

## **Patient and Family Advisory Council Application**

Application to request participation and membership in the Valley Medical Group Patient and Family Advisory Council (PFAC).

The Valley Medical Group Patient and Family Advisory Council operates under the guidance of the Office of the President in partnership with senior leadership and clinical staff to create an environment of patient and family-centered care across Valley Medical Group. Patient and Family Advisors share their stories, experiences, and perspectives to ensure continuous improvement in the care provided to patients and families. Through this partnership, discussions and decisions about patient and family-centered care occur in various meetings and forums.

Name	
Address	
Home Phone	
Cell Phone	
Email	
Best Contact	
Patient of Which Health	□ AMC □EHC □GHC □NHC
Center	
Family Members receive	☐ Self ☐ Children ☐ Partner/Spouse ☐ Other
care at Valley Medical	
Group	
Services Used at Valley	☐ Primary Care
Medical Group	☐ Behavioral Health Care
	☐ Physical Therapy
	☐ Endocrine
	☐ Sports Medicine
	☐ Rheumatology
	☐ Podiatry
	☐ Eye Care
	☐ Optical Shop
	☐ Diabetes Education
	☐ Nutrition Education
	□ Lab
	☐ Radiology/Xray
	☐ Ambulatory Surgery Center in Amherst

Please describe your	
•	
interest in being a	
member of the Valley	
Medical Group PFAC	
Do you have any	
experience sharing your	
experiences of care with	
others?	
Please share with us the	☐ Improving the experience for patients and their families
types of experiences	☐ Reviewing policies and procedures
you might be interested	☐ Health literacy and chronic disease management
in?	☐ Developing/reviewing educational materials
	☐ Improving Patient Safety and Quality
	☐ Attending focus groups
	☐ Public speaking, sharing your story on a large/wide platform
	☐ Participating in facility design planning
	☐ Improving the coordination of care in the community
	□Populations with special needs
	□Health Equity
	□ Other
Please provide two	Reference #1
references	Name
	Phone Contact
	Email Contact
	Relationship
	'
	Reference #2
	Name
	Phone Contact
	Email Contact
	Relationship

## Applications may be emailed to: PFAC@vmgma.com

Thank you for your interest in the Patient and Family Advisory Council. A member of the President's Office reviews applications submitted and someone will be in touch on the next steps when there is an opening on the council.

Thank you for your interest in sharing your experiences in an effort to improve care at Valley Medical Group.