

COPA Patient & Family Quality Advisory Board

Interest Form

Purpose Statement: Central Oregon Pediatrics' Patient and Family Quality Advisory Board is dedicated to fostering the partnership of patients, parents, family members and professionals working together, to ensure a climate of responsiveness to the needs of children and their families in all areas of care delivery within COPA's practice. The goal of the advisory board is to increase family-centered communication and to promote the principles of patient and family centered care

By completing this interest form, I am sharing my knowledge with COPA staff that I wish to participate in the Patient & Family Quality Advisory Board. Once my information is reviewed, I will be contacted by a member of the Quality Committee to receive instructions on how to more forward.

| First and Last Name: | |
|---|---------------|
| Email Address: | Phone Number: |
| Primary Language Spoken: English Spanish Other: | |
| What is your relation(s) to COPA? I am a COPA patient I have a child or children, that come to COPA I am a parent of a child who has passed away, but w I am a grandparent of a COPA patient I am/have been a foster parent of a COPA patient I am a guardian of a COPA patient I am a community partner and invested in the quality | |



COPA? (please list topics or ideas)

| which clinic do you, or the children you care for, most often visit for care? |
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| East Bend Clinic (Across from St. Charles Bend Hospital) |
| South Bend Clinic (Near Walmart) |
| Northwest Crossing Clinic (near Summit High School) |
| Redmond Clinic (near St. Charles Redmond Hospital) |
| Which community do you live in? |
| Bend |
| Redmond |
| Prineville |
| Madras |
| LaPine |
| Other: |
| |
| Do you acknowledge that a confidentiality form needs to be signed, prior to participating? |
| Yes, and I have reliable internet access to complete this |
| Yes, but I will need assistance with internet access to complete this |
| |
| Do you acknowledge that we encourage participation in at least 50% of the scheduled meetings over the year |
| (yet not mandatory) Virtual options will be ongoing during the COVID 19 pandemic and to eliminate barriers |
| for attendance) |
| Yes |
| No |
| |
| Is there anything you hope we address during our meetings that would help improve your experience at |