

**IMB**INTERNAL MEDICINE
of BRIGHTON

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INTERNAL MEDICINE OF BRIGHTON, PLLC
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PATIENT-PROVIDER PARTNERSHIP AGREEMENT

Dear Patient,

Welcome and thank you for choosing my practice. I am committed to providing you with the best medical care based on your health needs. My hope is that we can form a partnership to keep you as healthy as possible, no matter what your current state of health.

Your commitment to my patient-centered medical home practice will provide you with an expanded type of care. I will work with both you and other health care providers as a team to take care of you. You will have access to me at the office, by way of phone or by using our Patient Portal which provides a secure means of sending electronic messages.

As your primary care provider, I will:

- Learn about you, your family, life situation, and health goals and preferences. I will remember these and your health history every time you seek care and suggest treatments that make sense for you.
- Take care of any short-term illness, long-term chronic disease, and your all-around well-being.
- Keep you up-to-date on all your vaccines and preventive screening tests.
- Connect you with other members of your care team (specialists, health coaches, etc.) and coordinate your care with them as your health needs change.
- Be available to you after hours for your urgent needs. If I am personally on call after hours, you will be speaking to me. If I am not on call, you will be speaking to one of my provider colleagues who has access to your medical record.
- Notify you of test results in a timely manner.
- Communicate clearly with you so you understand your condition(s) and all your options.
- Listen to your questions and feelings. I will respond promptly to you – and your calls – in a way you understand.
- Help you make the best decisions for your care.
- Give you information about classes, support groups, or other services that can help you learn more about your condition and stay healthy.

We trust you, as our patient, to:

- Know that you are a full partner with us in your care.
- Come to each visit with any updates on medications, dietary supplements, changes in your health status or remedies you're using, and questions you may have.
- Let us know when you see other health care providers so we can help coordinate the best care for you.
- When you see other health care providers, be sure to inform them that I am your PCP. Ask them to report back to me regarding all your care and copy me on all test results.
- Keep scheduled appointments or call to reschedule or cancel as early as possible.
- Understand your health condition: ask questions about your care and tell us when you don't understand something.
- Learn about your condition(s) and what you can do to stay as healthy as possible.
- Follow the plan that we have agreed is best for your health.
- Take medications as prescribed.

- Call if you do not receive your test results within two weeks.
- Contact us after hours only if your issue cannot wait until the next work day.
- If possible, contact us before going to the emergency room or an urgent care facility.
- Agree that all health care providers in my care team will receive all information related to your health care.
- Learn about your health insurance coverage and contact us if you have any questions about your benefits.
- Pay your share of any fees.
- Give us feedback to help us improve our care for you.

I look forward to working with you as your primary care provider in your patient-centered medical home.

_____	_____	_____
Provider Signature	Printed Provider Name	Date

_____	_____	_____
Patient Signature	Printed Patient Name	Date

_____	_____	_____
Responsible Party Signature	Printed Responsible Party Name	Date