

PATIENT AND FAMILY ADVISORY COUNCIL APPLICATION

FAMILY HEALTH CENTER

Last Name

First Name

Date of Birth

Address (Street, City, Zip Code)

Please indicate your preferred method of communication:

E-Mail _____ Phone _____ Text _____

Please check all that apply:

I am the Patient Spouse/ Significant other Family member Caretaker Other _____

Do you feel comfortable working in groups, speaking up and providing input? Yes No

How would you like to be involved as a patient/family advisor? (Check all that apply)

- Sharing your story with health care providers, staff and other patients.
- Participating in short – term projects (reviewing or helping create materials like websites, forms, informational handouts)
- Improving the experience for patient and their families
- Improving patient safety
- Other projects / interest, please explain _____

Why are you interested in joining the Patient and Family Advisory Council?

How would you describe yourself? (Check all that apply)

White Hispanic/Latino Black/ African American Other

What is your age? _____ What is your gender? Male Female Prefer not to answer

Please read before signing:

As a Patient and Family Advisory Council member I will:

- Be on time and fulfill my duties throughout the 2 year term
- Make every effort to attend meetings every 3 months
- Conduct myself with dignity, courtesy, and consideration
- Consider all information confidential

I understand that I will not be paid for my services as a volunteer Patient / Family Advisor.
I have read and understand the above information.

Signature

Date

PATIENT AND FAMILY ADVISORY COUNCIL

INFORMATION SHEET

WHAT IS PATIENT AND FAMILY ADVISORY COUNCIL (PFAC)?

Patient and Family Advisors provide a voice that represents all patients and families of patients who receive care at Family Health Center. This group meets regularly to advise Family Health Center on how to provide better patient-centered care.

WHY SHOULD I JOIN THE PATIENT AND FAMILY ADVISORY COUNCIL (PFAC)?

By sharing your experience, you can help improve Family Health Center services and make a difference in the lives of other patients, their families, and their community.

WHO CAN SERVE ON THE PATIENT AND FAMILY ADVISORY COUNCIL (PFAC)?

To become a member of the PFAC you must:

- Be 18 years or older
- Be a current (seen by FHC within the last 3 years) patient, patient family member or care giver
- Be able to commit to a 2 – year term
- Have a positive approach and an ability to see different points of view
- Volunteer with a variety of people

HOW CAN I JOIN THE PATIENT AND FAMILY ADVISORY COUNCIL (PFAC)?

You must complete an application. Space is limited, so if you do not get to be on the PFAC we will keep your application on file for future openings. Give your application to any staff member at your clinic or mail to Family Health Center at 1600 Providence Dr. Waco, Texas 76707 Attention: Kelley Reynolds, MD.