

Physician Permission Letter Template

Note to the Investigator: On identification of a potential participant based on the review of their UBMD EHR, the next step is to obtain permission from the physician who is primarily responsible for treating the disease condition being addressed by the research study. For example, for a study in Diabetes, if a potential participant's Diabetes is being managed by his primary care physician, then he/she should be contacted. On the other hand, if the patient's diabetes is being managed primarily by an endocrinologist, then he/she should be contacted. Use this template to create your letter to the treating physician to obtain his permission to contact the potential participant. Please do not contact the participant unless you have such permission.

This communication contains patient personal health information. Therefore, it can be sent by either secure encrypted email, fax or by regular postal mail. Please do not use unencrypted emails to send this communication.

DIRECTIONS FOR USE OF THIS TEMPLATE:

- *Read guidelines/instructions and complete as applicable for your project. Delete the template guidelines/instructions from the final copy.*
 - *Example text may be used if needed but should not be italicized.*
 - *Instructions in red font should be replaced or deleted.*
-

<<Date>>

<<Name of treating physician>>

<<Address>>

<<City, State, Zip>>

Re: <<insert the title of the study and the investigator's name>>

Dear <<insert name of treating physician>>:

I am writing to let you know about an opportunity for your patient/s << insert patient name/s>> to participate in a research study about <<insert study topic>>. This study is being conducted by <<insert name of investigator>> at the <<insert affiliation>>. This study will <<insert brief description>>. These potential participants were identified by a UBMD and UB IRB approved process of screening the UBMD electronic health records for potential research participants using i2b2, a software tool that extracts information using natural language processing.

I am requesting your permission to contact these patient/s for participation in this research study. This contact is made by mailing an IRB approved recruitment letter, and a follow up phone call if there is no response from the patient. If there is no response to either contact or the patient declines participation at any point, I will not be approaching the patient any further. Agreement to be contacted or a request for more information does not obligate the patient to participate in any study.

Because time is of essence in research recruitment, I request your permission or denial within one week of receipt of this communication. Please note that the UBMD Executive Committee adopted a policy that if you do not reply within one week, your silence is regarded as permission from you to proceed with recruitment. Our recruitment letter does state that you have been informed and do not object to recruit the patient for this study.

If you would prefer to send out the recruitment letter directly to the patient instead of us doing so, please let us know and we will provide you the letters with stamped envelopes for you to sign and mail to the patient.

If you would like additional information about this study, please call <<insert name of contact and contact information>>.

Thank you again for facilitating this research opportunity for your patients.

The letter should be signed by the investigator.