Patient Voice
Statement of Interest

Introduction
The Patient Safety Authority understands that patients are important members of the healthcare team and we want to include your perspective in our efforts to keep patients safe. We are looking for patients who are willing to share their input on projects and articles that we develop.

Some projects may be long term, with meetings and conference calls spread over the course of several months or years. Other projects will be one time reviews that can be completed in a couple of hours. All participation is valuable, and you can choose your level of commitment.

This form will help us to best match your interests and expertise to the opportunities for participation. There are no requirements for participation other than an interest in helping improve patient safety.

Thank you for your interest. If you have any questions, please contact Michelle Bell, Director of Outreach and Education at michbell@pa.gov or 610-906-5678.

Contact Information
Name
Street Address
City ST ZIP Code
Phone
E-Mail

Availability
During which hours are you available?
___ Weekday mornings
___ Weekday afternoons
___ Weekday evenings

Are you available to travel?
Any required travel expenses will be reimbursed
___ Harrisburg
___ Philadelphia/ Plymouth Meeting
___ Pittsburgh
___ No Travel

Interests
Tell us in which areas you are interested
___ Surgery
___ Critical Care
___ Pediatrics
___ Outpatient
___ Medication Safety
__ Infection Prevention
___ Communication of events with patient/family
___ Health Literacy
___ Other: ________________________

Statement of Interest
Describe what prompted your interest in patient safety

Previous Experience
Summarize any prior experience related to patient safety/ healthcare advocacy

Other Information
Summarize any other information you think is important

Confidentiality
By participating in projects or review of documents, you may have access to information that is not publically available. If this occurs, you will be given a confidentiality agreement to review and sign.

Return this form via:
Email:  michbell@pa.gov
Or Mail:  Michelle Bell
Patient Safety Authority
333 Market St
Lobby Level
Harrisburg, PA 17120