

Date:

Dear Patient,

Recently, you requested your health records be transferred to a new clinic. Our Medical Record staff has completed this request.

We know that patients change providers for a variety of reasons. It would be helpful for us to learn why you made this change. Would you please take a few moments to complete the enclosed survey today? To make it easy for you, the enclosed envelope is self-addressed and postage-paid.

1. What location at PeaceHealth Medical Group were you seen by your provider:

	Family Medicine:	□Main Clinic	□Santa Clara Clinic	Barger Clinic
		□South Clinic	□Ivy St. Clinic	
	Pediatric Medicine:	□Main Clinic	□Barger Clinic □Sc	outh Clinic
		□RiverBend P	avilion Clinic	
	Internal Medicine:	□Main Clinic	Barger Clinic Sc	outh Clinic
		□RiverBend P	avilion Clinic	Clara Clinic
2.	2. Was your decision to transfer care related to any concern you had with:			
	<ul> <li>Provider attitude</li> <li>Staff attitude</li> <li>Nurse</li> <li>Receptionist</li> </ul>			
	🗆 Qualit	y of care		
	□ Other			

3.	Did you transfer because of any of the reasons below - check all that
	apply:

□ The new office is closer to where I live

□ I prefer a smaller clinic

☐ My health insurance coverage has changed

☐ The new office has more convenient hours

□ It is easier to get an appointment at the new office

□ I wanted to have a particular provider

□ Other \_\_\_\_\_

We want to improve our services to the community. We are always looking for ways to get better. Can you help us?

• What is your number one suggestion to improve our services?

• We welcome any additional comments you might have.

Thank you for taking time to complete this survey.

Sincerely,

The Quality Improvement Department PeaceHealth Medical Group