

**ATTACHMENT B:
COVER LETTER FOR FIRST MAILING**

Cover Letter for Questionnaire Mailing

Outpatient and Ambulatory Surgery Experience of Care Survey

To be Printed on RTI Letterhead

NAME

ADDRESS

CITY, STATE ZIP

Dear NAME:

[HOSD/ASC Name] is taking part in a national survey conducted by the US Department of Health and Human Services (DHHS) to learn more about the quality of health care that patients receive in outpatient and ambulatory surgery settings. RTI International (RTI), an independent research company, is helping DHHS conduct this survey. Our records show that you had a surgery or procedure at *[HOSD/ASC Name]*. Your name was randomly selected from a list of patients from this facility. The results will be used to help DHHS understand patient experiences in outpatient or ambulatory surgery facilities.

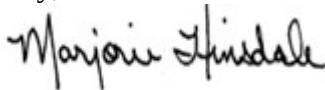
The enclosed survey asks for your experiences with the outpatient surgery or procedure you had on [DATE]. We hope that you will take a few minutes to complete and return the questionnaire to RTI in the enclosed, postage-paid envelope.

When answering the questions, please consider your visit to *[HOSD/ASC Name]* on [DATE]. Do not answer questions based on any other surgeries or procedures you might have had at either this facility or another.

All information you provide will be confidential and is protected by the Privacy Act. Your information will not be shared with anyone other than authorized persons at DHHS and RTI. You do not have to participate in this survey. Your participation is voluntary and will not affect any health care benefits you receive.

If you have any questions about the survey, please call NAME toll-free at 1-XXX-XXX-XXXX. Thank you in advance for your participation. Si desea recibir la versión de la encuesta en español, por favor llame al 1-XXX-XXX-XXXX.

Sincerely,



Marjorie Hinsdale
RTI Project Director