

# IMPORTANT

## ODS Practice Survey

Please complete this short survey about your practice. The information you provide will help us to better represent your practice to ODS members.



William E. Johnson, MD, MBA, Chief Medical Officer



Csaba Mera, MD, Medical Director

I. IDENTIFYING INFORMATION						
Last Name:		First:		Middle:		
Medical Group/IPA Affiliation(s):						
Do you want to be designated as a Primary Care Practitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No						
II. PRACTICE INFORMATION						
Are you a Physician Assistant Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is your practice limited to certain ages? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify ages: _____						
III. FOREIGN LANGUAGES SPOKEN IN OFFICE						
<input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Other (list) _____						
IV. ACCEPTING NEW PATIENTS FOR						
	YES	NO	COMMENTS			
ODS Commercial (Direct contract)						
ODS Oregon Health Plan (Medicaid)						
ODS Medicare Advantage (Medicare)						
V. HEALTH INFORMATION TECHNOLOGY						
<b>My practice site(s):</b>	YES	NO	COMMENTS			
E-prescribes – electronic transmits						
Implemented and currently uses EMR/EHR						
Uses a CCHIT-certified EMR/EHR						
Emails patients at no charge						
Uses web/email consultations - billed						
Has a website			If yes, URL: _____			
VI. SECLUSION & RESTRAINT (CFR, 438.100)						
Does your office have a policy and procedure related to the use of seclusion and restraint as required under the Code of Federal Regulations? If no, please provide an explanation as to why you do not. (CFR, 438.100, be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation) <input type="checkbox"/> Yes <input type="checkbox"/> No						
VII. OFFICE HOURS – EXTENDED/LIMITED						
Does your practice have hours other than 9am – 5pm Monday-Friday, including extended and limited hours? If yes, please indicate hours below. <input type="checkbox"/> Yes <input type="checkbox"/> No						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Comments:						