

# ESRD Network 10 and 12 Medical Attestation:

I \_\_\_\_\_, as the Facility Peer in Action for \_\_\_\_\_ understand that giving medical advice is not appropriate within my role as the Peer in Action. I understand that as the Facility Peer in Action is it appropriate and encouraged to give advice to another patient, but this does not include medical advice. If I am approached with a medical question from another patient, I will refer them to their healthcare team.

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_