

**PATIENT & FAMILY
ADVISORY COUNCIL (PFAC)
ENROLLMENT FORM**

About You	
Your Name	
Street Address	
City, State, Zip	
Phone	
E-Mail	
Race/Ethnicity	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
Preferred Language	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other
Relationship to Person with Renal Disease	<input type="checkbox"/> Patient <input type="checkbox"/> Family/Care Partner
What is your work/volunteer experience?	
Other interests, hobbies, or skills:	

About Your ESRD Experience (Skip if not a patient)	
Dialysis Facility Name	
Current Treatment Type	<input type="checkbox"/> In-Center Hemodialysis <input type="checkbox"/> Peritoneal Dialysis <input type="checkbox"/> Home Hemodialysis <input type="checkbox"/> Transplant
Have you done other types of treatment?	<input type="checkbox"/> In-Center Hemodialysis <input type="checkbox"/> Peritoneal Dialysis <input type="checkbox"/> Home Hemodialysis <input type="checkbox"/> Transplant
How many years have you been an ESRD patient?	

Connecting with You	
Which topic(s) do you have the most interest?	<i>(check all that apply):</i> <input type="checkbox"/> Vaccinations <input type="checkbox"/> Home Dialysis <input type="checkbox"/> Hospitalization <input type="checkbox"/> Kidney Transplant <input type="checkbox"/> Health Equity <input type="checkbox"/> Patient Safety

Return to:

Quality Insights Renal Network 5
 PO Box 29274, Henrico, VA 23242
 Fax: 804.320.5918 * Toll-free # 866.651.6272



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

- ☐ I have read the PFAC member responsibilities and participation/membership policy (see next page) and agree to fulfill them to the best of my ability.
- ☐ I authorize Quality Insights Renal Network 5 and my dialysis center (*if applicable*) to utilize my name and email address for specific PFAC communications.
- ☐ I further authorize my Network to use my name where necessary in PFAC meeting minutes and in listing PFAC members in reports to the Centers for Medicare and Medicaid Services (CMS) and other business documentation.

Applicant Signature _____ **DATE:** _____

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PFAC Member Responsibilities and Participation/Membership Policy

AUTHORITIES

The Federal Government in 1972 extended Medicare coverage to individuals with End Stage Renal Disease who require dialysis or transplantation to sustain life (Public Law 92-603). The legislation and subsequent regulations also established health and safety standards applicable to providers of ESRD services and required the establishment of Network Coordinating Councils. Dialysis facilities are offered an opportunity to appoint a member to the Council. One patient member is also appointed to the Council. Since 1986, 18 regional Network organizations have served as liaison between the federal government and providers of ESRD services. ESRD Network 5 includes Maryland, Virginia, West Virginia, and the District of Columbia. Quality Insights Renal Network 5, serves as the Network organization for Network 5.

COMMITTEE PURPOSE AND RESPONSIBILITIES

The PAC is primarily responsible for:

- Identifying needs for patient education;
- Share ideas/concerns to enhance learning for all;
- Participating in Network workgroups to provide the patient point of view; and,
- Assisting with national collaborations for the improvement of kidney care quality.

The PFAC, as an entity in and of itself, shall not engage in lobbying or political activities. Individual members can participate in such activities as citizens of the United States, but not as a representative of the PFAC or Quality Insights.

PATIENT ADVISORY COMMITTEE MEMBERSHIP

The PFAC will consist of a minimum of 15 members. Efforts will be made to ensure that there is at least one representative from each of the 4 Network regions. Representation of various treatment modalities within the membership is desirable.

PFAC members are expected to attend monthly virtual/telephone meetings. The Network will pay reasonable travel expenses of the members when meetings are held in person.

There are no term limits. Membership will be reviewed annually by the PFAC. The Committee Chair position will also be reviewed annually. Members, including the Chair, may resign from the Committee at any time. PAC members who have missed three consecutive meetings may be replaced.

- Active involvement in Network quality improvement activity (QIA) planning, providing patient perspective to all approaches
- Willingness to be actively involved in at least one national Learning and Action Network (LAN) workgroup, including the Kidney Community Emergency Response Coalition (KCER)
- Other projects as assigned or approved by the BOD