Patient and Family Advisor Confidentiality Contract

I willingly agree to be a patient and family advisor and to work on improvement teams and/or give information to the Name of Clinic or Hospital . My role is to:

* Talk about – and help others talk about – ideas so Name of Organization and other healthcare providers in our community can make healthcare better.
* Talk about what happened to me as a patient or a patient’s family member in ways to make healthcare better.
* Say what I think about changes to make things better for the patients and families getting care at Name of Clinic.
* Work together with staff and physicians in planning or improving service or programs.
* Think beyond what happened to me to help others.

As a patient and family advisor, I will talk to others and will learn about this organization and others. This includes personal information about patients and their families and operational information about Name of Clinic programs, clinicians and staff. I promise and agree that:

1. I will protect the confidentiality, privacy, and security of all information that I learn as a patient and family advisor.
2. I will not talk, e-mail, or write down anything I learn about patients or Name of Clinic unless it is part of my role as an advisor. I will not talk in a public place inside or outside of Name of Clinic about anything I learn in a meeting.
3. Even though names and medical details are not talked about, there may be enough information to figure out who a person is. I will not try to figure out who particular persons or events may be based on what I learn at any Name of Clinic meeting.
4. I will not use anything I learn as a patient and family advisor for any reason except helping Name of Clinic.
5. I am, and others in the meeting are, free to share their stories. I know that we do not have to say anything that we do not want to say. I know that some people I talk to do not have to follow federal and state laws that protect health information, and they may tell others, even if they are not supposed to.
6. My information and my ideas, alone or with other information and ideas, may be used by Name of Clinic. I give Name of Clinic the right to use such information and ideas.
7. I will tell someone who works at Name of Clinic if I do not, or someone else does not, follow this contract.

I have read and understand this contract. I know this contract does not end. I will do what I promised to stay a patient and family advisor to Name of Clinic.

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| Name (print) | Affiliation / Title |
| Signature | Date |