

PATIENT SATISFACTION SURVEY

In order for us to better serve you, and in accordance with State Standards, we routinely conduct a Patient Satisfaction Survey Questionnaire requesting feedbacks on the services provided by **MatSan Health Services**.

Please take a moment to check off your answers to the following questions:

		Yes	No	Comments
1.	Were you satisfied with the agency's efforts to support your quality of life?			
2.	Was the care delivered in a timely manner?			
3.	Did you feel the staff was available on week- ends and after hours when you needed them?			
4.	Did you understand your treatment plan and other services provided?			
5.	Do you know how to file a complaint with the state and/or agency?			
6.	Were you notified if there was a change in your condition and/or change in discipline in a timely manner?			
7.	Were your safety needs identified and were appropriate measures taken to improve your safety at home?			
8.	Overall, do you feel the organization has met your needs and expectations?			

Thank you for taking the time to complete this survey.

Additional Comments: ____

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Signature (optional): ____

Date:	



A HOME HEALTH AGENCY

OUR COMMITMENT

Caring for your loved ones, in the comfort of their home is our specialty. Each patient will receive individualized care, in an effort to restore his/her optimal health status, if at all possible.

OUR GOALS

- To maintain an open communication with patients, patients' responsible parties, and patients' physicians.
- To work closely with patients' family to maintain good health habits
- To educate patients and family members on ways to maintain optimal health



FOR MORE INFORMATION , PLEASE CONTACT US AT:

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