Attachment 4a Model Patient Recruitment Letter Medical Monitoring Project 0920-0740

| [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] |