

VAC CONFERENCE INFORMATION & CONSENT FORM

The **Vascular Anomalies Center (VAC) Conference** is a weekly multidisciplinary meeting attended by physicians representing many specialties including Plastic Surgery, Interventional Radiology, Hematology/Oncology, General Surgery, Pathology, Orthopedics and other specialties depending on patient specific needs. At the conference review, medical history, imaging and photographs of each patient are discussed so that the team can provide a comprehensive second opinion regarding the diagnosis and treatment recommendations. There is no charge for conference review with the exception of a fee sent to insurance for pathology slide review.

TO REQUEST A VAC CONFERENCE REVIEW

- 1) Complete the Vascular Anomalies online survey, accessed through a secure link.
- 2) Sign and upload the VAC Conference Consent Form (page 3 of this document).

A signed copy of this letter is indication that it has been read in its entirety and you have authorized the use and disclosure of the information provided for conference review.

- 3) Send in the specific medical records and materials requested, based on your responses to the clinical questionnaire – preferably all in one package, with patient name and date of birth (see the Instructions for additional information).

Note: All information sent to the Vascular Anomalies Center (including imaging CDs, photographs, and medical records) is purged once it has been uploaded into our hospital medical records system and cannot be returned to you. Please retain an original copy of all of your documents and images.

The materials you send will be used and disclosed only for the following purposes:

- To provide you with our thoughts on diagnosis and treatment/management options. Please recognize that any conclusions are necessarily tentative, since review is based solely on what you send, and its accuracy and comprehensiveness, and *not on personal examination or a doctor-patient relationship* (except where we have personally seen and attended the patient at Boston Children's Hospital);
- For discussion among clinicians, trainees, and medical students participating in the conference, most of whom are members of the Boston Children's Hospital medical community. If there are distinguished guests from other institutions or countries, they will be advised of the confidential nature of the materials;

- For academic purposes, such as presentation at professional conferences or future publications, where doing so might contribute to the advancement of knowledge concerning care of patients with these conditions. If used for these purposes, the information will be de-identified (stripped of name, address, date of birth, and other identifiers according to HIPPA guidelines). If facial photographs are used to present the case effectively, your further consent will be required.

VAC CONFERENCE PROCESS

All requested information is logged into a patient database as the materials arrive. Medical information sent to the VAC Center is reviewed and summarized in preparation for the conference presentation by a nurse practitioner. This individual will contact you / your physician if any additional information is needed. If this case is of an urgent nature, we will do our best to review at the first conference immediately after all information has been received. If this case is not of an urgent nature, we will review as soon as we can based on the number of other cases already waiting for review and when all physicians needed for a complete review are available to attend.

Conference recommendations for urgent cases will be conveyed within a week by secure email or phone call. Conference recommendations for non-urgent cases are generally conveyed by a letter approved by Vascular Anomalies Center physician(s) that will be sent to the patient/family and referring physician(s) within 3-4 weeks following the review.

The Vascular Anomalies Center strongly recommends that your/your child's primary care physician and other relevant physicians be informed of your request for conference review at Boston Children's. Our intent is to maintain collegial relationships with physicians currently caring for you/your child. The spirit of this conference is education and dissemination of accurate information.

As previously stated, there is no charge to the family for presentation at the conference. This conference work is unsubsidized. If you would like to help support this effort, and to benefit other children and the treatment/cure of vascular anomalies, please contact the Children's Hospital Trust at 1-617-355-6890.

If you have any questions, please call the VAC Center at 617-355-5226.

VAC CONFERENCE CONSENT FORM

FOR PATIENT, PARENT OR GUARDIAN:

I have read and understand the letter above. I authorize the use and disclosure of the information provided as discussed above.

I am aware that Boston Children's Hospital cannot control how a recipient uses or shares the information Boston Children's Hospital discloses, and that laws protecting its confidentiality at Boston Children's Hospital may or may not protect this information once it has been disclosed to someone else.

I can, however, revoke this authorization prospectively by writing to the Vascular Anomalies Center at Boston Children's Hospital at any time, except to the extent that Boston Children's Hospital has relied upon it, for example, if a member of the Vascular Anomalies Center has made an academic presentation using a facial photograph.

If I or my child come(s) to Boston Children's Hospital as a patient, Boston Children's Hospital cannot decline to provide care if I refused to sign this document or decided not to move forward with review by the Vascular Anomalies Center.

 Patient Name

 Date of Birth

 Signature of Patient (over 18) or
 Parent/Legal Guardian

 Print Name

 DATE

Photograph consent:

 Signature of Patient (over 18) or
 Parent/Legal Guardian

 Print Name

 DATE

Please upload a signed copy of this Consent Form to the online survey or fax to 617-730-0752.