

## SAMPLE E-MAIL FOR FIRST WEB SURVEY INVITATION CONTACT

Outpatient and Ambulatory Surgery CAHPS Survey  
To be Sent with Ambulatory Surgery Center or Hospital Outpatient Department or Vendor Logo

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**Subject Line:** [FACILITY] would like your feedback

Dear «FirstName» «LastName»:

[FACILITY] would like to learn more about the quality of health care that their patients receive. [VENDOR], an independent research organization, is conducting this survey on behalf of [FACILITY]. We are asking patients about their recent outpatient experience. Our records show that you had a surgery or procedure at [FACILITY] in [SAMPLE MONTH].

Please take a few minutes to provide your feedback in this brief survey.

**[Click here to begin your survey. \[EMBED UNIQUE WEB SURVEY URL\]](#)**

You may also type [WEB SURVEY URL] into the URL search bar at the top of your web browser. You will be prompted to enter the following access code: [UNIQUE ACCESS CODE].

All your answers will be confidential and are protected by a federal law called the Privacy Act. Your answers will be grouped with answers from all other people who take the survey. Your name and anything that might identify you will not be linked to your answers. Taking part in the survey is voluntary and will not affect any health care benefits you receive.

If you have questions, please call toll-free 1-8XX-XXX-XXXX or send an email to [VENDOR EMAIL ADDRESS]. If you need help with reading the questions or marking your answers, you may ask a friend or family member to help you. Si tiene preguntas o desea recibir la versión de la encuesta en español, por favor llame al 1-800XX-XXX-XXXX o envíe un correo electrónico a [VENDOR EMAIL ADDRESS].

Thank you, in advance, for taking this survey.

Sincerely,

[NAME]  
[TITLE]