

**Renown Health Patient and Family Advisory Council (PFAC)
Application Form**

Renown Health recognizes that patient-centered care is a vital component in delivering service excellence focusing on quality, safety, experience and value.

The Patient and Family Advisory Council (PFAC) will empower patients and families to take an active role at Renown Health and serve as a partner by participating in the co-design of quality improvement initiatives, policies, strategies and services.

The PFAC will provide a forum to create more meaningful programs to truly serve the needs of the community and to infuse a deeper understanding of the patient experience within all levels of the organization.

To be considered for membership, please complete the following:

First Name

Last Name

Street Address

City, State, ZIP Code

Email address

Best phone number to reach you

May we text you?

Yes No

Have you or a close family member used Renown Health services within the past 12 months?

Yes

No

Which Renown Health location(s) served you or your family member?

Please tell us why you would like to serve on the Patient and Family Advisory Council (PFAC).

Our Mission

Renown Health makes a genuine difference in the health and well-being of the people and communities we serve.

What kind of issues would you like the PFAC address?

What special interests or experiences would you like to offer to the PFAC?

Is there anything else you'd like to share about yourself?

The PFAC meets one evening per month. Are you able to commit to attending monthly meetings for at least one year?

I understand that completion of this form does not imply membership on the PFAC. Renown Health will choose participants that best meet the needs of the program. I understand that, if selected, I will be required to complete confidentiality agreement.

Signature _____ **Date** _____

Please mail or email this form to

Renown Health
1155 Mill Street, J11
Reno, NV 89502
service@renown.org

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