



**Patient & Family Advisory Council Application**  
**Term June 2019-December 2021**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**The Patient & Family Advisory Council**

The Patient & Family Advisory Council is a council of 8 community members and 6 hospital staff who give input through thoughtful discussions and personal patient/family experiences. For our next term, we are looking for individuals who desire to join this group and contribute to our mission, vision, and purpose.

**Mission:**

*Our mission is to serve as an advisory resource for Jefferson Healthcare on providing excellence in person centered care.*

**Vision:**

*The patient is at the heart of all decisions. The Jefferson Healthcare Patient & Family Advisory Council is dedicated to advancing comprehensive and compassionate health care.*

**Purpose:**

*The Patient & Family Advisory Council will have an active role in improving the patient and family care experience by identifying opportunities, gathering and providing feedback and perspectives on Hospital plans, activities, and programs related to patient and family centered health care.*

**Can you meet the 3<sup>rd</sup> Wednesday of every month from 9:00 AM -11:00 AM to attend our meetings?**

☐ Yes ☐ No

I can commit to:

☐ 2 Year Term

Have you experienced health care as a patient yourself or as a family member at any medical facility? What stood out for you? For example, communication, timeliness, health care planning.

Please describe what you hope to contribute by being a member of the Patient & Family Advisory Council:

Are you currently, or in the past, a member of a citizen advisory board or committee work? If so, which one(s) and what is/was that experience like?

What special interest do you have in healthcare?

Are you willing to take our requested immunizations to serve on this Council?

☐ Yes ☐ No If you have questions, please call Jackie Levin at 360-385-2200 ext. 2237.

Are you willing to sign an agreement promising not to disclose confidential information given to you in your role as a member of this Council?

☐ Yes ☐ No

Are you willing to undergo a background check?

☐ Yes ☐ No

Do you have any conflicts of interest that you are aware of? Please describe.

Thank you for your interest in Jefferson Healthcare's Patient & Family Advisory Council and taking the time to complete the application. Applications are due by April 1, 2019. Interviews will be scheduled with potential candidates by early April 2019. Please let us know if you have any conflicts with meeting these time tables.

**Please return this application by April 1, 2019 to:**

Jackie Levin, Chair of the Patient Family Advisory Council  
Jefferson Healthcare  
834 Sheridan  
Port Townsend WA 98368  
Questions: 360-385-2200 Extension 2235