

PHYSICIAN/PATIENT
MEMORANDUM OF UNDERSTANDING

Thank you for choosing SLMPC for your medical care. We appreciate the trust and confidence you have placed in us. Our goal is to provide YOU with high quality, personal medical care, which is responsive to your individual needs and values. In order for this goal to be achievable, it is important that we (the Physician and the Patient and/or the Patient's caregiver) each commit to satisfying certain responsibilities, as follows:

- I will listen effectively, provide YOU with explanations as to health care matters, and otherwise encourage a way of life of open, full and honest communication between us.
- I will provide YOU with information regarding the difference treatment plan for YOUR acute or chronic condition to enable YOU to select the plan appropriate for YOU.
- I will provide convenient options (telephone, voice mail, and email) for non-urgent communications between YOU and my practice team for scheduling office visits, and for obtaining test results and referrals.
- I will provide YOU telephone availability for urgent communications, 24 hours per day, and 7 days per week by myself or one if the other physicians in the office.
- As technology develops, every effort will be made to provide convenient options (e-consultations, secure email) for non-urgent communications between YOU and I and/ or my team, including post-hospital support, follow up visits and consultations.
- I will coordinate a multidisciplinary approach to YOUR health care by referring YOU to other clinicians and health care institutions when appropriate.
- I will coordinate and integrate care provided by other health care professionals, other clinicians and health care institutions effectively so as to avoid duplication, delay and error
- I will provide flexible and expanded office hours, schedule YOUR appointments within reasonable time, and see YOU as closely as reasonably possible to YOUR scheduled appointment time.
- I will furnish YOU with test and treatment results promptly and correctly.
- I will provide YOU with information and recommendations regarding preventive care, maintaining wellness, self-management direction and counseling.
- The health care team in my practice will send YOU reminders of the need for follow up care, preventive care and compliance with treatment plans.
- I will keep clinical information in a system that allows for ready search, retrieval and information transfer while protecting privacy and confidentiality, including participating in the development and maintenance of standardized electronic health records and patient registries.
- My practice team will be trained in the responsibilities described above.

YOU'RE RESPONSIBILITIES

- Communicate openly, fully, freely and proactively with my Physician and my Physician's staff
- Be an active participant in the development with my Physician of a treatment plan for my or the patients acute or chronic condition, and follow agreed-upon treatment plans.
- Provide Physician with feedback regarding my or the patients treatment plan.
- Appear on time for appointments, procedures and other medical tests at my Physician's office, and timely submit materials, samples and information as requested by Physician.
- Schedule and attend follow up appointments at intervals suggested by my Physician.
- Follow my Physician's and other health care professional's recommendations with respect to maintenance or improvement of my or the Patient's health and wellness.

Please take the time to carefully read and understand each of our respective responsibilities. To show that you accept and agree with them please sign your name below. Thank you once again!

Patient Signature

Date

Signature of Care Giver of Guardian

Date