



Acknowledgement of Receipt of Notice of Privacy Practices

Effective April 14, 2003

I hereby acknowledge that I have received a copy of the Catholic Family Services Notice of Privacy Practices.

PRINT Name of Patient / Legal Guardian

Relationship to Patient

Signature of Patient / Legal Guardian

Date

_____ Patient / Legal Guardian refused to sign Acknowledgement

Signature of Staff Member Witnessing Refusal



Client Satisfaction Survey

Your feedback is important to us. Please take a moment to complete this anonymous survey.

Staff Member Seen _____ Office _____ (STAFF):ETO

Date _____ Age _____ Gender _____ Race _____

Session #: ___1st ___Last ___Other

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	During today's visit, I was treated with dignity and respect.					
2	The staff was attentive to my needs, concerns, and situation.					
3	I am satisfied with the availability of the staff.					
4	I am satisfied with the accessibility of the services.					
5	Overall, I am satisfied with the services provided by CFS.					
6	My quality of life has improved due to services provided by CFS.					
7	If needed, I would use your services again.					
8	I would refer others to CFS.					

In the space below, please let us know how we can improve the quality of our services.

Thank you!