

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 be best 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.
- **We will contact you** with abnormal test results within 48 hours of testing.
- **Manage your health status** – including well person/preventive care as well as treatment for acute and chronic diseases and provide information regarding community services, such as transportation to our office and prescription assistance.
- **Provide you timely access to care** in our practice, as well as facilitate timely access to specialists, diagnostic services, and other care as needed.
- **Provide extended hours for care.** Office hours Monday through Friday from 7:00 am to 7:00 pm, Saturday 8 am to 12 noon.
- **We will send a reminder** of your upcoming appointments by text, email or through our patient portal.
- **We will provide care** that is free from harm, minimizes redundancy and waste, allows timely access to needed services, follows best practices and incorporates patients' preferences and treatment priorities.

What We Ask of You:

- Ask questions, share your feelings and be part of your care.
- Tell us what you know about your health, illnesses, your needs and concerns.
- Take your medicine as ordered and follow your doctor's advice – if you are unwilling or unable to do so, let us know why you cannot, so that we may assist you.
- Prepare for and keep scheduled visits or reschedule visits in advance whenever possible.
- Unless you have a medical emergency, call your doctor first with all problems, before going to an emergency room.
- Share any medication updates, dietary supplements or remedies you are using.
- If medical or community services are performed outside of this PCMH office, request the reports be sent to this office. For example: pap smears, mammograms, eye doctor visit reports, etc.
- Please request prescription refills two business days in advance of needing a refill.

Urgent or Emergent Care: Please attempt to call the office (answering service) at 989-214-8477 before going to an after-hours urgent care facility or to an emergency room, unless you believe this is a life-threatening emergency.

By signing below, you indicate that you have read this document, and that it is your wish to join our patient centered 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 in a comfortable and welcoming environment.

Patient Name

Patient or Representative Signature

Date

Physician or Representative Signature

Date