Sample

Outpatient "No Publicity" Exclusion Form

Name of Facility:	
Facility COID:	
Date: / / MM DD YYYY	
Name of Patient:	First Name MI
Medical Record Number:	
Patient Phone Number: ()	

Press Ganey/HCA has developed a standardized survey instrument and data collection methodology for measuring patients' perspectives of hospital care. The patient survey is a core set of questions to produce information that complements the data hospitals currently collect to support internal customer service and quality-related activities. No individual responses will be released, however cumulative results of the survey will be collected.

I (the patient) have voluntarily chosen to sign this "no-publicity" document, requesting the hospital or a survey vendor not to contact me to complete a patient survey. I understand that signing this document will exclude me from all future patient surveys. Documentation of patients' "no publicity" status must be retained by the hospital and may be subject to review during an oversight process.

Patient Name (Please Print)

MI Last Name

Patient Signature

 Date:
 /
 /

 MM
 DD
 YYYY