

**ATRIUS HEALTH PRIDE+ CARE PROGRAM – PATIENT ADVISORY COUNCIL (PAC)  
-INFORMATION & MEMBERSHIP APPLICATION-**

At Atrius Health, we are dedicated to delivering comprehensive, personalized, and high-quality primary and specialty care that recognizes and celebrates the unique identity of our patients. We understand that each person's needs and goals are distinct, especially within our LGBTQIA+ community. In a respectful and safe environment, we aim to foster trust and build meaningful relationships through our patient-centered approach. Our specialized LGBTQIA+ clinical teams, who have experience and specific training in meeting the unique healthcare needs of LGBTQIA+ patients, are committed to staying updated on the latest advancements in LGBTQIA+ healthcare. We provide the support, knowledge, and resources our patients need to make informed decisions about their health.

**We are actively recruiting Atrius Health patients ages 18 and older to participate on our LGBTQIA+ Patient & Family Advisory Council (PAC) that provides a forum for patients to offer feedback and helps us ensure we are creating an exceptional experience for LGBTQIA+ patients at our practice.**

- The PAC will meet for 90 minutes in the evening, once a month in 2024, virtually over Zoom or Teams.
- A stipend will be provided as a token of appreciation after each meeting.
- Steps to being considered include completion of the following membership application and a brief telephone call with a member of our PAC team. All your information will be treated confidentially.
- Note: We have a limited number of spots open on the PAC, and if you do not hear from us, we will be sure to keep your application on file for when spots become available.

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**APPLICATION INFORMATION:**

**CONTACT INFORMATION (PLEASE PRINT CLEARLY)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred phone number: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred Mode of Contact:  Phone number  email  Both

Please indicate if you are willing to share your contact information with other PAC members in the event you join our PAC:  Yes  No

**YOUR EXPERIENCE WITH OUR PRACTICE:**

Length of time with our practice:  Less than 1 year  1-2 years  3-5 years  More than 5 years

Main Atrius Health site location you go to: \_\_\_\_\_

Our departments you have experience with (check all that apply):

- Internal medicine  Pediatrics  OB/GYN  Behavioral Health  
 Specialty department(s)  Testing (e.g., x-ray, other)  Lab  Pharmacy

**YOUR INTEREST IN OUR LGBTQIA+ PATIENT ADVISORY COUNCIL:**

Please tell us why you are interested in serving as an LGBTQIA+ patient advisor:

Based on your experience with our practice, what are some of the topic areas you would like addressed at one of our Patient Advisory Council meetings?

Please record any other volunteer or advisory experience you have had in the past 3 years. Previous experience is not a requirement to be part of our Patient Advisory Council.

**YOUR AVAILABILITY:**

Are you available to attend Patient Advisory Council meetings early evenings during the week (excluding Fridays)?  Yes  No

Please record any days or times that you are typically not available for meetings? \_\_\_\_\_

Do you have a personal computer, tablet or cell phone that would enable you to participate in Patient Advisory Councils remotely through Zoom or Teams?  Yes  No

**ABOUT YOU (TO GUIDE THE REPRESENTATIVENESS OF OUR PAC COUNCIL - OPTIONAL):**

Primary language spoken:  English  Spanish  Chinese  Other: \_\_\_\_\_

Age:  18 - 24  25-34  35-44  45-54  55-64  65 or older

Race: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Sexual Orientation: \_\_\_\_\_

Gender Identity: \_\_\_\_\_

Employment status:  Working full time  Working part time  Unemployed  Retired

Do you currently or did you previously work for a medical practice or hospital?  Yes  No  
(If yes, specify \_\_\_\_\_)

Health insurance:  Through an employer  Medicaid/MassHealth  Medicare  Other  None

Are there any accommodations you would like us to be aware of (e.g., closed captioned meetings, interpreter, other)?  Yes (specify): \_\_\_\_\_  No

**Ways to apply:**

-Mail application to: Atrius Health, c/o of PAC application  
275 Grove Street, Suite 2-300  
Newton, MA 02466

-Scan or take a picture of your completed application and email\* to [patient\\_relations@atriushealth.org](mailto:patient_relations@atriushealth.org)

-Complete the application over the phone with the assistance of a Patient Relations representative by calling: 617-559-8440.

\*Note, this email address is not encrypted.