



4684 Wenmar Dr.
Saginaw, MI 48604
Ph: 989.793.1095

PATIENT CENTERED MEDICAL HOME (PCMH)

Patient / Provider 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:

- **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; **please be aware that while providing comprehensive, quality care we will share medical information with other providers who are involved in your child’s care, as necessary.**
- **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 child/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.

What We Ask of You:

- ❖ Ask questions, share your feelings and be part of your care
- ❖ Be honest about the history, symptoms and other important information about your child’s health
- ❖ Tell the practitioner about any changes in the health and well-being of your child
- ❖ Give your child’s medicine as ordered and follow your practitioner’s advice-if you are unwilling or unable to do so, be honest with the practitioner
- ❖ Make healthy decisions about the daily habits and lifestyle of your child
- ❖ Prepare for and keep scheduled visits or reschedule visits in advance whenever possible
- ❖ Call your doctor first with all problems, unless there is a medical emergency
- ❖ End every visit with a clear understanding of the practitioner’s expectations, treatment goals and future plans
- ❖ Request information about community services related to your child’s health needs
- ❖ If medical services or community services are performed outside of this office, request all information be sent here.

PLEASE NOTE: Our office is open 8:00 am to 4:30 pm Monday through Friday. When the office is closed, we have an answering service that will contact the provider on call to address medical issues, which cannot wait until regular office hours. It is important that you keep all scheduled appointments and notify us at least 24 hours in advance if you need to cancel or reschedule an appointment. **For your convenience, a limited number of same day appointments are available.**

Urgent or Emergent Care: Please attempt to call 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	Birth Date	Parent or Guardian Signature	Date
Physician or Representative Signature			Date