Sample

HCAHPS Inpatient "No Publicity" Exclusion Form

Name of Facility: _____

Facility COID: _____

Date: ____/____/_____
MM DD YYYY

Name of Patient: _____ _____ ____
Last Name First Name MI

Medical Record Number: _____

Patient Phone Number: (_____) _____-_____
Area Code Prefix Suffix

The Centers for Medicare and Medicaid Services (CMS) have developed a standardized survey instrument and data collection methodology for measuring patients' perspectives of hospital care that would enable valid comparisons to be made across all hospitals. This will allow consumers to make "apples to apples" comparisons to support consumer choice. The inpatient 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 and posted for public release on the CMS website, www.hospitalcompare.hhs.gov.

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 a CMS oversight process.

Patient Name (Please Print)_____
First Name MI Last Name

Patient Signature _____

Date: ____/____/_____
MM DD YYYY