



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER,
M.D., J.D.
Acting Commissioner

SALLY DRESLIN, M.S.,
R.N.
Executive Deputy
Commissioner

January 22, 2021

Dear Parent or Guardian of <<Adolescent first name>> <<Adolescent last name>>,

On behalf of the Congenital Heart Defects Surveillance Team at the New York State Department of Health, I would like to thank you for completing the Survey of Parents of Adolescents with Congenital Heart Defects. Enclosed is a \$10 pre-paid gift card.

Your responses will help us learn more about the experiences of parents of adolescents with congenital heart defects. We plan to use the responses from this survey to develop educational materials to assist families of children with congenital heart defects in the future. Your cooperation has been extremely valuable to us.

If you have any further questions about the survey, please feel free to contact Kristin Sommerhalter, the Congenital Heart Defects Survey Coordinator, by phone at (518) 402-7985 or by e-mail at kristin.sommerhalter@health.ny.gov.

Thank you again for your participation.

Sincerely,

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