

Patient Name: \_\_\_\_\_

**Patient Centered Medical Home  
Patient – Provider Agreement**

I have received the Patient Centered Medical Home brochure describing this model of care, what I can expect from my physician, and what is expected of me. My physician has also discussed the details of Patient Centered Medical Home with me and has answered any of my questions.

X \_\_\_\_\_

Patient /Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Physician Signature

\_\_\_\_\_

Date