

# Family Medical Equipment Facility Survey

**Purpose:** This survey aims to evaluate our processes concerning the provision of home medical equipment while prioritizing HIPAA compliance, proper use of PPE codes, and ensuring the accuracy of requests and deliveries.

**Instructions:** Please answer the following questions to the best of your knowledge. Your responses will help us improve our services.

## Section 1: Facility Information

1. **Facility Name:** \_\_\_\_\_
2. **Address:** \_\_\_\_\_
3. **Contact Person:** \_\_\_\_\_
4. **Phone Number:** \_\_\_\_\_
5. **Email Address:** \_\_\_\_\_

## Section 2: HIPAA Compliance

6. Does your facility have policies in place to protect patient information?
  - Yes
  - No
  - Unsure
7. Are staff members trained in HIPAA compliance?
  - Yes
  - No
  - Unsure
8. How do you handle patient data during the equipment request process?  
  - \_\_\_\_\_

## Section 3: PPE Codes

9. Which PPE codes does your facility currently utilize for equipment requests?  
  - \_\_\_\_\_
10. Are your staff trained to use the correct PPE codes for all equipment requests?
  - Yes
  - No
  - Unsure

## Section 4: Accuracy of Requests and Deliveries

11. On a scale of 1 to 5, how would you rate the accuracy of equipment requests processed at your facility?
  - 1 (Poor)

- 2
- 3
- 4
- 5 (Excellent)

12. How often do you encounter discrepancies in equipment deliveries?

- Never
- Rarely
- Sometimes
- Often
- Always

13. Please describe the process your facility follows to ensure the accuracy of requests and deliveries.

- \_\_\_\_\_

### **Section 5: Additional Comments**

14. Please provide any additional comments or suggestions regarding our equipment request and delivery procedures.

- \_\_\_\_\_

**Thank you for participating in this survey. Your feedback is valuable in enhancing our home medical equipment services while ensuring compliance and accuracy.**