HARVARD T.H. CHAN
SCHOOL OF PUBLIC HEALTH

Health Professionals Follow-Up Study

May 2015

Dear Colleague:

Thank you very much for your participation in the Health Professionals Follow-Up Study. On a recent questionnaire you reported having a diagnosis of atypical nevus (mole). As you know, atypical nevus is a common condition associated with subsequent development of skin cancer. We are analyzing information obtained from the questionnaires to examine risk factors for the development of atypical nevus. We kindly ask that you take a few moments to complete the attached supplementary questionnaire and return it to us. This questionnaire was developed to validate the diagnosis and treatment procedures of atypical nevus that you may or may not have.

To obtain additional pertinent information not included on the original questionnaire, we are also attempting to obtain medical records for all the men reporting this condition. The information obtained from the medical records will make a significant contribution toward determining risk factors and will be used for statistical purposes only.

Sincerely Yours,

Walter Willett

Walter Willett, MD, DrPH
Professor of Nutrition and Epidemiology
Harvard School of Public Health

PLEASE SEE BACK FOR HIPAA AUTHORIZATION INFORMATION.

I hereby grant permission to Walter C. Willett, M.D., Professor of Epidemiology and Nutrition, Harvard School of Public Health, 665 Huntington Avenue, Boston, MA 02115, to examine the medical records pertaining to my diagnosis of atypical nevus (mole).

Signature: ____________________ Date: __________

PLEASE PRINT:
Name at time of diagnosis: ____________________ Birth date: __________

Physician's Name: ____________________

Address: ____________________ City: __________

State: __________ Zip: __________ Date of Diagnosis: __________

Please note: if our records are incorrect, or you do not wish us to review the diagnostic information, check below.

_____ I did NOT have this diagnosis. Please correct your records.

_____ I DID have this diagnosis, but I do not wish to grant permission to review medical information.

Version date: 08/28/14

01-000004806

Federal regulations require that the following information be provided to you.

This release will be valid until the hospital or doctor has fully responded to Harvard's request for medical records. I understand that once the hospital or doctor shares my health information with the researchers, the HIPAA Privacy Rule may no longer protect it and there is the potential for my protected health information to be redisclosed by Harvard. However, although the researchers are not subject to HIPAA, they nevertheless take many measures to protect the confidentiality of my health information. One of which is that the researchers have obtained a Certificate of Confidentiality from the Department of Health and Human Services, which gives heightened protection against the researcher being compelled to disclose my confidential information.

I may refuse to sign this release for any reason. I may cancel this release at any time and for any reason. If I decide to refuse to sign this release, I will not suffer any penalty. If I withdraw my release later, I will not suffer any penalty. Refusing to sign or withdrawing my release will not affect the care I receive from the Hospital or doctor in any way. If I wish to cancel this release, I must write to the Privacy Officer of the Hospital or Doctor. My decision to cancel will be effective as soon as the Privacy Officer receives my written notice. The hospital or doctor may rely on this release in the meantime. My decision to withdraw will not affect any action they may have taken before my withdrawal goes into effect.

Federal research regulations require us to include the following information:

There are no direct benefits to you from participating in this study.
The risk of breach of confidentiality associated with participation in this study is very small.
Your choice to participate in this study is completely voluntary and you may decline or withdraw at any time without penalty.
You may skip any question you do not wish to answer.
You will not receive monetary compensation for participating.
If you have any questions regarding your rights as a research participant, you are encouraged to call a representative of the Office of Human Research Administration at the Harvard School of Public Health (866-606-0573).
If you have any questions regarding your status in our study or a question pertaining to the questionnaire, please call the study Research Coordinator, Siobhan Saint Surin, at 617-384-8663.

THANK YOU!