

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?

- | | | |
|---|--|--|
| <input type="checkbox"/> Medical Clinic | <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Med/Surg (inpatient) | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Laboratory |
| <input type="checkbox"/> Surgery | <input type="checkbox"/> Respiratory Therapy | <input type="checkbox"/> Cardiac/Pulmonary Rehab |
| <input type="checkbox"/> Wound Care | <input type="checkbox"/> Infusion Services | |
| <input type="checkbox"/> Other: _____ | | |

5. 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

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

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

Advisor Application

Patient and Family Advisory Council

8. 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.

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

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

Please return this form to:

Mail:

Lucas County Health Center
Attn: Nick Howell
1200 North 7th Street
Chariton, IA 50049

Email:

nhowell@lchcia.com

Drop-off:

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