

Patient Names: \_\_\_\_\_

**Medical Home Agreement**

**This Medical Home Agreement Concept is an AGREEMENT between YOU and YOUR PROVIDER, to focus on meeting ALL of your Healthcare Needs.**

**As your Medical Home Primary Care Provider (PCP), we agree to:**

1. Honor your rights as a patient, and treat you with dignity and respect.
2. We will focus on listening to your concerns, educating you on your health care needs and preventive services.
3. Focus on treating you as a whole person: physically, mentally and emotionally.
4. Focus on providing you with **ongoing, quality and safe** medical care, including prevention of future health complications.
5. Work to schedule timely office appointments for your chronic and urgent healthcare needs.
6. Be available to you 24 hours a day, by office appointment, phone calls and/or other electronic communication.
7. Provide you with other healthcare resources when we are absent or unavailable.
8. Provide you with referrals to specialist as deemed **medically** necessary by your PCP.
9. Provide you with treatment, medications, equipment and any other resources deemed **medically** necessary by your PCP.

**As a Medical Home Patient, your responsibility is the following:**

1. Work with us, as your **PCP**, to meet **all** of your health care needs.
2. Communicate with us about all your healthcare concerns and goals.
3. Report **any** changes related to your health, treatments, medications, etc.  
 This includes use of **all medications** - prescription, over-the-counter, herbal and street drugs.  
 This also includes any medical equipment being used or that has been ordered or recommended for use.
4. Call us **before** going to the Emergency Room, unless it is life threatening.
5. Notify us **after** any Emergency Room, Urgent Care Clinic or Hospital visit.
6. Schedule medical appointments in a timely manner, including **follow-up** appointments.
7. Keep appointments as scheduled with us and any appointments scheduled with a specialist.
8. If you cannot keep an appointment call **before** your appointment time to cancel or reschedule the appointment.
9. You may be dismissed from your PCP if you repeatedly miss appointments without notice or do not follow the responsibilities listed in the medical home agreement.

**Your Healthcare is a TEAM Approach involving BOTH YOU and YOUR PROVIDER.**

\_\_\_\_\_  
Patient or Guardian Signature

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date