

# Advisor Application

Patient and Family Advisory Council

## Personal Information:

First & Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

How do you prefer to receive communication about the council?  Phone  Email

Is it okay to share your contact information with other members of the council?  Yes  No

Have you or a close relative ever been employed by LCHC?  Yes  No

Are you willing to sign a HIPAA confidentiality agreement?  Yes  No

## The following questions help us get to know you better.

1. Are you a...

- Patient  Family member of a patient

2. When was your most recent care experience at this hospital?

- Within the last year  Within the last 2 years  
 Within the last 5 years  More than 5 years ago

3. What language(s) do you speak? \_\_\_\_\_

4. Which department(s) provided care for you or your family member?

- Medical Clinic  Emergency Room  Radiology  
 Med/Surg (inpatient)  Physical Therapy  Laboratory  
 Other: \_\_\_\_\_

5. We recognize that our patient and family advisors have busy lives. How much time are you able to commit to being an advisor?

- Less than 1 hour per month  1 to 2 hours per month  
 3 to 4 hours per month  More than 4 hours per month

6. Are you able to serve as an advisor for at least 1 to 2 years? (You can still be an advisor if you answer no.)

- Yes  No

7. Why do you want to become a patient and family advisor?

# Advisor Application

## Patient and Family Advisory Council

8. What would you like to see the council address?

9. Our council should reflect the diversity of the patients and families we serve. Please share anything about yourself that you think would add to the diversity of our team.

10. Are you able to openly listen and discuss opinions and points of view than are different than your own?

11. What special interest or experiences would you like to offer to the council?

Please return this form to:

**Mail:**

Lucas County Health Center  
Attn: Twilla Kruzic  
1200 North 7th Street  
Chariton, IA 50049

**Email:**

tkruzic@lchcia.com

**Drop-off:**

Leave in sealed envelope at the front desk of the hospital. (Note: Please put "Twilla Kruzic" on the envelope.)