



Patient and Family Advisory Council Application Form

NORTHERN MICHIGAN

McLaren Northern Michigan values the experience and perspectives of our patients and their families. Patient and Family Advisors

volunteer to help us review programs and policies, provide input on quality and safety efforts, and review patient education materials. Patient and Family Advisors also help design better processes of care.

Personal Information	Last Name _____ First Name _____ M.I. _____ Street _____ City _____ State _____ Zip _____
Contact Information	Daytime Phone: _____ Evening Phone: _____ What is your preferred telephone contact time? (Check all that apply) <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening Email address _____ What is your preferred contact method? (circle one) email phone mail What is your preferred meeting time? <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner
Application Questions	1. Why would you like to be on the Patient and Family Advisory Council? 2. Are there certain topics or areas of McLaren Northern Michigan in which you have a special interest? 3. If you are selected to be a member, can you commit to one meeting each month? (circle one) Yes No 4. Are you willing to be interviewed by other council participants? Yes No 5. Are you willing to sign a confidentiality agreement? Yes No 6. Please indicate if you are the following. (Circle one) Patient Family Member of Patient
Submit Your Application	Please submit your application to: Toni Moriarty-Smith 416 Connable Petoskey, MI 49770 (231) 487-3066 tmsmith@northernhealth.org