

#### Report Criteria

Time Period:

01/01/2021 - 04/30/2021

Location(s):

P BMB Mental Health, P MLC Mental Health, P NCH Mental Health, P NES Mental Health, P NSH

Mental Health, PRLK Student Mental Health

Provider(s):

All

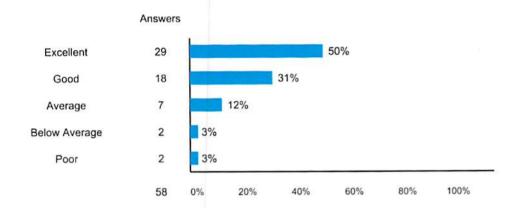
Appt Type(s):

All

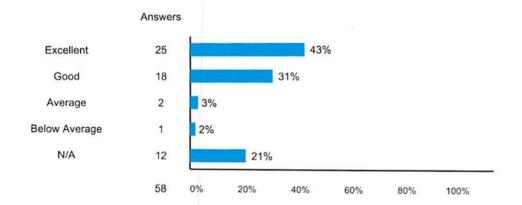
Locations for which you do not have permission are not included.

Survey Results: 58 Responses, 1622 Sent, 4% Response Rate (58/1622)

# Ease of making appointment



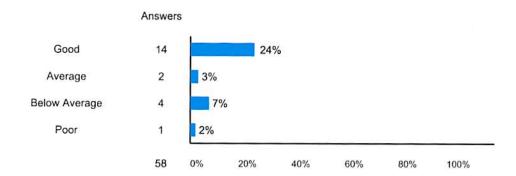
# Cleanliness and appearance of our facility



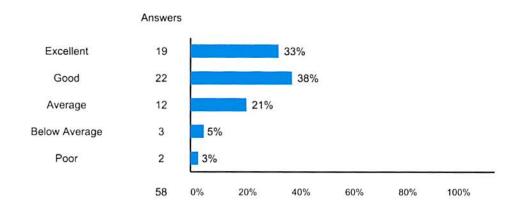
#### Respect and courtesy of our staff



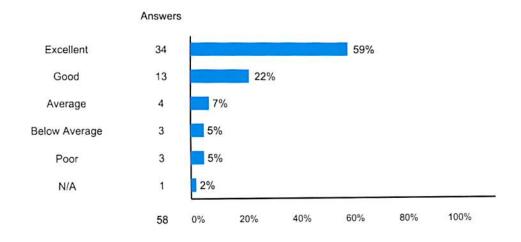
# Respect and courtesy of our staff



# Wait time for the provider



# Overall care you received from your provider



Likelihood of recommending our practice to family/friends

Summary Repor

# Likelihood of recommending our practice to family/friends

