

COVER LETTER FOR PHYSICIANS

[Date]

[Name
Address
Address]

Dear Dr. [Name],

Researchers at the Centers for Disease Control and Prevention (CDC) are conducting a study on the health behaviors of 5-year colorectal cancer survivors. This study is called the “Survey of Health Habits.” Macro International Inc. (Macro) is the agency responsible for collecting data for this study and Macro is working with the California Cancer Registry (CCR) and the Public Health Institute (PHI) to recruit participants. CCR records indicate that you are the physician of record for the patient(s) listed on the enclosed form. It is the CCR’s policy to contact each patient’s physician prior to inviting the patient to participate in a research study. Our intent is to discern from you any medical or psychological contraindication to contacting the patient(s) listed on the enclosed form.

Background on the Survey of Health Habits

This study is funded by CDC and has been approved by the Department of Health and Human Services. It will involve a single, self-administered survey delivered via mail that will take approximately 40 minutes to complete. The survey contains questions about the patient’s current health habits (e.g., exercise, nutrition, adherence with recommended medical follow-up), psychosocial influences on health practices (e.g., barriers to practicing healthy behaviors, social support, perceived risk of recurrence) and demographic characteristics. Experience has shown that patients are often pleased to participate in studies such as this one.

Participation in this study is voluntary and will be fully explained to the patient. Information collected from patients will be kept private to the extent allowed by law. Security of both patient and physician information is of utmost concern to the study staff and is governed by the California Health and Safety Code Section 103885.

Giving Permission

If you feel the patient(s) listed on the enclosed form should not be contacted, please call (Name) at (phone number) within three weeks of the date on this letter. If you feel it is ok for study staff to contact the listed patient(s) for this study, you do not need to respond. If we do not hear from you within three weeks, we will assume there are no contraindications to contacting the patient(s) by mail, and will proceed to invite him/her to participate in the study.

We greatly appreciate your assistance. If you have questions, believe you have been contacted by mistake, or would like additional information about this study, please feel free to call (Name) at (phone number).

Sincerely,

[Name of contact at CCR/PHI]