PFAC
Patient & Family
Advisory Council

PFAC
Patient, Family & Caregiver
Subject Matter Expert (SME)

Application

2021 - 2022 Edition

Quality Insights
Renal Network 3

QIRN3 PFAC - Application

Applicant is:	☐ In-Center Dialysis Patient ☐ Home Hemodialysis Patient ☐ Family/Caregiver ☐ Peritoneal Dialysis Patient ☐ Transplant Patient

_____

Name

_____

Mailing Address *City, State, and Zip Code*

_____

Home Phone *Cell Phone*

_____

Email

I identify as:		I identify myself as Hispanic/Latino:
☐ American Indian or Alaska Native	☐ Asian	☑ Yes
☐ Black/African American	☐ White	☐ No
☐ Native Hawaiian/Other Pacific Islander	☐ Other	

I mainly speak	☐ English ☐ Spanish ☐ Other: _____ I'm also fluent in: _____

About Your Dialysis Experience

_____

Name of Your Dialysis Center *Name of Facility Staff Referring Candidate (if applicable)*

Dialysis Schedule:	☐ M/W/F Time: _____	☐ T/T/S Time: _____	☐ N/A

Number of years as a dialysis patient:	If you are transplant patient, number of years as a transplant recipient:	Are you on a transplant waitlist?	Previous Treatment Types: *(check all that apply)*
_____	_____	☐ Yes ☐ No ☐ n/a	☐ In-Center Hemodialysis ☐ Peritoneal Dialysis ☐ Home Hemodialysis ☐ Transplant

Please read the following statements *(all must be checked to be considered):*		
☐ I have read the PFAC member responsibilities and participation / membership policy and agree to fulfill them to the best of my ability.	☐ I authorize QIRN3 and my dialysis center *(if applicable)* to utilize my name, address and email for specific PFAC communications.	☐ I further authorize QIRN3 to use my name and image where necessary, recording of PFAC meetings, reports to CMS and other business documentation.

Candidate's Signature: _____ **Date:** _____

Facility Staff Signature: _____ **Date:** _____

Conflict of Interest Disclosure Form & Confidentiality Agreement

List all *relationships* you or *family members* have with:

(1) health care providers,
(2) organizations that do business with Quality Insights,
(3) competitors of Quality Insights; or
(4) government agencies that regulate or contract with Quality Insights.

"Relationship" means:

(1) employment, ownership or other financial interest; or
(2) service as a director, officer, partner or manager.

"Family member" means spouse, children, siblings and anyone living in your household.

Entity	Nature of Relationship
_____	_____
_____	_____
_____	_____
_____	_____

I certify that the information provided above is accurate and complete to the best of my knowledge. I agree to act in the best interests of Quality Insights in performing my job duties and to not let any financial, personal or outside professional interests interfere with this obligation. I will refrain from participating in Quality Insights' consideration of any transaction or other matter in which I or a family member have a financial, personal or outside professional interest. Neither I nor a family member will solicit or accept any gift, gratuity, payment or anything of value from anyone who does or seeks to do business with Quality Insights or who is reviewed by Quality Insights. I agree to keep confidential any non-public or privileged information and not to use such information for personal gain. I agree to provide an updated conflict of interest disclosure form to Quality Insights whenever a material change occurs to the information I have provided on this form.

Date: _____

_____
Signature

_____
Please print your name

Please submit completed application via fax to
Yessi Cubillo 609 490 0835
ycubillo@qualityinsights.org
or postal service
PO Box 845 Hightstown, NJ 08520

Contact Information

PLEASE
FAX OR MAIL
ALL PATIENT ADVISORY COMMITTEE
MEMBERSHIP APPLICATIONS
& AGREEMENTS TO

Fax: (609)490-0835

Mail: Quality Insights Renal Network 3
PO Box 845
Hightstown, NJ 08520

Email: ycubillo@qualityinsights.org

Yessi Cubillo
Patient Services Coordinator
(609)490-0310 (Ext. 2431)
ycubillo@qualityinsights.org

Patient Toll Free Number: 1-888-877-8400
www.qirn3.org