AAAHC
ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

Notice of Accreditation Survey

Name of Organization: _____

☐   **This is an Unannounced survey, or**

☐   **The Survey date(s) are:** _____

The above-named organization has voluntarily requested this accreditation survey as a means of having a third-party review of the entire organization to build upon strengths or identify opportunities to improve its delivery of safe, high-quality health care. The survey will evaluate the organization's compliance with AAAHC Standards for ambulatory health care organizations and to determine if accreditation should be awarded to, or retained by, this organization.

Members of the general public, patients, and individuals on the staff of this organization, believing that they have relevant and valid information about this organization's provision of health care or compliance with AAAHC Standards, may request to present this information to AAAHC surveyors at the time of the survey *or* may communicate such information in writing or by telephone to the AAAHC office.

All information received from identified individuals at or prior to the survey will be considered in making the accreditation decision. The information presented will not be debated with the reporting individual. Requests for presentation must be received at least two weeks prior to the survey in order to allow sufficient time to schedule presentations.

A request to present or report information may be communicated in writing by mail to the address below; email to feedback@aaahc.org; or by telephone as listed below.

Accreditation Association for Ambulatory Health Care, Inc.
5250 Old Orchard Road, Suite 200 Skokie,
IL 60077
Telephone: 847.853.6060
FAX: 847.853.9028

This Notice of Accreditation Survey is posted in accordance with AAAHC requirements, and may not be removed until after the survey has concluded, or until it has been posted for 30 days if the survey ends prior to that period.

Date This Notice Was Posted: _____

Staff Name: _____   **Title:** _____