



## Agreement to work With A Health Pal Volunteer

**Penn's Village Health Pals is designed to help me navigate the health care system. Health Pals are trained volunteers who accompany Penn's Village members to medical appointments to serve as an extra listening ear. They help me prepare for a health care visit, keep a record of what happens at each appointment so that I can remember what I need to do for follow-up care, and help with post appointment follow-through.**

Member #	Member Name		
Address			
Phone#			
Emergency Contact		Phone #	

I \_\_\_\_\_ (first name, last name)

Authorize the trained Penn's Village Health Pal of Penn's Village, 201 S 21<sup>st</sup> Street, Philadelphia, PA, 19103 (pennsvillage.org) to

Disclose Information       Exchange information

that is relevant to provide continuing/follow-up Health Pal services, to insure continuity of assistance by Health Pals and coordination with specified family members/friends, listed below,

Name	Relationship/Telephone

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand that I may revoke this consent and or change family members/friends at any time by giving written notice to the Health Pals Program

**Date received in PV Office** \_\_\_\_\_ **Received by** \_\_\_\_\_