



# Patient Experience of Care Survey

## Your feedback is important!

You may be contacted by mail or phone and asked to provide feedback on the health care you receive here at this office.

**If you receive a survey, please take the time to respond.** Your answers will help ensure you receive high-quality care at this office.

Participation is voluntary. Your answers are confidential and will never be seen by your provider or affect your health care benefits.

We hope you will take this opportunity to help us improve primary care in America.

## Questions? Concerns?

If you have any questions about the survey, please ask your provider for a survey flyer, or contact [PatientSurvey@precisionopinion.com](mailto:PatientSurvey@precisionopinion.com) or call 1-833-610-7870 (toll-free).

## ¡Sus opiniones son importantes!

Es posible que nos comuniquemos con usted por correo o por teléfono pidiéndole sus opiniones sobre la atención médica que recibió aquí en el consultorio de su doctor.

**Si recibió una encuesta, por favor tome tiempo para completarla.** Sus opiniones ayudarán a asegurar que usted reciba atención médica de buena calidad en este consultorio.

La participación es voluntaria. Sus respuestas son confidenciales y no serán vistas por su proveedor y no afectarán a sus beneficios de cuidado de salud.

Esperamos que tome esta oportunidad para ayudarnos a mejorar el cuidado de salud primario en los Estados Unidos.

## ¿Preguntas? ¿Preocupaciones?

Si tiene preguntas sobre la encuesta, por favor pídale a su proveedor que le dé el volante sobre la encuesta o envíe un correo electrónico a [PatientSurvey@precisionopinion.com](mailto:PatientSurvey@precisionopinion.com) o llame gratis al 1-833-610-7870 (sin cargo).





## FREQUENTLY ASKED QUESTIONS ABOUT THE PATIENT EXPERIENCE OF CARE SURVEY

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**Purpose?** The purpose of the survey is to improve primary care in America. Your health care provider conducts this survey to learn how they can improve the experience and health care of their patients. Participation is voluntary, confidential, and very important to your provider.

**How did they get my name?** Your provider's office supplied the names, addresses, and phone number of all current patients who have received care at their practice to an independent survey vendor. The vendor selects a random sample of these patients, so you may or may not receive a survey this year. If you are selected, we ask you to help us by completing and returning the survey. The vendor will keep your answers to the survey questions confidential. Your name, address, and phone number are only used to contact you. The vendor will destroy all identifying information after the survey period ends.

**Who will contact me?** This is all done by an independent survey vendor. Patients receive an envelope mailed to their home address from the U.S. Department of Health and Human Services. If the vendor does not receive the mail survey after a few months, the vendor will call to conduct the survey by phone. If you have caller ID, the display will show as "Patient Survey."

**When?** Surveys will be mailed starting in October 2019. If you receive a survey and you haven't sent it back by early January 2020, the vendor will call you on the telephone.

**Is this survey for all patients?** Yes, it is for all adult patients. It does not matter who your insurer is, if you are uninsured, or how frequently you see the provider at this practice. Remember the survey vendor takes a random sample of patients from this practice so you or may not get a survey this year.

**Do I need to respond to this survey?** You are not required to respond to the survey. However, your feedback is very important in helping your provider improve the quality of care you receive. Your decision to participate and answers to this survey will not affect the health care you get or your insurance coverage.

**What kind of questions are asked?** The questions in the survey ask about your health care experiences. For example, how hard or easy it is to get appointments, and if your health care team listens to you and explains things in a way that is easy to understand.

**How long does the survey take?** The survey takes about 15 minutes to complete.

**Is my information confidential?** Yes, all the information we collect through the survey is confidential. Your provider will only see results in summary form, without names, so they will not know who responded or how anyone answered. Even though your answers are not tied to you, they help your provider improve the experience and health of their patients.

**Need Assistance?** A family member or caregiver can assist if help is needed. For example, a family member or caregiver can mark answers or translate the survey into the patient's language.

**Spanish Surveys?** If a Spanish survey is needed, call the toll-free number on the survey and the vendor will mail one or connect you with a Spanish-speaking telephone interviewer.



For more information: Patients call toll free 1-833-610-7870 or email [PatientSurvey@precisionopinion.com](mailto:PatientSurvey@precisionopinion.com)