

SOUTH CENTRAL FAMILY HEALTH CENTER (SCFHC)

PATIENT CENTERED MEDICAL HOME (PCMH) PATIENT/PROVIDER PARTNERSHIP AGREEMENT

Good communication between patients and physicians is the key to better outcomes. Our 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:

- ✓ Learn about you, your family, life situation, and health goals and preferences. I will remember these and your health history every time you seek care and suggest treatments that make sense for you.
- ✓ Take care of any short-term illness, long-term chronic disease, and your all-around well-being.
- ✓ Keep you up-to-date on all your vaccines and preventive screening tests.
- ✓ Connect you with other members of your care team (specialist, health coaches, etc.) and coordinate your care with them as your health needs change.
- ✓ Be available to you after hours for your urgent needs.
- ✓ Notify you of test results in a timely manner.
- ✓ Communicate clearly with you so you understand your condition(s) and all your options.
- ✓ Listen to your questions and feelings. I will respond promptly to you-and your calls – in a way you understand.
- ✓ Help you make the best decision for your care.
- ✓ Give you information about classes, support groups, or other services that can help you learn more about your condition and stay healthy.

What We Ask of You:

- ✓ Know that you are a full partner with us in your care.
- ✓ Come to each visit with any updates on medications, dietary supplements, or remedies you're using, and questions you may have.
- ✓ Let us know when you see other health care providers so we can help coordinate the best care for you.
- ✓ Keep scheduled appointments or call to reschedule or cancel as early as possible.
- ✓ Understand your health condition: ask questions about your care and tell us when you don't understand something.
- ✓ Learn about your conditions(s) and what you can do to stay as healthy as possible.

- ✓ Follow the plan that we have agreed is best for your health.
- ✓ Take medications as prescribed.
- ✓ Call if you do not receive your test results within two weeks.
- ✓ Contact us after hour only if your issue cannot wait until the next work day.
- ✓ If possible, contact us before going to the emergency room so someone who knows your medical history can care for you.
- ✓ Agree that all health care providers in my care team will receive all information related to your health care.
- ✓ Learn about your health insurance coverage and contact SCFHC if you have any questions about your benefits.
- ✓ Pay your share of any fees.
- ✓ Give us feedback to help us improve our care for you.

I look forward to working with you as your primary care provider in your patient-centered medical home.

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|---------------------------|------------------------------|-------|
| Provider Signature | Printed Provider Name | Date |
| _____ | _____ | _____ |
| Patient Signature | Printed Patient Name | Date |
| _____ | _____ | _____ |
| Parent/Guardian Signature | Printed Parent/Guardian Name | Date |
| _____ | _____ | _____ |

- Cell Phone Number _____
- Email Address _____
- By providing your cell phone number and/or email address, you consent to your PCMH care team contacting you regarding your medical care via cell phone or email.