



PATIENT CENTERED MEDICAL HOME (PCMH)

This is an agreement between you and your primary care team to engage in a proactive management of your health, wellness, and/or illnesses. The key to better outcomes is truly active communication between patients, physicians, and the health care team. Our team is committed to providing you the highest quality medical care.

Our Team's Responsibilities to You:

- Establish a trusting respectful relationship with you as an individual
- Treat you with compassion and understanding
- 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 advice 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/preventative 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

What We Ask of You:

- Partner with the physician/team - ask questions, share your feelings and be part of your care
- 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 and notify us
- Keep all scheduled visits and/or reschedule in advance whenever possible
- Be honest about your history, symptoms, treatment and other important information about your health
- Notify your primary physician about any changes in your health, well-being and treatments
- Contact your doctor first with all problems unless you have a medical emergency
- Make healthy decisions about your daily habits and lifestyle
- Ask questions and be sure that you have a clear understanding of your doctor's expectations, treatment goals, and future plans

PLEASE NOTE: Our office is open 8:30 a.m. to 5 p.m., Monday through Friday. When the office is closed, we have an on-call provider available for immediate issues which cannot wait until regular office hours.

By signing below, you have indicated that you have read and understand this agreement. 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 Signature _____ Date _____