

Network Patient Representative (NPR) Participation Agreement Form

**All fields must be completed by staff. Patient Agreement to be signed by NPR.
Fax to 415.897.2422. Please do not email forms to the Network.**

Facility Medicare Provider / CCN #			
Facility Name:			
Facility Address:			
2019 Network Quality Improvement Activity (QIA) Assignment(s): <i>(Please check)</i>		<input type="checkbox"/> Home Dialysis <input type="checkbox"/> Transplant <input type="checkbox"/> Population Health Pilot-TBD	<input type="checkbox"/> Bloodstream Infection <input type="checkbox"/> BSI/Long-term Catheter (LTC)
QIA Staff Lead Information:		Staff Full Name: Staff Title: Phone Number: Email:	
NPR Full Name:			
NPR CROWNWeb_UPI Number:			
NPR Mailing Address:			
NPR Phone Number:	Home: Cell:	NPR Email Address: <i>(Required)</i>	
Number of years as a dialysis patient: Number of years transplanted:			
NPR Dialysis Schedule: <i>(Please check days)</i>		<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
Patient Current Treatment Type?	<input type="checkbox"/> In-Center Hemodialysis <input type="checkbox"/> ICHD Nocturnal <input type="checkbox"/> Home Hemodialysis	<input type="checkbox"/> Peritoneal Dialysis <input type="checkbox"/> Transplant	
Is the patient currently on a transplant waitlist?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Additional Notes:			

PATIENT AGREEMENT

I _____ (print name) agree to participate as a Network Patient Representative (NPR) for Network 17. I give my permission for Network 17 to take photos and videos of me and my property, use my image in print or electronic form for any lawful reason, with or without my name, and for Network 17 partners to use my image in print or electronic form. I have the right to submit a written request to cancel my approval at any time for any reason (except for materials that have already used my image), refuse signature of this form, without consequence, and receive a copy of this form. I understand that my image may be used in publicity, advertising, and web content. My approval will not affect any service Network 17 may provide me, and my approval will last 20 years from the day I sign it. Network 17 will not be able to protect my image once it is public, and I will not be paid for allowing Network 17 to use my image.

I have read and understand the above:

NPR Signature		Date	
NPR Printed Name			

Reminder: Do not submit this form through email.
FAX: 415.897.2422