

BECOME A PATIENT FAMILY ADVISOR



BE OUR PARTNER IN SUCCESS

**Help us improve the quality, safety, and experience for all
patients and families in Los Angeles County.**



Complete the referral form on the back of this flyer.



Patient Family Advisor Referral Form

Vision Statement

Olive View Medical Center's vision is to be an outcomes-driven, patient-centered, teaching, and financially responsible safety-net provider of choice in our community. Through a collaborative partnership, OVMC engages Patient Family Advisors to represent our patients and community by sharing their wisdom and personal experiences to inspire improvement and satisfaction for the benefit of our patients, their families, our community and staff.

Advisors help by talking about their health care experiences with clinicians, staff and other patients.

YES! I am interested in actively participating in the Patient Family Advisory Council. Please send me the information material and application. Here is my information:

First Name: _____ Last Name: _____

Phone Number : (_____) _____

Please mail me the application to:

Mailing Address: _____

City : _____, CA Zip Code : _____

Please e-mail me the application to:

E-mail: _____

Please return this Referral Form to the:

Drop Off:

Advisory Committee
Olive View-UCLA Medical Center
First & Second Floor Info Desk
Sylmar, CA 91342

Mail In:

Olive View-UCLA Medical Center
Advisory Committee
PAC Building
14445 Olive View Drive
Sylmar, CA 91342

For more information about becoming an advisor, please contact via email:

OVPFAC@dhs.lacounty.gov

Thank you for your interest in helping shape a better hospital environment!