

Midland Family Physicians

920 W. Wackerly Street, Midland, MI 48640 Phone: (989) 839-9937 Fax: (989) 839-9220

PATIENT CENTERED MEDICAL HOME (PCMH) Patient / Provider Agreement

Good communication between patients and physicians is the key to better outcomes. We 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
- **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/preventive care as well as treatment for acute and chronic diseases and provide information regarding community services appropriate for managing your health
- **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 your history, symptoms and other important information about your health
- Tell your doctor about any changes in your health and well-being
- 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
- Make healthy decisions about your daily habits and lifestyle
- Prepare for and keep scheduled visits or reschedule visits in advance whenever possible
- Call your doctor first with all problems, unless you have a medical emergency
- End every visit with a clear understanding of your doctor's expectations, treatment goals and future plans
- Request information about community services related to my health needs
- If medical or community services are performed outside of this PCMH office, request all information to be sent to the office.

PLEASE NOTE: Our office is open Monday 8:00 a.m.-6:00pm, Tuesday, Wednesday and Friday, 7:00 a.m.-5:00 p.m. and Thursday 7:00 a.m. to 6:00 p.m., Saturdays from 8 a.m. to noon. When the office is closed, we have an answering service that will contact one of our practice physicians to address medical issues, which cannot wait until regular office hours. It is important that you keep all scheduled appointments and notify us sufficiently in advance if you need to cancel or reschedule appointments.

Urgent or Emergent Care: Please attempt to call the office (answering service) at 989-631-0970 before going to an after-hours urgent care facility or to an emergency room unless you believe you have a serious problem

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

Patient or Representative Signature

Date

Physician or Representative Signature

Date