

Revised authorization initial request letter to participant

March 29, 2011

«fname» «lname»
«address1»
«address2»
«city», «state» «postalcode»

Dear «title» «lname»:

Thank you for participating in our health study of radiologic technologists. We are now in the process of collecting additional information from physicians and hospitals on selected cancers or benign conditions reported by study participants in order to ascertain the relationship between health and occupational radiation exposure.

We are contacting you to request your permission to obtain copies of pathology reports or other medical procedures related to your diagnosis. Please review and sign both copies of the release form and return one copy in the enclosed postage-paid envelope at your earliest convenience. (Keep the second copy for your own records.)

- ✓ **The HIPAA Authorization to Use and Disclose Individual Health Information for Research Purposes** – This form is required as part of the federal privacy regulations, Health Insurance Portability and Accountability Act of 1996, which went into effect on April 14, 2003.

Please be assured that all information provided will be kept private under the Privacy Act, and will not be disclosed to anyone but the researchers conducting this study or as provided by law. Published results will be reported in statistical summaries only, and will never include a participant's name. This study is authorized under Section 411 of the Public Health Service Act [42 USC 285a]. Your participation in this study is completely voluntary, and failure to answer any particular questions or the information collection as a whole will not affect your future contacts with the A.R.R.T., any medical facility, or government agency.

Thank you for your cooperation in this important endeavor. If you have any questions, please call the study office at 1-800-447-6466 or 612-625-1151.

Sincerely yours,



Bruce H. Alexander, Ph.D.
Professor and Principal Investigator

MVC-HIPAA-BBT 02/2011 «cohort_id»

Revised authorization 2nd request letter to participant

March 29, 2011

«fname» «lname»
«address1» «address2»
«city», «state» «postalcode»

Dear «title» «lname»:

Several weeks ago we mailed a request for some additional information regarding the medical conditions you reported in your survey. In the event that you did not receive that communication, or if you have misplaced the original copy, we have enclosed additional forms for your convenience.

As explained in the previous letter, we are now in the process of collecting additional information from physicians and hospitals on selected cancers or benign conditions reported by study participants in order to ascertain the relationship between health and occupational radiation exposure.

We are contacting you to request your permission to obtain copies of pathology reports or other medical procedures related to your diagnosis. Please review and sign both copies of the release form and return one copy in the enclosed postage-paid envelope at your earliest convenience. (Keep the second copy for your own records.)

- ✓ **The HIPAA Authorization to Use and Disclose Individual Health Information for Research Purposes** – This form is required as part of the federal privacy regulations, Health Insurance Portability and Accountability Act of 1996, which went into effect on April 14, 2003.

Please be assured that all information provided will be kept private under the Privacy Act, and will not be disclosed to anyone but the researchers conducting this study or as provided by law. Published results will be reported in statistical summaries only, and will never include a participant's name. This study is authorized under Section 411 of the Public Health Service Act [42 USC 285a]. Your participation in this study is completely voluntary, and failure to answer any particular questions or the information collection as a whole will not affect your future contacts with the A.R.R.T., any medical facility, or government agency.

Thank you for your cooperation in this important endeavor. If you have any questions, please call the study office at 1-800-447-6466 or 612-625-1151.

Sincerely yours,



Bruce H. Alexander, Ph.D.
Professor and Principal Investigator

Revised initial request letter to physician

April 1, 2011

«DRFACILI»
«ADR1»
«ADR2»
«city», «state» «zip»

Request for Medical Records Enclosed

Patient: «fname» «mname» «lname»
Birthdate: «DOB»
«SSN»

Please search for any diagnosis of cancer or benign brain tumor from «DYRCA2» (+/- one year).

Dear «salute»:

The Division of Environmental Health Sciences at the University of Minnesota's School of Public Health and the National Cancer Institute are currently investigating the effects of low dosage radiation on radiologic technologists. This study, entitled "U.S. Radiologic Technologists Study" is being conducted with the cooperation of the American Registry of Radiologic Technologists (A.R.R.T.), is authorized under section 411 of the Public Health Service Act (42 USC 285a).

The patient named above is participating in a study designed to assess the health of former and current radiologic technologists. We are requesting specific diagnostic information from health care providers for cancers or benign brain conditions reported by the study participant. We would be most appreciative if you would send us copies of the pathology reports, or if unavailable, please send us clinical summaries or other medical records referring to the diagnosis.

Please find enclosed a signed HIPAA authorization form for the release of medical records. All information you provide will be kept private under the Privacy Act and will not be disclosed to anyone but the researchers conducting this study, or as provided by law. The findings of the survey will be published in a peer-reviewed scientific journal. Published results will be reported in statistical summaries only, and will never include a participant's name.

Thank you in advance for your cooperation. We greatly appreciate the time and effort involved in complying with our request. Should you have any questions, please do not hesitate to call the study office at 612-625-1151 or 1-800-447-6466.

Sincerely yours,



Bruce H. Alexander, Ph.D.
Professor

MV «cohort_id» 03/2011

Revised 2nd request letter to physician

April 1, 2011

«DRFACILI»
«ADR1»
«city», «state» «zip»

Request for Medical Records Enclosed

Patient: «fname» L «lname»
Birthdate: «DOB»
«SSN»

Please search for any diagnosis of cancer or benign brain tumor from «DYRCA2» (+/- one year).

Dear «salute»:

Several weeks ago we mailed a request for some specific medical information to you regarding one of your patients. In the event that you did not receive that communication, or if you have misplaced the original copy, we have enclosed an additional form for your convenience. As explained in the previous letter, the patient named above is participating in a study designed to assess the health status of former and current radiologic technologists. This study, sponsored by the National Institutes of Health and in cooperation with the American Registry of Radiologic Technologists (A.R.R.T.), is authorized under section 411 of the Public Health Service Act (42 USC 285a).

In order to classify this participant correctly, we are requesting specific diagnostic information from the participant's health care providers. We would be most appreciative if you would send copies of pathology reports, or if unavailable, please send us clinical summaries or copies of other medical records referring to the diagnosis.

Please find enclosed a signed HIPAA authorization form for the release of medical records. As always, any information you provide will be kept private under the Privacy Act and will not be disclosed to anyone but the researchers conducting this study, or as provided by law. The findings of the survey will be published in a peer-reviewed scientific journal. Published results will be reported in statistical summaries only, and will never include a participant's name.

Thank you in advance for your cooperation. We greatly appreciate the time and effort involved in complying with our request. If you have already returned the form, please disregard this letter. Should you have any questions, please do not hesitate to call the study office at 612-625-1151 or 1-800-447-6466.

Sincerely yours,



Bruce H. Alexander, Ph.D.
Professor

MV «cohort_id» 03/2011