

Tennessee Statement

SAMPLE PHONE SCRIPT

Hello, my name is _____.

I am a public health nurse with _____ Public Health Agency.

I'm calling on behalf of the Minnesota Department of Health.

The Minnesota Department of Health was notified that your child was diagnosed with (hearing loss, condition, etc.). You should have already received a letter from MDH explaining this.

Do you recall this letter?

I'm contacting you today to make sure that you are aware of resources and supports in our community that are available for your child to help them develop, learn and grow. My goal is to gather enough information about your family's situation so we can assess needs and refer you to appropriate resources. The information I'm asking you to share is confidential. This means that the information you share will only be available to staff who work in this program. You do have the right to refuse to answer any or all of the questions and it will not affect your eligibility for services in any way.

You can visit the MDH Institutional Review Board webpage for the full [Tennessee warning \(www.health.state.mn.us/data/irb/tennessen.html\)](http://www.health.state.mn.us/data/irb/tennessen.html) statement.

Minnesota Department of Health
Child and Family Health
Children and Youth with Special Health Needs
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3/11/25

To obtain this information in a different format, call: 651-201-3650.