McLaren Business Products

McLaren Print System Order

Order No: 56900 Reprint Previous Order No: 5259
Order Date: 2020-09-17
User: Carrie Gnatkowski
Phone: 989-393-2714

Ship Location: McLaren Bay Primary Care Attn: Carrie Gnatkowski
4 Columbus Ave., Suite 380
Bay City , MI 48708
Forms
Quantity: 1000
Paragon Dept No: 17805
Dept Name: McLaren Medical group
Company Number: 810

Order Total Price: 0.00

Item Number: MM-31
Item Description: PCMH Patient and Physician Agreement
Revision Date: 2/2019
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:

McLaren
MEDICAL GROUP

PATIENT CENTERED MEDICAL HOME (PCMH)
Patient/Provider Agreement

A Medical Home is a trusting partnership between a doctor led health care team and an informed patient. Good communication between patients and providers is the key to better outcomes. We are committed to providing you the highest quality medical care. This can best be accomplished by a clear understanding about our responsibilities to you, and your 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, marital 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.
- **PROVIDE THE BEST POSSIBLE CARE** – based on evidence based medicine and best practice recommendations.
- **MANAGE YOUR HEALTH STATUS** – including well person/preventive care as well as treatment for acute and chronic diseases.
- **LISTEN TO YOU AND EXPLAIN** – disease, treatment and results in a way you can understand.
- **PROVIDE 24 HOUR ACCESS TO MEDICAL CARE** – 7 days a week, 365 days a year.
- **NOTIFY YOU OF TEST RESULTS** – we begin contact within 2 business days of the ordering provider receiving the test results. Contact will be made via phone, portal or US mail.

WHAT WE ASK OF YOU:

- Ask questions, share your feelings and be part of your care.
- Be honest about your history, symptoms and other important information about your health.
- Tell your doctor about any changes in your health and well-being.
- Take your medicine as ordered and follow your doctor's advice; if unwilling or unable to do so, let us know.
- Make healthy decisions about your daily habits and lifestyle.
- Prepare for and keep scheduled visits or reschedule visits in advance.
- Call your doctor first with all problems, unless you have a medical emergency.
- End every visit with a clear understanding of your doctor's expectations, treatment goals and future plans.

PLEASE NOTE: When the office is closed, call us to reach a provider on call to address medical issues which cannot wait until regular office hours.
It is important that you keep all scheduled appointments. Please notify us in advance if you need to cancel or reschedule appointments.

URGENT OR EMERGENT CARE: Please call us before going to an after-hours urgent care facility or to an emergency room unless you believe you have a serious problem requiring immediate medical attention.

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

Patient Name (Print) Date of Birth Patient/Guardian Signature Date & Time

Provider/Clinical Representative Name (Print) Provider/Clinical Representative Signature Date & Time

MM-31 (2.19)