

## PATIENT CENTERED MEDICAL HOME PATIENT – PROVIDER AGREEMENT

Patient Centered Medical Home is a health care setting that facilitates a philosophy of a strong patient-physician relationship. It includes an agreement from both the patient to be actively engaged in their health and the physician to work together with the patient (and when appropriate their family) to provide comprehensive healthcare, with all parties working towards achieving wellness.

We trust You, our patient, to:

-Tell us what you know about your health and illnesses

-Tell us about your needs and concerns

-Take part in planning your care

-Follow the care plan that is agreed upon or let us know why you cannot so that we can try to help or change the plan

-Tell us what medications (prescribed and over the counter) you are taking and ask for any needed refills at your office visits

-Let us know when you see other doctors and what medications they put you on or change

-Ask other doctors to send us a report about your care when you see them

-Seek our advice first before seeing other physicians. We may be able to care for you or we will guide you toward the appropriate specialist

-Learn about wellness and disease prevention

-Learn about your insurance so you know what it covers

-Keep your appointments or notify us of your cancellation

-Give us feedback so we can improve our services

## We, as your Physician and Staff, will continue to:

-Respect you as an individual without discrimination

-Incorporate healthy lifestyle promotion in your plan of care and encourage preventative health care

-Give you care that is based on quality and safety research

-Be a resource of medical knowledge to provide you with information about your condition in understandable terms

-Offer you access to a physician 24 hours a day, and 7 days a week, either in the office or via phone after hours

-Respect your privacy and confidentiality

-Identify ourselves by name and outwardly by badge with our professional status

## We, your Patient Centered Medical Home, will provide You and Your Family with:

-Patient Care: provide compassionate care to treat your medical conditions and specific diagnosis

-Medical Knowledge: apply up to date knowledge to patient care and public health

-Evidence Based Care: your care will be based on quality and evidence based medical research and analysis

-Practice Based Learning: we seek to improve patient care in our practice

-Communication: we will actively listen to you, the patient, and collaborate with all the members of the healthcare team

-Technology Use: we will evaluate and incorporate health care technology in the practice of medicine

I understand the model of care described above, 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.

Signature of Patient/Representative

Date

**Printed Name of Patient** 

Date of Birth

Provider Signature

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Date