Patient Family Partnership Committee

Diversity and Non-Discrimination Statement

The Patient Family Partnership Committee values and seeks diverse perspectives to improve patient care and the healthcare experience. We welcome applicants from all backgrounds, life experiences, and communities. Selection of members will be based solely on qualifications relevant to the council's purpose and will comply with all applicable federal, state, and local anti-discrimination laws. Demographic information, if provided, will be used only to help ensure a broad range of perspectives are represented.

Patient Family Partnership Committee Application Form

As a Patient Family Partnership Committee advisor, you will provide feedback and input on patient experiences, care delivery, facility design, and materials provided to patients and families, with the goal of improving the overall healthcare experience.

Please complete all sections below. Items marked with * are required.

Section I: Personal Information

First Name*: _____ Last Name*: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Birth Date (optional):_____Gender (optional): _____

Phone Number: _____

Email Address*: _____

Preferred Method of Contact: Call/ Email /Text/ Other:_____

Ortonville Area Health Services

RETURN COMPLETED FORM TO:
Ortonville Area Health Services
ATTN: Courtney Jorgenson
450 Eastvold Avenue
Ortonville, MN 56278

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Please complete all sections below. Items marked with * are required.

Section 2: Experiences and Interest

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

_____

_____

2. Please share any unique experiences, skills, or perspectives you would bring to the council.

_____

_____

3. Have you or a family member been a patient at any of our facilities or other healthcare organizations? If yes, please list:

_____

_____

Section 3: Availabilty & Commitment

We recognize that our advisors have busy lives. Are you willing to commit to 1-2 hours every other month for a one-year term? **Yes/ No**

Do you require any accommodation to participate fully? (e.g., transportation, translation, accessible meeting formats) **Yes/ No**. If yes, please specify: _____

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