

Email Scheduling/Contact Script

Dear _____,

Battelle has been retained by the Department of Health and Human Services (HHS) to conduct an assessment of local implementation activities related to the Action Plan for the Prevention, Care and Treatment of Viral Hepatitis (Action Plan). The Action Plan was developed to provide a comprehensive strategy for addressing viral hepatitis A and B. The assessment is intended to help HHS better understand community-level viral hepatitis activities that might be occurring in your community.

You were recommended by (name) with (agency name) and I am writing to ask if you would be willing to participate in a brief telephone interview. The interview will take about 30 minutes and will ask a variety of questions about the viral hepatitis prevention, care and treatment activities that you might be involved in.

Your participation in the interview is completely voluntary, and you may chose not to participate. If you do agree to participate, you may stop at any time. You may also chose to not answer any questions. Should you choose to participate, your answers will be maintained in a secure manner and you will not be identified by name or description in any reports.

Please let me know if you have any questions and if you would be willing to participate.

Sincerely,

Gary Chovnick
Battelle Center for Analytics and Public Health
1100 Dexter Avenue North, Ste 400
Seattle, WA 98109

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-xxxx . The time required to complete this information collection is estimated to average 37minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer