

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

A Patient-Centered Medical Home is a trusting partnership between a provider-led healthcare team and an informed patient. It includes an agreement between the provider and the patient that acknowledges the role of each in the total health care program.

**As your primary care provider, we will:**

- Ask what your goal is, or what you want to do to improve your health.
- Ask you to help us plan your care and to let us know if you think you can follow the plan.
- Create written copies of care plans for more complex illnesses.
- Remind you when tests are due so that you can receive the best quality of care.
- Ask you to have blood tests before your visit so the provider has the results at your visit.
- Explore methods to care for you better, including ways to help you care for yourself.

**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 we can try to help or change the plan.
- Tell us what medications you are taking and ask for 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 before you see other physicians. We may be able to care for your needs.
- Learn about wellness and how to prevent disease.
- Learn about your insurance so you know what it covers.
- Respect us as individuals and partners in your care.
- Keep your appointments as schedule, or call and let us know when you cannot.
- Pay your share of the visit fee when you are seen in the office.
- Give us feedback so we can improve our services. *(We may ask you to complete a survey.)*

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

\_\_\_\_\_  
*Patient/Parent/Guardian Signature*

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Staff Signature*

\_\_\_\_\_  
Date