

**ATTACHMENT 11**  
GENERIC CHART NOTE REMINDER FROM SITE COORDINATOR

OMB Control Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Dear INSERT NAME,

Thank you again for your willingness to participate in this quality improvement project. According to our records, it is time for you to fill out a web based survey on the therapy session you had with [INSERT UNIQUE IDENTIFIER] today at [INSERT SESSION TIME].

Please use the link below in order to access the survey as soon as you have completed your session with this client.

[INSERT SURVEY LINK]

The survey will take 5 to 10 minutes to complete and should be filled out at the end of your session with this client.

Thank you again for your assistance with this project.

Sincerely,

[INSERT SITE COORDINATOR NAME]

*According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Assistant Secretary of Planning and Evaluation, Room 415F, US Department of Health and Human Services, 200 Independence Ave. SW, Washington, DC 20201. Do not return the completed form to this address.*