**Supporting our Partners**

**The Patients, the Families, the Caregivers**

**Invitation to Share Your Stories**

Do you want to make a difference in the HSRFH’s care delivery system? Share your experience with us, or share your family member’s experience. We want to know what we did well, and what we can improve.

Tell us about your health journey, from time of admission to discharge and/or the transition between all the different services.

Your story will be part of our Quality Improvement process. With your help, we can improve our services for future patients.

If you or a loved one have used any of our services in the last two years and are interested in sharing your story, please contact the Council Staff Liaison at (705)338-3222, or fill out the information below.

The form can be emailed back to us at: [kristalprevost@srfhosp.ca](mailto:kristalprevost@srfhosp.ca)

Faxed at: (705)338-4410

Or mailed to: HSRFH Patient and Family Partnership Council Liaison

Box 219

Smooth Rock Falls, ON

P0L 2B0

Attention: Kristal Prevost

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am interested in sharing my story.

(Last, First name)

I would like to be contacted for an interview.

Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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