

**Northern Oklahoma Regional Pediatric Clinic, PLLC
Soonercare Medical Home Agreement**

This Medical Home Agreement Concept is an AGREEMENT between YOU and YOUR PROVIDER, to focus on meeting ALL of your Healthcare Needs.

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

1. Honor your rights as a patient, and treat you with dignity and respect.
2. We will focus on listening to your concerns, educating you on your health care needs and preventive services.
3. Focus on treating you as a whole person: physically, mentally and emotionally.
4. Focus on providing you with *ongoing, quality* and *safe* medical care, including prevention of future health complications.
5. Work to schedule timely office appointments for your chronic and urgent healthcare needs.
6. Be available to you 24 hours a day, by office appointment, phone calls and/or other electronic communication. Our after-hours phone number is 580-765-7373. Our clinic answering message after hours will also give you the same telephone number to call after hours.
7. Provide you with referrals to specialist as deemed *medically* necessary by your PCP.
8. Provide you with treatment, medications, equipment and any other resources deemed *medically* necessary by your PCP.

As a 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, treatments, medications, etc.
This includes use of *all medications* - prescription, over-the-counter, herbal and street drugs.
This also includes any medical equipment being used or that has been ordered or recommended for use.
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 (unless you saw us at the hospital and you would be directed upon discharge when to schedule your follow up visit.
6. Schedule medical appointments in a timely manner, including *follow-up* appointments.
7. Keep appointments as scheduled with us and any appointments scheduled with a specialist.
8. If you cannot keep an appointment call *before* your appointment time to cancel or reschedule the appointment.
9. After three no shows within a one year period, you may be dismissed.
10. If you are more than 10 minutes late to your appointment, you may be asked to reschedule and if it is rescheduled, it will count towards our no show policy.

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

Patient Name: _____, **D.O.B.** _____

Patient or Guardian Signature

Date

Provider's Representative Signature

Date