RELIANT MEDICAL GROUP
Part of Optum®

RELIANT MEDICAL GROUP PRIDE+ CARE PROGRAM – PATIENT ADVISORY COUNCIL (PAC)
-INFORMATION & MEMBERSHIP APPLICATION-

At Reliant Medical Group, 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 Reliant Medical Group patients ages 18 and older to participate in 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 quarter in 2027, 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.

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 Reliant Medical Group 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) ❑ ❑

YOUR INTEREST IN OUR LGBTQIA+ PATIENT ADVISORY COUNCIL:

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

_____

over →

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 AVAILBILITY:

Are you available to attend Patient Advisory Council meetings early evenings during the week ❑ 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