

## Attachment F- Permission to be Recorded

Form Approved

OMB No: 0920-xxxx

Exp. Date: xx-xx-xxxx

Dear [\[NAME\]](#),

Booz Allen Hamilton is conducting an evaluation of the Overdose Data to Action (OD2A) program on behalf of the Centers for Disease Control and Prevention (CDC). As part of this evaluation, we are conducting interviews and focus groups with OD2A awardees to assess the implementation of OD2A program activities.

You should have received an email requesting your participation in either an interview or focus group. We are now reaching out to request your permission to record the conversation to accurately document the questions and your responses. Any information you provide during our conversation will be deidentified and kept secure. No identifying information or quotes will be linked to you. After transcription and analysis of our conversation is complete, the recording will be deleted and no personally identifiable information will be retained. All data will be reported in aggregate form within all reports and potential publications.

Please paste one of the following statements into your email reply to indicate your choice:

1. I [\[participant name\]](#) consent to audio recordings being made of this session and to these recordings being used to aid the evaluation of the OD2A program.
2. I [\[participant name\]](#) DO NOT consent to audio recordings being made of this session and to these recordings being used to aid the evaluation of the OD2A program.

If you have additional questions about the OD2A evaluation, please do not hesitate to contact the Program Director, Dr. Stephen Tregear ([Tregear\\_Stephen@bah.com](mailto:Tregear_Stephen@bah.com)), or the Project Manager, Hema Desai ([Desai\\_Hema@bah.com](mailto:Desai_Hema@bah.com)).

Warm regards,

[\[SIGNATURE\]](#)

Public Reporting burden of this collection of information is estimated at 5 minutes per response, including the time for reviewing instructions, searching existing data 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 displays 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/ATSDR Reports Clearance Officer, 1600 Clifton Road NW, MS D-74, Atlanta, GA 30333; Attn: PRA (0920-xxxx).