KATHLEEN KNAPP, DO., PC

PATIENT CENTERED MEDICAL HOME

A Patient Centered Medical Home is a trusting partnership between a healthcare team and an informed patient. It includes an agreement that acknowledges the role of each in a total health care program with the goal of creating a partnership between patient and providers to achieve the highest level of care for you and your family.

PATIENT-PHYSICIAN AGREEMENT

We are continuously working on ways to improve how we provide care by updating our technology and performance. We are asking you to improve your health by taking an active role in your health care. We will be asking you to identify your life goals and establishing care management plans, including clearly identified self-management goals and responsibilities.

WE TRUST YOU, AS OUR PATIENT TO:

- Tell us what you know about your health and illnesses, and what your needs and concerns are.
- Take an active role in planning your care and following that plan. Inform us if you are unable to meet your goals.
- Tell us what medications you are taking, and to take your prescribed medications as directed. To ask
 for refills in a timely manner so there are no lapses in medication dosing. Ask for your refills at the
 time of your office visit. To keep us informed when you see other doctors and what medications they
 prescribe for you or if changes have been made.
- Learn about wellness and prevention: seek our advice before seeing other physicians.
- Keep your appointments and know what your insurance is and what it covers. We expect you to pay your copay and balance when you are seen in the office.

WE AS YOUR PHYSICIAN WILL:

- Provide safe, quality care to you when needed, with respect to you and your privacy.
- Provide 24 hour access to our healthcare team.
- Help you plan your goals that meet your needs, and discuss these goals with you to improve your health and prevent persistent health problems.
- Discuss the most appropriate tests and procedures you need to meet your goals, and coordinate your care among other health care professionals. We will share pertinent medical information as needed.
- Tell you about your health and illnesses in a way you can understand, provide care for short or long term illness and give advice to help you stay healthy.

PATIENT:	PHYSICIAN:	
RELATIONSHIP:	DATE:	

Patient Signature:		Date:	
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I have reviewed the above information and by signing below agree to my responsibilities: