

Our Shared Commitment

AGREEMENT FORM

As your personal physician, my responsibilities are to:

- Explain diseases, treatments and results in an easy-to-understand way.
- Listen to your feelings and questions, which will help us to make decisions about your care.
- Keep your treatments, discussions and records confidential.
- Provide same-day appointments whenever possible.
- Provide instructions on how to meet your healthcare needs when our office is not open.
- Give you clear directions about medicine and other treatments.
- Send you to a trusted specialist, if needed.
- End every visit making sure you have clear instructions about expectations, treatment goals and future plans.
- Provide Telehealth appointments wherever possible

As our patient, your responsibilities are to:

- Ask questions, share your feelings and take an active part in your care.
- Be honest about your history, symptoms and other important information, including any changes in your health and well-being.
- Take all your medications as directed. Inform us whenever there is a problem with the medication you are taking.
- Make healthy decisions about your daily habits and lifestyle.
- Keep your scheduled appointments or reschedule in advance whenever possible.
- Call our office with your health concerns, unless it is an emergency.
- Be sure you leave our office with a clear understanding of our expectations, treatment goals and future plans.

I have read and understand my responsibilities as a patient of this practice. I understand it is imperative that I meet these responsibilities so my physician can provide optimum care for me.

Patient Name

Patient Signature

Date

As your personal physician, I understand my responsibilities to you as a patient of this practice. I will do my utmost to provide you with the highest quality of care possible.

Physician Name

Physician Signature

Date