**PFAC Mission:**

The Cancer Center Patient and Family Advisory Council’s mission is to infuse the patient and family voice into the delivery of care and to bring about changes that ***improve the patient and family experience***, facilitate ease of navigation, and foster healing and wellness throughout all stages of disease and recovery.

**PFAC Expectations and Rules of Engagement:**

Patients and family members can engage in the Advisory Council either as **full-tim**e members, who attend regular monthly meetings, or as **part-time** members, who participate in time-limited activities.

Full time members commit to engaging in the PFAC for at least one year.

As a PFAC member, you are expected to:

* Provide candid and constructive input based on the best interests of all patients of the clinic and the Cancer Center as a whole
* Be respectful of each other
* Have an open mind: everyone’s viewpoint is important.
* Keep discussion and comments relevant to the issues being discussed
* Listen carefully and ask questions for clarification
* Make every effort to arrive on time
* Arrive prepared for committee and workgroup meetings.
* Bring a sense of humor and fun
* Attend meetings regularly
* Inform the meeting coordinator if you need to miss a meeting
* Bring up any concerns about the ground rules not being respected to the meeting chairperson

Please check and sign the appropriate box below:

□ I agree to abide by the rules of conduct listed above.

I am participating on the council as a

□ patient □ family member □ UCSF staff member

CONFIDENTIALITY

As a member of the group, I agree to:

* Respect Confidentiality: Treat any personal health information that might be shared by participating members as confidential. This information should not be discussed outside of these meetings with people outside of the council, such as family and friends, other clinic staff, or your doctor. *“What happens in the PFAC, stays in the PFAC!”*
* Not use or disclose any confidential or private information about the council’s activities to outside entities, including social media.

I understand that I am required to report any information I may have about the unauthorized access, use, or disclosure of confidential or private information to the UCSF Privacy Office (415) 353-2750.

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Print name Signature

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Email Phone

□ I understand that by joining the PFAC, I am consenting to share my name and email internally within UCSF for the purposes of meeting minutes, meeting attendance sheets, participation on patient panels, guest lists for security authorization to enter buildings, etc.)