



September 10, 2004

«CONSUMER»  
«ADDRESS»  
«CITY», «STATE» «ZIP»

Dear Patient:

Group Health wants you to have the finest health care possible. One of the best ways to find out how we're doing is to ask you.

**You've been randomly selected** to give us your opinion about **Group Health's online services at [www.ghc.org](http://www.ghc.org) (MyGroupHealth)**. Please take a few minutes to think about your experience with MyGroupHealth during the last month. Then fill out the survey and mail it in the pre-paid envelope before **September 30, 2004**. This should take about 5 minutes to complete.

To avoid duplicate mailings, each survey has its own form number. However, I assure you that your healthcare provider will never know that you took part in this survey and your results will be kept strictly confidential.

I hope that you'll take the time to answer this survey. We value your opinion and it is the key to continuing to provide innovative healthcare solutions. If you have any questions about this survey, please call 1-888-901-4636. Thank you for your help.

Sincerely,

A handwritten signature in black ink, appearing to read 'Hugh Straley'. The signature is fluid and cursive, written over a white background.

Hugh Straley, MD  
Medical Director

**INSTRUCTIONS:** In answering the following questions, please consider your experience during the last month with **Group Health’s online services at www.ghc.org (MyGroupHealth)**, which include secure emailing with your health care team, online appointment requests, prescription refills, lab and test results, Healthwise Knowledgebase, and the provider directory. Thank you for your time and feedback!

Please answer the following questions by filling in the bubble with a blue or black pen or pencil.

**PROPER MARK**

**1. What internet connection do you usually use to access MyGroupHealth’s online services?**

- High speed (DSL, cable, LAN)
- Dial-up, 56K
- Dial-up, less than 56K
- Don’t know

**2. If you have used MyGroupHealth’s secure email service to contact your health care team, please answer the following two questions. Otherwise, please skip to question #3.**

**a. How would you have contacted your health care team if secure email were not available?**

- Phone the clinic to discuss the health concern
- Schedule a phone appointment
- Schedule a clinic appointment
- I would not have contacted my health care team

**b. How would you rate the value of secure email in enhancing your visits to your health care team?**

- Extremely valuable
- Very valuable
- Fairly valuable
- Sometimes valuable
- Not valuable at all
- Not applicable

**3. If you have used MyGroupHealth’s prescription refill service, how would you have ordered your refill if the online service was not available? If you have not used it, please skip to question #4.**

- Over the telephone
- Via fax
- At a GHC pharmacy
- At a non-GHC pharmacy
- I would not have ordered the refill

**4. If you were to be given a choice of health plans, how important would MyGroupHealth’s services be in your decision?**

- Extremely important
- Very important
- Fairly important
- Somewhat important
- Not important

| How satisfied are you with the following MyGroupHealth services? | Very Satisfied        | Satisfied             | Neutral               | Dissatisfied          | Very Dissatisfied     | Not Applicable        |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 5. Secure email with health care team.....                       | <input type="radio"/> |
| 6. Online appointment requests.....                              | <input type="radio"/> |
| 7. Online prescription refills .....                             | <input type="radio"/> |
| 8. Online lab and test results .....                             | <input type="radio"/> |
| 9. Online Healthwise Knowledgebase .....                         | <input type="radio"/> |
| 10. Online provider directory .....                              | <input type="radio"/> |
| 11. MyGroupHealth overall .....                                  | <input type="radio"/> |

**12. Would you recommend MyGroupHealth to a friend or colleague?**

- Would strongly recommend
- Would recommend
- Neutral
- Would not recommend
- Would recommend against

**Please provide any additional feedback about MyGroupHealth’s relevance to your health care needs.**

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**THANK YOU FOR YOUR PARTICIPATION!**  
 Please send the completed survey back in the pre-paid envelope or send to:  
**ATTN: Performance Assessment**  
**Group Health Cooperative**  
**521 Wall Street**  
**Seattle, WA 98121-1536**

**If you have immediate or specific concerns, please call Group Health Customer Service at 1-888-901-4636.**  
 All survey answers are confidential. Data is shared anonymously to improve how we serve our patients.

Do not write below this line.