Form Approved OMB NO: 0920-0740 Exp. Date: xx/xx/xxxx



Attachment 4a

Model Patient Recruitment Letter

Medical Monitoring Project

0920-0740

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing da ta sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it READs a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC, Project Clearance Officer, 1600 Clifton Road, MS D–74, Atlanta, GA 30329, ATTN: PRA (0920-XXXX)

[Health Department Logo or Seal]

[Date]

Dear [Name],

You are receiving this letter because you have been selected to participate in a confidential health interview. This interview is part of a project conducted by the [State or City/County Health Department]. Your health department, together with the Centers for Disease Control and Prevention (CDC), is doing this project to learn more about people who are infected with HIV and the types of services they use and need. The purpose of this project is to improve health services provided here in [state or city/county].

Participation includes a 45-minute confidential interview for which you will receive [token of appreciation amount] upon completion. Scheduled interviews will be done by project staff either by [telephone, by videoconference, at the health department office, or at a private location that is convenient for you]. During the interview, you will also be offered referrals to other health department services if needed.

For more information, please contact our project staff at **[phone number]**. If staff are unavailable, please leave a message on our secure and confidential phone line and include your name, phone number, and best time to contact you. We will follow up with a phone call if we do not hear from you within the next week.

We value your opinions, and your participation in this project will help us understand current health issues for people in [state or city/county]. We look forward to hearing from you!

Respectfully,

[General Division] [State or City/County Health Department]