

Patient Centered Medical Home-Neighborhood

We are excited to let you know about our new Health Care Program called Patient Centered Medical Home (PCMH). By participating as a provider in PCMH my practice agrees to:

1. Ensure effective communications, coordination and integration with your PCMH practice including appropriate flow of patient care information.
2. Provide appropriate and timely consultations that complement and advance the aims (as explained here) of your PCMH practice.
3. Establish an agreement with the PCMH regarding who will have the lead responsibility for care management if a chronic medical condition exists.
4. Ensure that at every patient visit, all medications currently taken by you are reviewed and updated, and any concerns regarding medication interaction or side effects are addressed.
5. Establish a system to have same day appointments available for urgent patients.
6. Ensure that proper follow-up and communication regarding test orders and test results are provided to you and your PCMH.
7. Ensure that your care is coordinated with the PCMH as agreed across all health care settings.

By choosing to participate in the PCMH, you agree to:

1. Ensure my doctor knows my entire pertinent medical history.
2. Inform my doctor of all the medications I am taking.
3. Actively participate with my doctor in planning my care.
4. Remind my doctor to send my PCMH a report, copies of lab work and test results.
5. Know my insurance carrier and my covered benefits.
6. Provide my doctor feedback on how they can improve.
7. Keep my appointments as scheduled or notify my doctor of the cancellation 24 hours ahead of time.

Patient Name: _____

Patient (Guardian) signature: _____ Date: _____