

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop N2-04-27
Baltimore, Maryland 21244-1850



PRIVACY OFFICE

<Name>
<Address>
<City, State, Zip>

Dear <NAME>:

Sometimes researchers want people with Medicare to participate in research studies. These studies often help doctors and researchers find better ways to operate the Medicare program, or prevent, diagnose, or treat specific diseases. You have the opportunity to participate in one of these studies.

Your Medicare benefits do not depend on whether you help out with this study.

The Centers for Medicare and Medicaid Services (CMS) administers the Medicare program. CMS is cooperating with Dr. [insert Requestor name], a researcher from the [insert Organization name] regarding a study to learn more about the health care experiences and needs of people on Medicare. You are one of approximately 44 million Americans with health insurance under the Medicare program. You are eligible to participate in this study because you have Medicare coverage.

Medicare will make sure that if you do not want to be called your name will not be given to Dr. X Name at X Organization. You can let us know if you do not want to be called. Please mark the enclosed reply form to show that you do not want to be contacted, and then mail it back to us in the enclosed postage paid envelope. You can also call Susie Smith at the University of Minnesota at 1-800-874-8636 to let us know. You can also call her if you have any questions about the study that will help you decide if you want to participate. If you want to talk to Medicare directly about this letter, please call 1-800-MEDICARE (1-800-633-4227). You can speak to a Customer Service Representative in English or Spanish. TTY users should call 1-877-486-2048.

If Susie Smith at the University of Minnesota does not hear from you within 3 weeks from the date of this letter, then Dr. XXXXX or her staff will contact you about helping out with the study. They will mail you a survey to complete. If you want to take part in the study, you will mail the completed survey back to the researcher. When you receive the survey in the mail, **you can still decide whether to take part in the survey.** You may be contacted by telephone if you do not return a survey, but you do not have to answer their questions. **Your Medicare benefits will not change if you do or do not take part in the survey.**

Sincerely,

Walter Stone
CMS Privacy Officer