

Patient and Family Advisory Council Referral Form



Be A Voice!

Join our Patient and Family Advisory Council

Our vision: The Qualis Health Patient and Family Advisory Council (QH–PFAC) will engage patients, families, care partners, and patient advocates to advise in authentically incorporating the voice of the patient throughout their healthcare journey. From the walls of the healthcare system to managing their own health at home, the council will guide the patient experience as it relates to quality improvement in an effort to reduce health disparities and improve the quality of life for Medicare beneficiaries in Idaho and Washington. The QH–PFAC will:

- Promote efficiency and reliability in the healthcare system
- Support care coordination and improve care transitions
- Leverage health information technology to improve care

Yes! I'm interested in joining the Qualis Health Patient and Family Advisory Council. Please send me a full application.

Name: _____

Address: _____

Phone: _____

Email: _____

Thank you for your interest. We will send an application within two weeks to the email address listed above.

Patient and Family Advisory Council Application



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Name: _____

Address: _____

Phone: _____

Email: _____

Patient's Name: _____

Languages spoken: _____

Are you willing to share your contact information with other PFAC members? Yes / No

My family member has been treated at XX since (Year) _____

I am the: *(please circle your selection)*

Parent Spouse Caretaker Patient Other

My child/family member has been treated most often in: *(please circle your selection)*

Emergency Room

Outpatient Clinics

In-Patient Units

Other programs

Please tell us which types of services you/family member has used during the last two years.
