

Thank you for completing the following survey to help MED improve service delivery. Unless you provide your email address at question #8, the State Department will not collect any information that can identify you. That said, if you are reporting instances of abuse, negligence, or anything that you believe that, if left unaddressed, could put you or other people in danger, please consider providing an email address so that we can contact you. As indicated in the statement below, MED will not use your contact information for anything beyond the official purpose of improving our service delivery.

If you need immediate medical assistance, please contact your Health Unit directly.

## **Privacy Act Statement**

AUTHORITY: The information on this form is sought pursuant to 22 U.S.C. § 4084 and 5 U.S.C. §522a(b).

**PURPOSE**: The information solicited on this form will be used to assist the Bureau of Medical Services (MED) improve its service delivery.

**ROUTINE USES**: The information on this form may be shared a health oversight agency for activities such as audits, investigations, and inspections. A list of routine uses associated with this form can be found in the System of Records Notice (SORN), State-24, Medical Records.

**DISCLOSURE:** Providing this information is voluntary. Failure to provide the information requested on this form will have no effect. The services you receive at the post's Health Unit or Bureau of Medical Services' Exam Clinic will continue.

* Required
1. What is your relationship to the U.S. State Department *
USDH employee (Domestic)
USDH employee (Overseas)
Eligible Family Member (EFM)
Cocally Employed (LE) Staff
Contractor
Prefer not to say

3. If a Health Unit was involved in the care you received, please select the Health Unit location. (Optional)

Abidjan

Belgrade

Georgetown

Guadalajara

Guangzhou

Kigali

Kingston

Manila

Maputo

Tashkent

Tbilisi

Tegucigalpa

10/13

Yaounde

Yerevan

Zagreb

Other

4. To what extent did the services provided by MED meet your expectations for: \*

	1 (Not Met)	2	3 (Met)	4	5 (Exceeded)	N/A
Effectiveness	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Communicati on	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Accuracy	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Timeliness	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$

5. What went well during your experience with MED, recent or past?

Enter your answer

6. What could be improved based on your experience with MED, recent or past?

Enter your answer

7. Approximately, when did the experience or interaction described above occur?

Enter your answer

8. To help MED better respond to your feedback, please consider providing your email address.

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Enter your answer

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