

Specialty Care

Patient & Provider

Partnership

Our practice is part of your *Patient Centered Medical Neighborhood*. Your *Patient Centered Medical Neighborhood* (PCMH-N) is made up of your *Patient Centered Medical Home* (your primary care provider) and all of the specialty physicians and other health care providers that provide health services to you.

As part of your *Medical Neighborhood*, we work with your *Patient Centered Medical Home* care team so you receive timely, high-quality, coordinated health care. The health and wellness of our patients is our top priority. Providing the best possible care to every patient is our primary goal. To meet this goal, it is important that you and all of the providers in your *Medical Neighborhood* work together.

Establishing a partnership between you, your family members or patient advocate(s), our health care team and your *Patient Centered Medical Home* care team allows decisions to be made that are respectful of the physician's knowledge and experience while making sure your wants, needs and personal preferences are met.



Your Health. Our Passion.

 **MetroHealth**
Physician Hospital Organization

Our Commitment to You

- Respect you as an individual – we will not make judgments based on race, religion, sex, age or disability
- Give you care that meets your needs and fits with your goals and values
- Tell you about your health and illness in a way you can understand
- Have a doctor on-call 24 hours a day, seven days a week
- Utilize health care technology to best coordinate your medical care (electronic medical record, patient portal, etc.)
- Give you care that is based on quality and safety
- Give you clear directions about medications and other treatments
- End every visit with clear instructions about expectations, treatment goals and future health care plans
- Respect your privacy – We will keep treatments, discussions and medical records private. Your medical information will only be shared with others if you give us permission or as indicated in our HIPAA Notice of Privacy Practices
- Your medical information will be shared with other providers involved in your care
- Give you information about community resources available for help with transportation for medical services, mental health or substance abuse services, financial assistance for medical or other needs

What We Expect of You

- Take part in planning your care and follow the agreed upon care plan. If you are unable, let us know why so we can help
- Respect your care team as individuals and as partners in your care
- Be honest about your medical history, symptoms, and other important information about your health
- Tell us about any changes in your health and well-being
- Tell us what medications you are taking including prescriptions from other providers or over the counter medications
- Make healthy decisions about your daily habits and lifestyle
- Keep scheduled appointments or reschedule appointments in advance whenever possible
- Pay your share of the visit fee when you are seen in the office
- Please ask if you have questions about your care or other resources available to you outside of this office, such as community agencies or services that might benefit you

If you have any questions about this document, please ask a member of your care team.

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