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|  | **GENARDO MENTAL HEALTH COUNSELING P.C.** |
| **Patient Feedback Form** |  |  |  |
|  |  |  |  |  |
| **How was your visit?** |  |  |
|  |  |  |  |  |
| **Provider first and last name:** |  |
|  |  |  |  |  |  |
| Patient first initial: |  |  Last name initial: |  |  |
|  |  |  |  |  |
| What did you think about your visit? |  |  |
|  |
|  |  |  |  |  |
| Would you recommend this professional? |  |  |
|  [ ]  |  [ ]  |  [ ]  |  [ ]  |  [ ]  |
| Highly recommended | Probably | Maybe | Probably Not | Never |
|  |  |  |  |  |
| How would you rate this professional’s bedside manner? |  |  |
|  [ ]  |  [ ]  |  [ ]  |  [ ]  |  [ ]  |
| Excellent | Good | Satisfactory | Unsatisfactory | Awful |
|  |  |  |  |  |
| How long was the wait in the office before you were seen? |  |  |
|  [ ]  |  [ ]  |  [ ]  |  [ ]  |  [ ]  |
| Right Away | Less than 30 minutes | Between 30 to 60 Minutes | Over 1 hour | Over 2 hours |
|  |  |  |  |  |
| How likely are you to recommend Genardo Mental Health Counseling P.C.? |
|  [ ]  |  [ ]  |  [ ]  |  [ ]  |  [ ]  |
| Highly recommended | Probably | Maybe | Probably Not | Never |
|  |  |  |  |  |
| This is an important document. Please read carefully and only agree to the terms and conditions if you feel comfortable doing so. You are a patient of Genardo Mental Health Counseling P.C. You are encouraged to leave feedback to let us know how we are doing, and if there is any improvement that we can make to better assist you in your treatment and to make adjustments in the future for others who are seeking mental health services. Although we ask for your initials and give you an option to remain anonymous by not posting your initials on our website, this feedback form may contain information that could identify you and may reveal information about your health, for example, the type of professional you are seeing. It will also include the feedback information that you choose to provide.By checking one of the boxes below, you agree to allow Genardo Mental Health Counseling P.C. to disclose the patient feedback form and post the results on the Genardo Mental Health Counseling P.C. website. Genardo Mental Health Counseling P.C. will not disclose pursuant to this authorization any additional information besides what is on the patient feedback form. Once Genardo Mental Health Counseling P.C. receives your patient feedback form, you understand that it will decide whether to post your feedback on its website. If Genardo Mental Health Counseling P.C. does post the feedback, your first and last initial may also be disclosed if you choose, along with any other information on the patient feedback form. Your decision to agree this permission form allows Genardo Mental Health Counseling P.C. to use and share your patient feedback form in connection with marketing Genardo Mental Health Counseling P.C.’s services. This permission form does not expire. If you decide you want to revoke this permission, you may do so anytime by contacting Genardo Mental Health Counseling P.C. to remove the feedback form from its website. Note that your decision to cancel your permission for Genardo Mental Health Counseling P.C. to use and share your patient feedback form will only apply to future availability of your feedback on the Genardo Mental Health Counseling P.C. website and will not affect the presence of your feedback on cached, archived, or similarly saved versions of the website. You should always understand that state or federal law may allow someone who gets your information from Genardo Mental Health Counseling P.C. website to use or release it in some way not discussed in this form. In addition, even if you revoke your permission and Genardo Mental Health Counseling P.C. removes your feedback from its website, your information may already have been copied and shared elsewhere on the Internet in other ways. Genardo Mental Health Counseling P.C. will not be able to withdraw that information or prevent it from being seen or shared. Genardo Mental Health Counseling P.C. cannot be held accountable if your information is shared.It is important to remember that not agreeing to this form or later canceling your permission will not affect your health care treatment from your provider, payment for your health care from a health plan, or your ability to get health plan benefits.I have read this form. I understand it and I agree to its terms. By checking one of the boxes below on this form, you agree to the terms and conditions listed above. |
| **Check one of the boxes below to agree to the terms and conditions listed above:** |
|[ ]  Check here if you do not want your initials to posted on the Genardo Mental Health Counseling P.C. website. |[ ]  Check here if you do not want your initials to posted on the Genardo Mental Health Counseling P.C. website. |
|  |  |  |  |
| Date: |  |  |  |  |