

# 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.



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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						
	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>			
ODS Commercial (Direct contract)						
ODS Oregon Health Plan (Medicaid)						
ODS Medicare Advantage (Medicare)						
V. HEALTH INFORMATION TECHNOLOGY						
<b>My practice site(s):</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>			
E-prescribes – electronic transmits						
Emails patients at no charge						
Uses web/email consultations – billed						
Implemented and currently uses EMR/EHR						
Uses a certified EMR/EHR						
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? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If you do not have a policy, please describe the actions you would take in the event there were a disruptive individual/s in your office to ensure that you do not seclude or restrain, ie; Call 911.						
Our Office Process: _____						
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:						