

Patient experience survey Confidentiality and CPD verification form

CONFIDENTIALITY

Participant: _____

Name of hospital: _____

Administrator: _____

Feedback provider: _____

ADMINISTRATOR – PRIOR TO COMMENCEMENT

I will undertake the role of administrator of the patient experience survey or paediatric patient/parent satisfaction survey for the purposes of the ANZCA and FPM CPD Program. After collating the results and completing the survey summary form, I will provide the original patient/parent survey forms and the only copy of the patient experience survey or paediatric patient/parent satisfaction survey summary form to the feedback provider.

I will maintain as confidential:

1. Individual feedback from patients/parents.
2. All information regarding the performance of the participant on this practice evaluation activity.

I confirm that I have read, understood and agree to the above conditions to maintain the strictest confidentiality of the information collected in this practice evaluation activity.

Signed: _____

Date: ___/___/___

FEEDBACK PROVIDER – PRIOR TO COMMENCEMENT

I will undertake the role of feedback provider in the patient experience survey or paediatric patient/parent satisfaction survey process for the purposes of the ANZCA and FPM CPD Program. After providing feedback to the participant listed above, I will destroy the original patient experience survey or paediatric patient/parent satisfaction survey forms and provide the participant with the only copy of the patient experience survey or paediatric patient/parent satisfaction survey summary form.

I will maintain as confidential:

1. Individual feedback from responders.
2. All information regarding the performance of the participant on this activity.

I confirm that I have read, understood and agree to the above conditions to maintain the strictest confidentiality of the information collected in this practice evaluation activity.

Signed: _____

Date: ___/___/___

CPD VERIFICATION

Feedback provider – after completion of activity

I confirm that as part of the patient experience survey process for _____
(Participant's name) a minimum of 15 surveys were included in the summary form provided to the participant and a meeting was convened to discuss the feedback obtained.

Signed: _____

Date: ___/___/___