

**Pediatric & Adolescent Center**

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**THE PATIENT-PROVIDER AGREEMENT**

The health and wellness of our patients is a top concern of this office. Providing the best possible care to every patient is our primary goal. The only way we can meet this goal is if I, *your doctor*, and you, *my patient* work together.

This concept is called the **Patient Centered Medical Home**.

**Patient responsibilities:**

- Ask questions, share your feelings and be part of your care.
- Be honest about your history, symptoms, and other important information regarding your health.
- Tell your doctor about any changes in your health and wellbeing.
- Take all your medication and follow your doctor's advice.
- Make healthy decisions about your daily habits and lifestyle.
- Prepare for and keep scheduled visits and or reschedule visits in advance whenever possible.
- Call your doctor *first* with all problems, unless it is a medical emergency.
- End every visit with a clear understanding of your doctor's expectations, treatment goals, and future plans.

**Doctor Responsibilities:**

- Explain diseases, treatments, and results in an easy-to-understand way.
- Listen to my patient's feelings and questions; help them make decisions about their care.
- Keep treatments, discussions, and records private.
- Provide 24 hour access to medical care and same day appointments, when possible.
- Provide instructions on how to meet patient's health care needs when the office is not open (stress that urgent care is preferred as an alternative to ER if appropriate).
- To care for you to the best of my abilities based on my understanding of current medical methods available.
- Give my patients clear directions about medications and other treatments.
- Send my patients to trusted experts, if needed.
- End every visit with clear instructions about expectations, treatment goals and future plans.

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

DATE: \_\_\_\_\_

PATIENT / PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_