

The Patient and Family Advisory Council is a committee of patients and family members who provide valuable insight, opinions and ideas to help Southern New Hampshire Medical Center deliver the highest level of care to its patients every day.

Our Mission

The mission of the Council is to be the voice of the patient through collaboration to further enhance the quality of patient care by providing ongoing insight into actual patient and family experiences and working to integrate patient and family centered care into hospital policies, procedures, and programs.

Advisors can expect to:

- Guide us in the processes that help to improve care and the overall experiences of patients and families.
- Assist in the identification of opportunities that will enhance patient and family experiences.
- Attend for a term of three years. Dedicate additional time
- outside of meetings for initiatives and projects.

We are looking for committed members to join our Patient and Family Advisory Council to assist in improving services provided to you and your family. If you are interested in becoming a member of our Council, please complete the application.



Patient and Family Advisory Council Membership Application

Thank you for your interest in becoming a member of the Patient and Family Advisory Council. Applicants will be selected by the Patient and Family Advisory Council Steering Committee. All selected members will be required to attend a volunteer orientation and meet the requirements of the Council. All of your information will be kept confidential.

Please PRINT clearly:

Name: _____

Address: _____

City/State/Zip Code: _____

Telephone number(s): Please indicate preferred phone number and best time to reach you.

Work _____ - _____ - _____ Home _____ - _____ - _____ Cell _____ - _____ - _____

Email: _____

Why would you like to be a member of the Council? _____

List services you have used or areas of special interest. _____

What else would you like us to know about you? _____

I understand that I will not be paid for my services as a volunteer member of the Patient and Family Advisory Council.

I agree to abide by the guidelines of the Council, to respect patient confidentiality, and to uphold the traditions and values of Southern New Hampshire Medical Center. I understand that membership on the Patient and Family Advisory Council will be based upon approval by the PFAC Steering Committee.

Applicant's Signature

Date

Please return mail, or email (Tammy.Smith@snhhs.org) completed application to: Southern New Hampshire Medical Center
PFAC-Patient Relations
8 Prospect Street
Nashua, NH 03061