



## FAMILY PARTNERS APPLICATION FORM

Many Family Partners are members of a Family Partners Council, which meets regularly to promote and support patient- and family-centered care values of dignity and respect, information sharing, partnership, and collaboration. Other Family Partners are Affiliate members and are not voting members of a Family Partners Council. Instead, they work with staff in other ways to further the ideals of patient- and family-centered care

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Best Day/Time to Call: \_\_\_\_\_

Evening Phone: (\_\_\_\_) \_\_\_\_\_ Best Day/Time to Call: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### FACILITY IN WHICH YOU OR A LOVED ONE EXPERIENCED CARE:

Methodist University Hospital

Methodist North Hospital

Methodist South Hospital

Methodist Minor Med

Outpatient Surgery Center

Methodist Le Bonheur Germantown Hospital

Methodist Fayette Hospital

Le Bonheur Children's Hospital

Le Bonheur Urgent Care

Outpatient Diagnostic Center

Which one? \_\_\_\_\_

Which one? \_\_\_\_\_

### SERVICES IN WHICH YOU OR YOUR LOVED ONE EXPERIENCED CARE: (PLEASE STATE YEAR.)

Emergency Department \_\_\_\_\_

Surgery \_\_\_\_\_

Maternity \_\_\_\_\_

Critical Care \_\_\_\_\_

Same Day Surgery \_\_\_\_\_

Cancer Services \_\_\_\_\_

Other \_\_\_\_\_

### EDUCATIONAL BACKGROUND/OCCUPATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## WHAT LANGUAGE(S) DO YOU SPEAK?

- American Sign Language       English       Spanish       Other: \_\_\_\_\_

## PLEASE ANSWER THE FOLLOWING QUESTIONS SO WE CAN GET TO KNOW YOU BETTER.

1. Why would you like to serve as a Family Partner?

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2. Issues of special interest to you:

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3. Have you done public speaking or teaching? If so, please describe:

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4. Please specify times when you are able to attend meetings:

Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Weekend: \_\_\_\_\_

## I/WE WOULD BE INTERESTED IN HELPING WITH:

- Reviewing patient and family satisfaction tools
- Developing/Reviewing patient/family educational materials and website resources
- Developing and updating the hospital's website
- Planning for outpatient services care
- Planning for the inpatient care experience
- Planning for the Emergency Room care experience
- Ensuring patient safety and the prevention of medical errors
- Educating medical students and residents, new Associates, and other staff about the experience of care and effective communication and support
- Participating in facility design planning
- Improving the coordination of care, discharge planning, and the transition to home and community care
- Developing the uses for information technology, including Electronic Medical records, patient portals, and electronic Personal Health Records (ePHR's)



Do you know of other individuals and families who have experienced care at Methodist Le Bonheur Healthcare who might be interested in serving as a Family Partner?

- Please contact them and see if they are interested
- Send them this application
- List name(s) and phone number(s) below:

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*Opportunities for Family Partners are varied; therefore,*

- I can commit to being involved as a Family Partner, either as a Council Member or an Affiliate.
- I understand I am not guaranteed a position on the Family Partners Council.
- I understand that I may withdraw my application at any time.
- I understand that I must sign a confidentiality agreement and complete all volunteer requirements before joining in the Family Partners Council.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for applying, You may print and fax the completed application to (901) 516-0738 or e-mail it to Beth.Townley@mlh.org.

