Attachment 4c

Model Patient Recruitment Script-Facility

Medical Monitoring Project

0920-0740

Model Patient Recruitment Script

Provider/Facility Makes First Contact

*Please use this Patient Recruitment Script to contact patients for participating in the Medical Monitoring Project after receiving a list of randomly selected patients from the Health Department.*

# Script

***Name of patient you are calling***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hello my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_with [insert facility name]. I am calling to let you know about a project called [insert local project name], in collaboration with the Health Department and the Centers for Disease Control and Prevention (CDC) and [facility name if applicable].

I am asking for your voluntary participation in this health department project. Your experiences and opinions are really important for guiding care for HIV patients both here in [insert project area name] and around the country. Hearing from patients like you will help us serve you better.

If you agree to participate, you will be asked to complete a 45 minute in-person, videoconference, or telephone interview and allow your medical records to be abstracted. Medical record abstraction is a process where selected information from your medical record will be looked over and recorded onto a form. You will receive $\_\_\_\_ as a token of appreciation. This survey is completely confidential. **Neither your name nor any other information that identifies you will be recorded with the interview and medical record information we collect for this project.**

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

If you have any questions regarding [insert local project name], please call [insert phone number], and ask for [MMP Project Area staff contact].

I would like to thank you in advance for your participation in this very important activity that will positively impact health care and reduce illnesses among persons living with HIV/AIDS in [insert project area name].