**Patient Provider Agreement**

*As a* ***Patient Centered Medical Home*** *we want to provide the best possible quality medical care to you and your family. We strive to create a trusting partnership between a doctor-led healthcare team and an informed patient. To help us do this, we have defined what our responsibilities are to you and what your rights and responsibilities are as a Shalom patient.*

**As Your Primary Care Provider, We Will:**

* Take time to make a personal connection with you, your family, and life situation.
* Lead and coordinate care throughout your lifetime.
* Help you learn about health insurance and coverage options available to you.
* Actively help strengthen your health care relationship.
* Create a highly personal health maintenance plan.
* Connect you with other members of your care team (specialists, health coaches, etc.) and coordinate. your care with them as your health needs change.
* Handle your care and medical records with the utmost privacy.
* Provide care for short-term illness and long-term disease based on current medical evidence.
* Offer tools and encouragement to prevent persistent health problems.
* Deliver 24 hour access through same day and after hour appointments and clinical advice.
* Provide care in a judgment-free setting and treating you with dignity and respect, regardless of your race, ethnicity, national origin, religion, gender, age, mental or physical ability, sexual orientation, or genetic information.

**We Trust You, As Our Patient To:**

* Work together to develop a care plan.
* Follow your care plan.
* Be honest with us regarding your history, symptoms, and any other pertinent information.
* Let us know if you are unable to take your medicine or follow through with your care plan.
* Call your Shalom health care provider first with all health concerns unless it is a medical emergency.
* Keep scheduled appointments or call to reschedule or cancel as early as possible.
* Give us feedback on how we can make your patient experience better.
* Fill out and return the Patient Satisfaction Survey when you receive one.
* End every visit by making sure you know what your provider is expecting from you, what your treatment goals are, and what your future plans should be.
* Ask questions if anything is unclear.
* Prepare an Advance Directive and be certain we have it on file.
* Understand that your lifestyle choices affect your personal health.

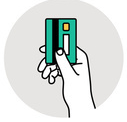
***Missed Appointments/No-Show Policy***

I will attend all my appointments, and I will arrive for my appointment fifteen (15) minutes prior to the scheduled time to complete or update my registration information. I understand that Shalom Health Care Center has a policy that if I fail to attend three (3) appointments with a rolling twelve (12) month period, my patient-provider relationship may be terminated. I further understand that if I do not call to cancel my appointment at least twenty-four (24) hours prior to the scheduled time, my appointment may be considered a missed appointment.

***The Missed Appointment Agreement will be enforced regardless of whether the patient agrees and/or signs this document.***

***Expected Payments Policy***

I understand that my co-pay or nominal fee is due at the time of service (if applicable). I will pay any applicable co-pay or nominal fee at each visit at Shalom Health Care Center. I understand that any remaining balance after my insurance company has paid their portion shall remain my responsibility and I will be expected to pay this balance when I receive my bill. I will make arrangements for payment when needed.



**Our providers and care teams welcome you to your new patient-centered medical home.**

