Perinatal Family Advisory Board (PFAB) Membership Application

Thank you for your interest in the Perinatal Family Advisory Board. Membership on this board requires your successful completion of the application process. All of your information will be treated as confidential. Membership on this Board requires regular attendance at monthly Board meetings and participation on the council.

You will be required to sign a Confidentiality Agreement, stipulating that you understand that Patient Health Information is protected by Federal Law and to protect our patients' confidentiality, you will not discuss any patient information outside the Perinatal Family Advisory Board meetings.

You will also be required to sign a Release Form indicating that you will not use, refer, or provide any information from the Perinatal Family Advisory Board meetings to initiate or support any legal proceedings against the hospital, staff or physicians. These documents will be available to sign at the first Board meeting (including photography consent form).

Please PRINT all information clearly:

Name_____

Address _____City/State/Zip Code _____

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

Work _____Business:_____ Cell_____

Fax _____E-mail address _____

Emergency Notification:

Name _____Relationship _____

Place of Employment _____Business Phone _____

Home Phone _____

Physician's Name _____Phone

_____

If a family member what is your relationship to the patient? _____

I understand that membership on the Board requires my commitment to attend monthly Board Meetings and to participate in Board activities and requests.

Applicant's Signature_____Date:_____

For those applying as a family member: To assure compliance with Federal HIPAA regulations, family members must include patient's name and obtain his/her signature to indicate that s/he understands you may use his/her name and/or medical history in your capacity as Board member.

Please mail or email your completed application to:

Attn: Diane Sanchez
St. John's Regional Medical Center
1600 N. Rose Avenue
Oxnard, CA 93030

Diane.Sanchez@DignityHealth.org

Dignity Health
St. John's Regional Medical Center