

Network Patient Representative (NPR) Participation Agreement Form

**All fields must be completed by staff. Patient Agreement to be signed by NPR.
Fax to 813.354.1514. 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 7. I give my permission for Network 7 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 7 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 7 may provide me, and my approval will last 20 years from the day I sign it. Network 7 will not be able to protect my image once it is public, and I will not be paid for allowing Network 7 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: 813.354.1514