

# Attachment N2 NAMCS Provider Introductory Letters

(Email Invitation to take web survey – survey link) NAMCS-Provider Component (email 1 of 2)

**SUBJECT:** National Ambulatory Medical Care Survey (email 1 of 2)

Dear **FirstName LastName, Degree (if provided)**,

You have been randomly selected to participate in the National Ambulatory Medical Care Survey (NAMCS). NAMCS has been conducted since 1973 and is the Nation's foremost study of ambulatory care. NAMCS focuses on non-federally employed ambulatory care providers who are primarily engaged in direct patient care. The National Center for Health Statistics (NCHS) collects NAMCS data from ambulatory care providers to help health services researchers and policy makers understand changing characteristics of ambulatory health care in the United States. Information collected on the provider experience includes topics such as telemedicine, EHR usage, and health equity.

The easiest way to respond is on the web version of this survey, found at <https://XXXXXXX>. A unique Log-in ID and password to access the survey will be sent to you in a separate email for confidentiality reasons.

Participation in this 30-minute survey is voluntary. You are not being asked to provide any patient information. You may stop participation at any time and there are no penalties for nonparticipation. If you participate, you are giving consent. This allows for your deidentified information to be made available for future research by NCHS or other investigators. We may carry out additional health care research by linking your survey responses to administrative medical information and other related records. The NCHS Ethics Review Board (ERB) has approved this survey.

If you have questions or comments regarding this study, or you do not receive the second email with your Log-in ID and password, please call (1-888) 443-9195. If you have questions about your rights as a participant, please call the NCHS ERB at (1-800) 223-8118 and say you are calling about Protocol #2021-03. Additional information about NAMCS may be found at <https://www.cdc.gov/NAMCS>.

Thank you in advance for your participation in this important study.

Brian C. Moyer, PhD  
Director  
National Center for Health Statistics

# Attachment N2 NAMCS Provider Introductory Letters

## Frequently Asked Question

### **How does NCHS protect the confidentiality of NAMCS data and responses?**

We take your privacy very seriously. The answers you provide are used for statistical purposes only. This means that your answers will be combined with other providers' answers in a way that protects everyone's identity. As required by federal law, only those NCHS employees and our specially designated agents who must use your personal information for a specific reason can see your answers.

NCHS complies with numerous federal laws to protect your data, privacy, and confidentiality, as described in detail below. Data collection is authorized under Section 306 of the Public Health Service Act (42 U.S.C. 242k). A number of federal laws require that all information we collect be held in strict confidence: Section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)), the Confidential Information Protection and Statistical Efficiency Act of 2018 (CIPSEA Pub. L. No. 115-435, 132 Stat. 5529 § 302), and the Privacy Act of 1974 (5 U.S.C. § 552a). Transmissions across the internet into Federal information systems may be monitored for cybersecurity purposes in accordance with the Cybersecurity Enhancement Act of 2015 (6 U.S.C. §§ 151 and 151 note). Every NCHS employee, contractor, and agent has taken an oath to keep your information private. Anyone who willfully discloses ANY identifiable information could get a jail term of up to five years, a fine of up to \$250,000, or both.

## Attachment N2 NAMCS Provider Introductory Letters

# Attachment N2 NAMCS Provider Introductory Letters

(Email Invitation to take web survey– Log-in ID & password) NAMCS-Provider Component (email 2 of 2)

**SUBJECT:** National Ambulatory Medical Care Survey (email 2 of 2)

Dear **FirstName LastName, Degree (if provided)**,

You have been randomly selected to participate in the National Ambulatory Medical Care Survey (NAMCS). The National Center for Health Statistics (NCHS), a Federal Statistical Agency, collects data from ambulatory care providers to help health services researchers and policy makers understand changing characteristics of ambulatory health care in the United States. NAMCS covers a diverse array of topics, including telemedicine, EHR usage, and health equity.

A separate email was sent to you with the link to access the web version of this survey. When prompted, enter the Log-in ID and password provided below.

**Log-in ID:** [**login- ID-here**]

**Password:** [**password-here**]

If you have questions or comments regarding this study, or you do not receive the first email with the survey link, please call (1-888) 443-9195. If you have questions about your rights as a participant, please call the NCHS Ethics Review Board at (1-800) 223-8118 and say you are calling about Protocol #2021-03.

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## Attachment N2 NAMCS Provider Introductory Letters

(Follow-Up e-mail Invitation to take web survey – survey link) NAMCS-Provider Component (email 1 of 2)

**SUBJECT:** National Ambulatory Medical Care Survey Follow-Up (email 1 of 2)

Dear **FirstName LastName, Degree (if provided)**,

We have been trying to reach you about an important study on ambulatory medical care. You have been randomly selected to participate in the **National Ambulatory Medical Care Survey (NAMCS)**. NAMCS data are used to inform health services researchers and policy makers of changing characteristics of ambulatory health care in the United States.

The easiest way to respond is on the web version of this survey, found at <https://XXXXXXX>. A unique Log-in ID and password to access the survey will be sent to you in a separate email for confidentiality reasons.

Participation in this 30-minute survey is voluntary. You are not being asked to provide any patient information. You may stop participation at any time and there are no penalties for nonparticipation. If you participate, you are giving consent. This allows for your deidentified information to be made available for future research by NCHS or other investigators. We may carry out additional health care research by linking your survey responses to administrative medical information and other related records. The NCHS Ethics Review Board (ERB) has approved this survey.

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## Attachment N2 NAMCS Provider Introductory Letters



## Attachment N2 NAMCS Provider Introductory Letters

(Follow-Up e-mail Invitation to take web survey– Log-in ID & password) NAMCS-Provider Component  
(email 2 of 2)

**SUBJECT:** National Ambulatory Medical Care Survey Follow-Up (email 2 of 2)

Dear **FirstName LastName, Degree (if provided)**,

We have been trying to reach you about an important study on ambulatory medical care. You have been randomly selected to participate in the **National Ambulatory Medical Care Survey (NAMCS)**. NAMCS covers a diverse array of topics, including telemedicine, EHR usage, and health equity.

A separate email was sent to you with the link to access the web-version of this survey. When prompted, enter the Log-in ID and password provided below.

**Log-in ID:** [**Login- ID-here**]  
**Password:** [**password-here**]

If you have questions or comments regarding this study, or you do not receive the first email with the survey link, please call (1-888) 443-9195. If you have questions about your rights as a participant, please call the NCHS Ethics Review Board at (1-800) 223-8118 and say you are calling about Protocol #2021-03.

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# Attachment N2 NAMCS Provider Introductory Letters

FirstName LastName, Degree (if provided)

Address

City, State Zip

## (Mail Invitation to take web survey)

Dear FirstName LastName, Degree (if provided),

You have been randomly selected to participate in the National Ambulatory Medical Care Survey (NAMCS). NAMCS has been conducted since 1973 and is the Nation's foremost study of ambulatory care. NAMCS focuses on non-federally employed ambulatory care providers who are primarily engaged in direct patient care. The National Center for Health Statistics (NCHS), a Federal Statistical Agency, collects data from ambulatory care providers to help health services researchers and policy makers understand changing characteristics of ambulatory health care in this country. Information collected on the providers' experience includes topics such as telemedicine, EHR usage, and health equity.

Responding to this survey is easy:

1. Go to: <https://XXXXXX>
2. Enter your Log-in ID: [Login-ID-here]
3. Enter your Password: [password-here]

Participation in this 30-minute survey is voluntary. You are not being asked to provide any patient information. You may stop participation at any time, and there are no penalties for nonparticipation. If you participate, you are giving consent. This allows for your deidentified information being made available for future research by NCHS or other investigators. We may carry out additional health care research by linking your survey responses to administrative medical information and other related records. The NCHS Ethics Review Board (ERB) has approved this survey.

If you need assistance with the survey or have questions, please call (1-888) 443-9195. If you have questions about your rights as a participant, please call the NCHS ERB at (1-800) 223-8118 and say you are calling about Protocol #2021-03. Additional information about NAMCS may be found at <https://www.cdc.gov/NAMCS>.

Thank you in advance for your participation in this important study.

Sincerely,

Brian C. Moyer, PhD  
Director  
National Center for Health Statistics

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## Frequently Asked Question

### **How does NCHS protect the confidentiality of NAMCS data and responses?**

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## Attachment N2 NAMCS Provider Introductory Letters

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FirstName LastName, Degree (if provided)  
Address  
City, State Zip

## (First Mail Survey Package)

Dear FirstName LastName, Degree (if provided),

Previously, we contacted you about your participation in the **National Ambulatory Medical Care Survey** (NAMCS). NAMCS is the Nation's foremost study of ambulatory care. As of this mailing, we have not received your completed survey. Results from the enclosed survey will provide information about topics such as telemedicine, EHR usage, and health equity.

Responding to this survey is easy:

1. Go to: <https://XXXXXX>
2. Enter your Log-in ID: [Login-ID-here]
3. Enter your Password: [password-here]

If you are unable to complete the survey online:

Please complete the enclosed paper questionnaire and return it inside the envelope provided.

If you are unable to complete the survey, a staff member familiar with your workload can complete the survey on your behalf. If you choose not to participate, please answer questions 1-2 and 4-5 and return the questionnaire.

Participation in this 30-minute survey is voluntary. You are not being asked to provide any patient information. You may stop participation at any time, and there are no penalties for nonparticipation. If you participate, you are giving consent. This allows for your deidentified information being made available for future research by NCHS or other investigators. We may carry out additional health care research by linking your survey responses to administrative medical information and other related records. The NCHS Ethics Review Board (ERB) has approved this survey.

If you have survey questions, please call (1-888) 443-9195. If you have questions about your rights as a participant, please call the NCHS ERB at (1-800) 223-8118 and say you are calling about Protocol #2021-03. Additional information about NAMCS may be found at <https://www.cdc.gov/NAMCS>.

Thank you for your valuable assistance with this important study.

Sincerely,

Brian C. Moyer, PhD  
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# Attachment N2 NAMCS Provider Introductory Letters

FirstName LastName, Degree (if provided)  
Address  
City, State Zip

## (Second Mail Survey Package)

Dear FirstName LastName, Degree (if provided),

We have been trying to reach you about an important study on ambulatory medical care. You have been randomly selected to participate in the **National Ambulatory Medical Care Survey** (NAMCS). NAMCS data are used to inform health services researchers and policy makers of changing characteristics of ambulatory health care in the United States.

Responding to this survey is easy:

1. Go to: <https://XXXXXX>
2. Enter your Log-in ID: [Login-ID-here]
3. Enter your Password: [password-here]

If you are unable to complete the survey online:

Please complete the enclosed paper questionnaire and return it inside the envelope provided.

This study period will be ending soon, and a concern is that providers who have not responded may have different experiences from those who have. We need to hear from all types of providers, and we cannot replace your contribution. If you are unable to complete the survey yourself within the next week, then a staff member familiar with your workload can complete it on your behalf. It should take about 30 minutes to complete. If you are no longer in practice or do not provide ambulatory patient care, please answer questions 1-5. If you choose not to participate, please answer questions 1-2 and 4-5.

You are not being asked to provide any patient information for this survey and participation is voluntary. You may stop participation at any time, and there are no penalties for nonparticipation. If you participate, you are giving consent. This allows for your deidentified information being made available for future research by NCHS or other investigators. We may carry out additional health care research by linking your survey responses to administrative medical information and other related records. The NCHS Ethics Review Board (ERB) has approved this survey.

Thank you in advance for your time, effort, and contribution to this important study. If you need assistance with the survey or have questions, please call (1-888) 443-9195. If you have questions about your rights as a participant, please call the NCHS ERB at (1-800) 223-8118 and say you are calling about Protocol #2021-03. Additional information about NAMCS may be found at <https://www.cdc.gov/NAMCS>.

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FirstName LastName, Degree (if provided)

Address

City, State Zip

## (Post Card Thank You/Reminder)

Previously, a **National Ambulatory Medical Care Survey** (NAMCS) questionnaire was mailed to you requesting your participation in an important study of ambulatory medical care.

If you returned the questionnaire, thank you for your contribution. If not, please do so today. Your participation is critical and helps improve our understanding of the provision and use of ambulatory medical care services in the United States.

If you need assistance with the survey or have questions, please call (1-888) 443-9195. If you have questions about your rights as a participant, please call the NCHS ERB at (1-800) 223-8118 and say you are calling about Protocol #2021-03. Additional information about NAMCS may be found at <https://www.cdc.gov/NAMCS>.

Thank you for your participation.

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# Attachment N2 NAMCS Provider Introductory Letters

(Email Thank you/Reminder) NAMCS-Provider Component

**SUBJECT:** National Ambulatory Medical Care Survey Thank You & Follow-Up

Dear **FirstName LastName, Degree (if provided)**,

Previously, a **National Ambulatory Medical Care Survey** (NAMCS) questionnaire was mailed to you requesting your participation in an important study of ambulatory medical care.

If you returned the questionnaire, thank you for your contribution. If not, please do so today. Your participation is critical and helps improve our understanding of the provision and use of ambulatory medical care services in the United States.

If you need assistance with the survey or have questions, please call (1-888) 443-9195. If you have questions about your rights as a participant, please call the NCHS ERB at (1-800) 223-8118 and say you are calling about Protocol #2021-03. Additional information about NAMCS may be found at <https://www.cdc.gov/NAMCS>.

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