

Patient & Family Member Representative Registration Form

Applicant is:

- | | |
|------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> In-Center Dialysis Patient | <input type="checkbox"/> Home Hemodialysis Patient |
| <input type="checkbox"/> Peritoneal Dialysis Patient | <input type="checkbox"/> Transplant Patient |
| <input type="checkbox"/> Family/Caregiver | |

Name

Home Phone

Cell Phone

Email Address

This agreement is between the patient and/or family member candidate and the dialysis facility.

By signing this agreement, the candidate acknowledges/agrees that:

- His/her participation is voluntary.
- He/she is willing to become the facility's Patient & Family Member Representative and participate in the facility's QAPI meetings either in-person or via teleconference.
- He/she has the right to resign the role of Patient & Family Member Representative if no longer able to serve but shall provide ample notice to facility staff to allow for recruitment of a new representative.
- The facility staff may revoke the candidate's membership at any time.
- Patient information is confidential, and he/she will respect the privacy of other patients.
- Abide by the Do's and Don'ts

Please read the following statements (all must be checked to be considered):

I have read the member responsibilities and participation / membership policy and agree to fulfill them to the best of my ability.

I further authorize my facility to use my name where necessary in meeting minutes and in reports to the Centers for Medicare and Medicaid Services (CMS) and other business documentation.

Candidate's Signature: _____

Date: _____

If candidate is selected as the facility's Patient & Family Member Representative to join QAPI meetings staff are to sign this form.

Medical Director/Nephrologist

Facility Administrator

Social Worker

Head Nurse

Dietitian