

*Sample Initial Cover Letter for HCAHPS Survey*  
[HOSPITAL LETTERHEAD]

Name  
Address  
City, State, Zip

Our records show that you were recently a patient at {*name of hospital*} and discharged on {*date of discharge*}. Because you had a recent hospital stay, we are asking for your help. This survey is part of an ongoing national effort to understand how patients view their hospital experience. Hospital results will be publicly reported and made available on the Internet at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov). These results will help consumers make important choices about their hospital care, and will help hospitals improve the care they provide.

Questions 1-22 in the enclosed survey are part of a national initiative sponsored by the United States Department of Health and Human Services to measure the quality of care in hospitals. Your participation is voluntary and will not affect your health benefits.

We hope that you will take the time to complete the survey. Your participation is greatly appreciated. After you have completed the survey, please return it in the pre-paid envelope. Your answers may be shared with the hospital for purposes of quality improvement.

If you have any questions, please call the toll-free number 1-800-xxx-xxxx. Thank you for helping to improve health care for all consumers.

Sincerely,

HOSPITAL ADMINISTRATOR  
HOSPITAL NAME

*Note: The OMB Paperwork Reduction Act language must be included in the mailing. This language can be either in the cover letter or on the front or back of the questionnaire. Please refer to Appendix J for the exact OMB Paperwork Reduction Act language and Section VII—Mail Only, and Section IX—Mixed Mode, for specific letter guidelines.*