

Appendix 6

Sample offer letter

<<Date>>

Dear <<Patient/Family Advisor Name>>:

Congratulations! I am pleased to invite you to serve as a patient and family advisor for <<INSERT practice/health center name/information>>. We are excited about the opportunity to work together to help improve patient care. <<INSERT brief information on your current initiative or project>>.

- Our first meeting will be held on <<INSERT day and date>>.
- The meeting will begin at <<INSERT time>> and end at <<INSERT time>>.
- We will meet in the <<INSERT room number or name and building number or name>>.

<<Our contact person>> will be sending you some materials for your review prior to our first meeting, such as a participation considerations letter and a W-9 tax form that will need to be completed, so that we can compensate you for your time spent participating in phone calls and attending any in-person meetings. <<Delete this section if W-9 not applicable or if you are not providing any compensation to the advisor>>

Please send a signed copy of your participation considerations letter <<and a completed W-9 form if applicable>> by email to <<email address>> by <<date>>.

Please don't hesitate to contact me if you have any questions about the participation considerations letter, the orientation session, or if you need assistance emailing any of the documentation.

Our practice team looks forward to learning together how to assist patients and families.

Sincerely,

Practice contact for patient and family advisors
Position/Title
Additional information (if applicable)

Practice/Health center
Address line 1
Address line 2
City, State, ZIP code
P: <<Phone number>>
F: <<Fax number>>
<<email address>>