

Family Care Physician's P.C. - Anxiety and Depression Institute  
**Patient-Provider Partnership Agreement**

Welcome to your Patient-Centered Medical Home. Thank you for choosing to partner with our medical practice for patient-centered care. We appreciate the trust and confidence you have placed in us for your care.

**Primary Care Responsibilities:**

- Listen to your health concerns.
- Provide information on chronic conditions and prevention programs.
- Provide flexible and expanded office hours, schedule appointments within a reasonable time, and see patients as closely as possible to scheduled appointment time.
- Provide telephone availability to reach a clinical decision-maker for communication 24 hours per day, 7 days per week.
- Coordinate care provided by my practice team, other clinicians and health care institutions effectively to avoid duplication, delay and error.
- Communicate test and treatment results promptly and correctly.
- Provide information and advice regarding preventative care, maintaining wellness, self-management direction and counseling.
- Assess and discuss need for community resource. Provide recommendation to a resource relevant to your needs.
- Provide reminders for follow up and preventative care.
- Maintain clinical information that allows us to participate in the development and maintenance of health records and patient registries, while protecting privacy and confidentiality.

**Patient Responsibilities:**

- Communicate openly.
- Participate with your health care team in the development of treatment plans to improve your health.
- Provide Health Care Team with feedback regarding Action and treatment plans.
- Respect the time of others by being on time for appointments and procedures.
- Schedule and attend appointments at intervals suggested by Health Care Team.
- Involve yourself in Physician's and other health care professionals' recommendations with respect to maintenance or improvement of your health and wellness.
- Participate in action planning and goal setting with respect to maintenance or improvement of your health and wellness.
- Participate in developing and maintaining a comprehensive health record by authorizing delivery and circulation of clinical information to and from partnering clinicians and health care institutions.

Date:

Print Patient Name:

Date of Birth:

Patient /Guardian Signature:

(Add Signature or Type Name to Electronically Sign)