

**PATIENT CENTERED MEDICAL HOME (PCMH)
Patient/Provider Agreement**

Good communication between patients and physicians is the key to better outcomes. My staff and I are committed to providing you the highest quality medical care. This can best be accomplished by a clear understanding about our responsibilities to you, and your rights and responsibilities as a patient in our practice.

OUR RESPONSIBILITIES TO YOU:

- ▶ **RESPECT YOU AS AN INDIVIDUAL** – we will not make judgments based on race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation or genetic information.
- ▶ **RESPECT YOUR PRIVACY** – your medical information will not be shared with anyone else unless you give permission or as required by law.
- ▶ **PROVIDE THE BEST POSSIBLE TREATMENT AND SERVICE BASED ON CURRENT MEDICAL EVIDENCE** – we respect your right to information and will discuss appropriate or medically necessary treatment options regardless of cost or benefit coverage.
- ▶ **MANAGE YOUR HEALTH STATUS**, including well person/preventive care as well as treatment for acute and chronic diseases.
- ▶ **PROVIDE YOU TIMELY ACCESS TO CARE** in our practice, as well as facilitate timely access to specialists, diagnostic services, and other care as needed.
- ▶ **SHARING PATIENT INFORMATION** - in the course of providing care, our providers will share patient information with other providers who are involved in the patient care as appropriate. The data may be through provision of written medical information or through electronic sharing of information.

WHAT WE ASK OF YOU:

- ▶ Ask questions, share your feelings and be part of your care.
- ▶ Be honest about your history, symptoms and other important information about your health.
- ▶ Tell your doctor about any changes in your health and well-being.
- ▶ Take your medicine as ordered and follow your doctor’s advice; if you are unwilling or unable to do so, be honest with the doctor.
- ▶ Make healthy decisions about your daily habits and lifestyle.
- ▶ Prepare for and keep scheduled visits or reschedule visits in advance whenever possible.
- ▶ Call your doctor first with all problems, unless you have a medical emergency.
- ▶ End every visit with a clear understanding of your doctor’s expectations, treatment goals and future plans.

PLEASE NOTE: Our office hours vary depending upon location. When the office is closed, contact either me or a covering physician to address medical issues, which cannot wait until regular office hours. It is important that you keep all scheduled appointments and notify us sufficiently in advance if you need to cancel or reschedule appointments.

URGENT OR EMERGENT CARE: Please attempt to call me before going to an after-hours urgent care facility or to an emergency room unless you believe you have a serious problem requiring immediate medical attention.

By signing below, you indicate that you have read this document, and that it is your wish to join our medical home and to do your best to abide by the statements listed above. This is not a legally binding contract, but is intended to provide a framework upon which we can build a relationship that will allow you to maximize your health status in a comfortable and welcoming environment.

Patient Name

Patient Representative

Date

Physician or Representative Signature

Date

Tips on chronic disease management may be found at www.webmd.com, www.ada.com and www.aha.com .