

# Patient Experience Survey Consent

You are being asked to participate in a patient experience survey to help us improve our services. Please read the information below before agreeing to take part.

## Purpose

## Confidentiality

## Voluntary Participation

## Consent

☐ I have read and understood the information above, and I give my consent to participate in this survey.

Name: \_\_\_\_\_

Date: \_\_\_\_\_