

PATIENT SATISFACTION MEASUREMENT

CONSENT FORM

POST-DISCHARGE PHONE SURVEY

We need your help on an important survey on hospital quality. The goal of this survey is to obtain information on how patients view the quality of care provided at the CPAT Inpatient Program, Counseling Center or the Intensive Outpatient Program. Your opinions are important to us.

If you agree to participate in this survey, you may be contacted via phone by an independent survey firm, Professional Research Consultants (PRC), for your opinions on your experience with our mental health services after you are discharged.

All information on individual patients will be kept strictly confidential. All patients' answers will be added together with those of other patients by PRC.

Your participation is voluntary. Your decision to take part or to not take part in this survey is up to you and will have no effect on the care you receive.

Patient Name: _____

(Please print; to be filled out by hospital staff)

Please check one box below:

YES, I grant permission for an independent survey firm to contact me and will sign below for official consent.

Patient's Signature for Consent: _____

Witness: _____

Survey Contact Telephone Number: _____

NO, I do not grant permission for an independent survey firm to contact me.

Witness: _____

For Office Use Only:

Medical Record Number: _____