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End-Stage Renal Disease Network of New England
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Patient Advisory Committee (PAC) Agreement Contract

The Centers for Medicare & Medicaid Services (CMS) has contracted with IPRO End Stage Renal Disease (ESRD) Network of New England to promote education and resources to ESRD patients and providers. In order to support this endeavor, the Network maintains a Patient Advisory Committee for the purpose of lending perspective and giving feedback to the Network on educational materials, programs and ESRD issues.

The committee will be reasonably represented by: peritoneal dialysis patients, hemodialysis patients, transplant recipients and family members that represent the entire area of the Network, which includes Maine, Vermont, Rhode Island, Connecticut, New Hampshire and Massachusetts. The Network's Patient Services Department will staff the committee, with approval by the Network Council.

The Patient Advisory Committee (PAC) will:

- Advise the Network Council on the concerns and needs of ESRD patients in New England.
- Review material developed by the Network to make sure it is "patient-centered" as requested.
- Help create educational materials for other patients, as requested.
- The Patient Advisory Committee is required to have one (1) face to face meeting and three (3) conference calls a year or as often as necessary to provide input to the Network staff and it's Board on the concerns and needs of patients. **"Attendance at PAC meetings (in-person or telephone) is mandatory to retain membership in the PAC, unless otherwise excused. Missing 3 consecutive scheduled meetings without an excused absence will result in dismissal from the PAC."**
- Assist in thinking of topics, and writing, for the Networks patient educational newsletter.
- Provide advice or patient perspectives to assist with conflict resolutions.

By signing below, I agree to actively participate in the charges of the PAC. I give permission to the IPRO ESRD Network of New England to publicize that I am a member of the PAC, by means of email, fax, and written document. I also agree to and authorize the IPRO ESRD Network of New England to use my name and picture on their website, <http://esrd.ipro.org>, or in any patient publication. I agree that the IPRO ESRD Network of New England can discuss my PAC status with my facility. I plan to share my patient experiences as a benefit to the ESRD community when there is a need, as requested by the Network.

Signature

Date

Print Name