



# Medical Home Agreement

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**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.**

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PARENT/GUARDIAN SIGNATURE

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DATE

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PATIENT NAME

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PATIENT DOB

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PROVIDER SIGNATURE

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DATE