disclosure of the information may apply. I understand and agree that this information will be disclosed only if I place my initials in the applicable space next to the type of information.

_____ HIV/AIDS information _____ Mental health information
_____ Genetic testing information _____ Drug/alcohol diagnosis/treatment or referral information

You do not need to sign this authorization. Refusal to sign the authorization will not adversely affect your ability to receive health care services or reimbursement for services. The only circumstance when refusal to sign will mean you will not receive health services is if the health services are solely for the purpose of providing health information to someone else, and the authorization is necessary to make that disclosure. Your refusal to sign this authorization does not adversely affect your enrollment in a health plan or eligibility for health benefits, unless the authorized information is necessary to determine if you are eligible to enroll in the health plan.

You may revoke this authorization in writing at any time. If you revoke your authorization, the information described above may no longer be used or disclosed for the purposes described in this written authorization. Any uses or disclosures already made with your permission cannot be undone.

To revoke this authorization, please send a written statement to: Med. Correspondence, Health Information Services, OP17A, OHSU, 3181 S.W. Sam Jackson Park Road, Portland, OR 97239-3098, and state that you are revoking this authorization.

I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure and no longer protected under federal law. However, I also understand that federal or state law may restrict re-disclosure of HIV/AIDS information, mental health information, genetic information, and drug/alcohol diagnosis, treatment or referral information.

I have read this authorization and I understand it.

This authorization expires five (5) years from the date of signing unless revoked or otherwise specified below:

Enter alternative expiration date or event: _____

Signature: _____ Date/time: _____
(Signature of individual or personal representative)

Description of personal representative's authority: _____

Authorization requested by (OHSU employee — printed name): _____

Community Outreach by Dermatology Education

Researchers at Oregon Health & Science University are looking for dermatology patients to participate in a research study called "CODE: Community Outreach by Dermatology Education."

What is the CODE conference?

The CODE conference (also called Morphology Conference) is held weekly at OHSU and is streamed live to dermatology professionals throughout Oregon and Washington. The goal of the conference is to provide an opportunity for dermatologists to connect, collaborate, share important medical cases, review medical literature, share expert opinions, and continue their professional development.

What is the purpose of the study?

The purpose of the study is to learn more about patients' experiences participating in the CODE conference so we can continue to improve the conference for future patients and professionals. Additionally, we will store your survey responses and medical information about your condition in a repository for use in future research.

What happens if I participate?

If you choose to participate in this study, you will complete one online survey after your case is presented at a regularly scheduled CODE conference. The surveys will ask questions about your experience participating in the CODE conference. We will also collect information about your case presented at the CODE conference from your medical provider. Your survey responses and information will be stored in a repository and may be used for future research.

Who can take part in this study?

Dermatology patients who are at least 1 year old, who wish to have their case presented at a CODE conference, and who speak English as a primary language are eligible for this study.

What is the benefit of participating?

You will not benefit from being in this study. However, by serving as a subject, you may help us learn how to benefit patients in the future.



IRB# 16061

PI: Melinda Riter, MD, PhD

For more information, please contact:

**Shannon Winchester at 503-494-1375 or
winchest@ohsu.edu**