

PATIENT CENTERED MEDICAL HOME PATIENT AGREEMENT



A Patient-Centered Medical Home is a Partnership Between the
Patient and Their Physician

As a part of St. Hope Foundation's Patient-Centered Medical Home, your medical provider will:

- ❖ Review medications at every visit and discuss any interactions or contradictions,
- ❖ Electronically prescribe medications to ensure they are accurate and available to you promptly,
- ❖ Develop a personal action plan to address chronic conditions,
- ❖ Provide you 24 hour access to a clinical decision maker by phone,
- ❖ Reserve space in our schedule to accommodate a same-day appointment for sick patients,
- ❖ Notify you of abnormal test results

By choosing to participate in a Patient-Centered Medical Home, I agree to:

- ❖ Make sure my doctor knows my entire medical history,
- ❖ Tell my doctor of all medications, vitamins, and supplements that I'm currently taking,
- ❖ Adhere to the action plan designed collaboratively with my medical provider
- ❖ Consult my medical before making an appointment with a Specialist or visiting an Urgent Care facility or Emergency Room (unless it is a true Emergency)
- ❖ Contact my medical provider within 48 hours of an emergency room visit to make a follow-up appointment.
- ❖ Keep my appointments as scheduled

I have read and understand my responsibilities as a patient of this practice. I understand that it is imperative that I meet these responsibilities so that my physician can provide the optimum care for me.

Patient Name

Medical Provider

Patient Signature

MD/NP/PA Signature

Date

Date