

## SAMPLE E-MAIL MESSAGE FOR REMINDER WEB SURVEY INVITATION

### Outpatient and Ambulatory Surgery CAHPS Survey

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Dear [FIRST NAME] [LAST NAME]:

You recently received a survey about your visit to [FACILITY] for a surgery or procedure. [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. If you have already taken the survey, please accept our thanks and disregard this email. Otherwise, please take a few minutes to give your feedback.

Click [here](#) to begin your survey.

If clicking the above link does not take you to the survey or a verification screen, please go to [DISPLAY URL LINK] and enter the following 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](mailto: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  
OAS CAHPS Project Director  
<https://www.rti.org/>