



Medical Home Agreement

This medical home agreement concept is an agreement between you and your provider to focus on meeting all of your healthcare needs.

As your Medical Home Primary Care Provider (PCP), we agree to:

- Honor your rights as a patient and treat you with dignity and respect.
- Focus on listening to your concerns, educating you on your healthcare needs and preventive services.
- Focus on treating you as a whole person: physically, mentally, and emotionally.
- Focus on providing you with ongoing, quality, and safe medical care including prevention of future health complications.
- Work to schedule timely office appointments for your chronic and urgent healthcare needs.
- Be available to you 24 hours a day by office appointment, phone calls, and/or other electronic communication.
- Provide you with other healthcare resources when we are absent or unavailable.
- Provide you with referrals to specialists as deemed medically necessary by your PCP.
- Provide you with treatment, medications, equipment, and any other resources deemed medically necessary by your PCP.

As a Medical Home Patient, you agree to:

- Work with us, as you your PCP, to meet all of your healthcare needs.
- Communicate with us about all your healthcare concerns and goals.
- Report any changes related to your health, treatments, medications, etc. This includes use of all medications (prescriptions, over-the-counter, herbal, and street drugs). This also includes any medical equipment being used or that has been ordered or recommended for use.
- Call us **before** going to the emergency room unless it is life threatening.
- Notify us **after** any emergency room, urgent care clinic, or hospital visit.
- Schedule medical appointments in a timely manner including follow-up appointments.
- Keep appointments as scheduled with us and any appointments scheduled with a specialist.
- Call 24 hours before your appointment time to cancel or reschedule.

You may be dismissed from Tulsa Pediatric Group, P.C. if you repeatedly miss appointments without notice; or do not follow the responsibilities listed in the medical home agreement.

Your healthcare is a team approach involving both you and your provider.

PATIENT/PARENT SIGNATURE

DATE

PATIENT NAME

DOB

PROVIDER SIGNATURE

DATE

Updated 08/01/2017