

SAMPLE LETTER FOR FIRST WEB SURVEY INVITATION MAILING

Outpatient and Ambulatory Surgery CAHPS Survey

Dear [FIRST NAME] [LAST NAME]:

[FACILITY] would like to learn more about the quality of health care that their patients receive. RTI, an independent research company, is helping us conduct this survey.

Our records show that you had a surgery or procedure at [FACILITY]. We hope that you will take a few minutes to complete the brief online survey to provide your feedback.

To begin the survey, please go to the website link. You will be prompted to enter a verification code (provided below) to ensure privacy.

Online Survey: [LINK TO WEB SURVEY]

Verification Code: [VERIFICATION CODE]

Your participation in this survey is voluntary and will not affect any health care or benefits you receive. All information you provide is confidential and is protected by the Privacy Act.

If you have any questions, call toll-free at 1-866-590-7468 or send an email to oascahps@rti.org. If you need help in reading the questions or marking responses, a friend or family member can assist you. Thank you in advance for your participation. Si desea recibir la versión de la encuesta en español, por favor llame al 1-866-590-7468.

Sincerely,

[INSERT SIGNATURE FROM FACILITY OR RTI]

Marjorie Hinsdale
RTI Project Director
<https://www.rti.org/>