



ALLEGHENY HEALTH NETWORK PATIENT & FAMILY ADVISORY COUNCIL
Community Member Application

Please complete the following form and share your information and interest in serving on a committee designed to maintain and improve the patient and family experiences at Allegheny Health Network.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone(s): _____
Home Cell Other/Work

Email Address: _____

Preferred PFAC Location (please check one):

- | | |
|---|--|
| <input type="checkbox"/> Allegheny General Hospital | <input type="checkbox"/> Grove City Medical Center |
| <input type="checkbox"/> Allegheny Valley Hospital | <input type="checkbox"/> Jefferson Hospital |
| <input type="checkbox"/> Canonsburg Hospital | <input type="checkbox"/> Saint Vincent Hospital |
| <input type="checkbox"/> Cancer Institute Council | <input type="checkbox"/> West Penn Hospital |
| <input type="checkbox"/> Forbes Hospital | <input type="checkbox"/> Wexford Hospital |

1. Why do you want to be involved in a Patient and Family Advisory Council?

2. Are there any special topics you think the council should address to help provide better care to patients and their loved ones? Please include any particular patient groups you are specifically concerned about.



3. Which of the following program, departments or services have you or a loved one experienced at Allegheny Health Network (AHN)?

- Stayed overnight at an AHN hospital
- Visited an outpatient department (Radiology for X-rays; Lab for taking blood; Exercise at Physical Therapy or Rehab; Same Day Surgery, etc.)
- Emergency care visiting an AHN Emergency Department
- Visited a Medical Practice or Clinic location (Primary Care office, etc.)
- Other programs, departments or services (please list below):

4. Are you active in or have you served as an advisor with other community organizations such as schools, churches or volunteer groups? If so, please share the names of the local groups.

5. Would you be comfortable participating in a group where there could be suggestions or complaints about an AHN service?

- Yes
- No
- I would like to speak further about this in my interview.



Allegheny Health Network
Fifth Avenue Place
120 Fifth Avenue, Suite 2900
Pittsburgh, PA 15222

ahn.org

6. Do you have any potential conflicts of interest we should be aware of? Please choose all that apply.

- I am affiliated with the Highmark Health Companies as a board member, non-employed committee member or other designation.
- I am affiliated with another healthcare organization, system, agenda, etc. that is not Allegheny Health Network.
 - If so, please share your role and name of the organization:

- I am employed by an industry that works directly with Allegheny Health Network.
 - If so, please share your role and name of organization/ company.

- I have a family member that is employed with or by a Highmark Health Company (i.e. AHN, Highmark Inc., HMHS, etc.).
 - If yes, please provide their name, relationship and the individual's position. _____
- Other potential conflicts of interest:

Before participating in the PFAC, an orientation will be provided and you will be asked to sign a confidentiality agreement.

Signature

Date

Thank you for taking the time to complete this application. Please return this completed form to:
AHNpfac@ahn.org.