



STANFORD UNIVERSITY SCHOOL OF MEDICINE
DEPARTMENT OF DERMATOLOGY

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Dear Grand Rounds Participant,

You have been invited by your Referring/Treating Dermatologist to take part in Stanford Dermatology Grand Rounds because your dermatologist would like to have additional dermatologists look at your skin condition and/or teach other physicians and medical dermatology trainees about your skin condition. This letter provides an explanation of Stanford Dermatology Grand Rounds and the value of voluntary patient participation. Your dermatologist is required to attend Grand Rounds while you are there. Please note that there is no additional charge to you or your insurance company for this visit. If you would like to participate, please read and sign this letter and bring it along with the enclosed documents with you on the date of your visit which is noted on page 3 of this letter.

Grand Rounds is part of the training and educational mission of the Department of Dermatology at Stanford University School of Medicine. The mission of the Department of Dermatology is to teach physicians about dermatology as well as providing patient care and to research on dermatological diseases. Selected patients and medical professionals from within the Stanford Medical Network and also the local medical community are invited to participate in Stanford Dermatology Grand Rounds.

Your participation is valued for the educational opportunity it provides. It will not alter the current treating relationship between you and your dermatologist or create new treating relationships between you and any other physician participants or organizations. By participating, you provide an opportunity for your dermatologist to obtain more medical information for consideration towards a diagnosis and treatment plan for your skin condition. Your dermatologist may also educate other physicians and medical trainees about the practice of dermatology as it relates to diagnosis and treatment of your skin condition.

When you attend Stanford Dermatology Grand Rounds, you will be shown to an examination room where physicians and dermatology trainees will have an opportunity to examine your skin and possibly ask you questions. You will normally be in the examination room from about 7:20 AM to 8:00 AM. Physicians, including other

dermatologists, and medical trainees who are learning more about skin diseases as well as Stanford Faculty members who teach others about skin diseases will examine your skin.

They may ask questions, which you may or may not answer. In fact, your dermatologist may ask you not to answer any questions in order to allow the doctors who examine you to give an unbiased opinion without knowledge of your previous diagnoses or treatments. Once the physicians and trainees have had the opportunity to examine your skin condition, a clinic staff member will inform you when you may leave.

Additionally, you may be asked to agree to allow us to take pictures of your skin condition. Included with this letter is a consent form that we ask you to please bring on the day of your visit. Please discuss with your dermatologist any questions you have about whether or not to have photographs taken. If you have any questions about the content of the photography consent itself, please discuss them with the individual who will review the consent form with you on the day of your visit prior to requesting your signature. Your consent to allow pictures is not necessary in order for you to participate in Stanford Dermatology Grand Rounds.

After the physicians and medical trainees have examined your skin, they will meet separately and confidentially for a discussion with your dermatologist. You will be identified by your initials, age and specific appearance of your skin condition for this discussion. Though patients are not permitted to attend, please rest assured that your dermatologist will be knowledgeable about your medical history and may share necessary medical information to further this discussion. Your dermatologist may consider and should discuss with you, at your next appointment or as arranged, medical information gleaned through your participation and that is relevant to the development of your diagnosis and/or treatment plan.

By signing this letter as indicated on page 3, you agree to participate in Stanford Dermatology Grand Rounds and express your understanding that your dermatologist will continue to maintain professional medical responsibility for your dermatology care and the documentation of such in your medical record. Please remember to bring this signed letter with you. It is necessary for your participation and will be collected when you arrive on the day of your visit.

Sincerely yours,



Reza Kafi, MD
Director, Grand Rounds Series
Clinical Associate Professor of Dermatology
Department of Dermatology

Your visit to Stanford Dermatology Grand Rounds is scheduled for _____

Please arrive at the location indicated on the enclosed map by 7:20 A.M. If you cannot make your appointment or will be late, please call the dermatology clinic at (650) 723-6316 and leave a message about your situation.

Participant, *please print your name:* _____

Participant, *please sign your name:* _____

Date: _____