# Attachment 11 Model Patient Recruitment Scripts

#### Model Patient Recruitment Script (Provider/Facility Use Only)

The Patient Recruitment Script should be used after the Health Department has provided you with a list of randomly selected patients.

#### **Script**

Name of patient you are calling		
Hello my name is	with <b>facility name</b>	I
am calling to inform you about	t a project called the Medical Monitoring Proje	ect (MMP)
that <b>facilit</b> y <b>name</b>	is participating in, in collaboration with	the Health
Department and the Centers for	Disease Control and Prevention (CDC).	
participation of patients is essent of patients in care for HIV location of the care planning, the allocation of the If you agree to participate, your in-person interview and to allow abstraction is a process where	y participation in this surveillance activity. Intial for obtaining information that is truly repeally and nationally. Data will be used for prevesources, and policy and decision-making. In participation requires you to give consent to a weyour medical records to be abstracted. Med a selected information from your medical records will receive \$25.00. Your name or any in CDC.	resentative vention and 45 minute lical record ord will be
A representative from the Heal	lth Department will contact you to setup an ar	ppointment

A representative from the Health Department will contact you to setup an appointment for you to sign the consent form, complete the in-person interview, and receive your \$25.00.

If you have any questions regarding MMP, please call (phone number), and ask for (contact person).

I would like to thank you in advance for your participation in this very important surveillance activity that will positively impact health care service use and illnesses experienced among persons with HIV/AIDS in (project area name).

## Model Patient Recruitment Script (Health Department Use Only)

### **Script**

Name of patient you are calling		_
Hello my name is <b>Department</b> . I am calling to inform you about Project (MMP) that <b>facility name</b> with the Health Department and the Centers for	t a project called the Mo	edical Monitoring , in collaboration
I am soliciting your voluntary participation participation of patients is essential for obtaining of patients in care for HIV locally and national care planning, the allocation of resources, and participate to participate, your participation rein-person interview and to allow your medical abstraction is a process where selected information will not be sent to CDC.	ng information that is trally. Data will be used foolicy and decision-making a give constructed to be abstracted anation from your medical	uly representative for prevention and ng. ent to a 45 minute l. Medical record cal record will be
I would like to set up an appointment for you person interview, and receive your \$25.00.	to sign the consent form	, complete the in-
If you have any questions regarding MMP, (contact person).	please call (phone num	ber), and ask for

I would like to thank you in advance for your participation in this very important surveillance activity that will positively impact health care service use and illnesses experienced among persons with HIV/AIDS in (project area name).