



Harbor-UCLA
MEDICAL CENTER

Patient and Family Advisor Application

Let's Shape Change Together

Our Vision: To advocate and promote patient centered, compassionate and culturally sensitive care that engages our patients, their families and our staff to facilitate organizational improvement at Harbor-UCLA Medical Center.

Name:

Today's Date:

Best Contact Number:

Address:

City:

State:

Zip Code:

Email:

Language(s) spoken:

Patient name (if Family Member):

Do you consent to sharing your contact information with other PFAC members? Yes No

I have/my family member has been a patient at Harbor UCLA Medical Center for longer than 2 years? Yes No

I am the: Parent Spouse Caregiver Patient Other (Please Specify)

I have/my family member has been cared for in the: (Check all that apply)

Emergency Room Hospital Clinics Other Areas (Please Specify)

Please tell us why you are interested in becoming a Patient and Family Advisor.

Please tell us about your current or previous volunteer experience.

Please tell us the most convenient time for you to attend meetings?

Morning (8am- 12pm)

Afternoon (12pm- 4pm)

Evening (4pm-6pm)

Thank you for taking the time to tell us more about your interest in becoming a Patient and Family Advisor at Harbor

UCLA Medical Center. Please email your completed form to: HarborPFAC@dhs.lacounty.gov

For questions please contact: (424)306-6317

Thank you for your interest in helping shape change at Harbor UCLA Medical Center!