

Patient Family Advisor Agreements

Please read and sign/initial each item then sign and date on the signature line.

Confidentiality Agreement

In your role as a patient family advisor you will hear confidential and privileged information about King's Daughters, its subsidiaries and other patient and family experiences. It is vitally important that you not share this information in any form with any person outside of the Patient and Family advisor meetings, including family, friends and other people who work at King's Daughters.

All the advisors are committed to improving the quality of care delivered to customers. In order to improve, areas of less-than-ideal performance must be first identified. Just like you need to feel confident that your healthcare provider will keep personal information private, we require the same assurance from you.

The Patient and Family advisor meetings will offer you a place to discuss any issues of concern with your peers, other advisors and the team members or leaders working with you on the specific assignments.

I, _____ agree to keep confidential any information I obtain in the course of my participation in the Patient and Family advisor role. I will not discuss any such information outside of the Patient and Family advisor meetings without the express permission of the involved parties. If I have any concerns about information obtained by my participation in the process I will bring them to the attention of the Patient and Family Centered Care leaders to resolve them. This confidentiality agreement remains in place after the end of my participation as an advisor.

_____ Patient family advisor's initials

Compliance Acknowledgment

By signing this document, I agree to comply with the Code of Conduct and the policies and procedures applicable to my role.

_____ Patient family advisor's initials

Corporate Compliance Obligations

Understands and supports the commitment of the medical center in adhering to federal, state and local laws, rules and regulations governing ethical business practices for healthcare providers; Understands that the medical center is committed to its role in preventing healthcare fraud and abuse and complying with applicable state and federal laws related to healthcare fraud and abuse. Understands that the medical center provides an anonymous hotline (877-327-4145) that serves as one of several tools in reporting suspected fraud, waste and abuse as well as other compliance-related issues.

Agrees to report through any of the reporting tools (e.g., anonymous hotline, supervisor, vice president, compliance officer, compliance director) any suspected healthcare fraud, waste and abuse as well as other compliance-related issues.

_____ Patient family advisor's initials

Signature: _____ Date: _____
Patient Advisor

Signature: _____ Date: _____
Director, Patient and Family Centered Care