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Hoos
PEDIATRICS

Hoos Pediatrics
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This Medical Home Agreement is an AGREEMENT between YOU and YOUR PROVIDER to work together to meet ALL of your Healthcare Needs.

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

1. Respect your rights as a patient. Treat you with dignity.
2. Focus on listening to your concerns. Educate you on your health care.
Provide and track preventive services.
3. Focus on treating you as a whole person: physically, mentally, and emotionally.
4. Focus on providing you with quality and safe health care.
5. Work to schedule office appointments in a timely manner.
6. Be available to you 24 hours a day, by appointments, phone calls, and/or electronic communication.
7. Provide you with other healthcare resources when we are unavailable.
8. Provide you with referral to specialists as determine medically necessary.
9. Provide you with treatment, inedications, equipment, and any other resources as determined medically necessary.
10. Provide you with the necessary immunizations that meet CDC requirements.

As your Medical Home Patient, YOUR RESPONSIBILITY is the following:
1. Work with us, as your PCP, to meet all of your health care needs.
2. Communicate with us about all your healthcare concerns and goals.
3. Report any changes related to your health, such as: treatments, all medications, inedical equipment used, etc.
4. Call us before going to the Emergency Room, unless it is life threatening.
5. Notify us after any Emergency Room, Urgent Care Clinic, or Hospital visit.
6. Schedule all medical appointment in a timely manner.
7. Keep appointments as scheduled with us and any specialists.
8. If you cannot keep an appointment call before your appointment time to cancel or reschedule.
9. You may be dismissed from your PCP panel if you repeatedly miss appointments without notice.
10. You may be dismissed from your PCP for NOT vaccinating your children according to CDC recommendations.

Your Healthcare is a TEAM approach involving BOTH YOU and YOUR PROVIDER.

_____   _____
Parent /Legal Guardian Signature   Date

_____   _____
Provider   Date