

Permission to Contact Form

We hope that you found the information and skills learned in this HIV program to be helpful in reducing your risk for HIV and other sexually transmitted diseases.

Today you were asked to complete a questionnaire about HIV risk behaviors. We would like to follow-up with you in the near future to ask similar questions related to your behavior. This is completely voluntary, but would be very helpful in providing information to support providing future HIV risk reduction programs.

In order to send the follow-up questionnaire, we need your permission to contact you and a contact address. Please understand that your contact information will not be shared with anyone outside of this agency and your identity will be kept confidential.

A self addressed stamped envelope will be sent with the questionnaire so that you may return the questionnaire at no cost to you.

Name: _____

Contact Address: _____

By signing below I give _____ permission to mail me an HIV Risk Behavior Follow-Up questionnaire at the address I have listed above. I understand that by signing this form, I am only giving permission to use my contact information to send the questionnaire and the information will not be used for any other purpose. I also understand that my name and address will be kept confidential by the agency from which it was received. This permission to contact form expires 6 months from the date signed below.

Your Signature Date