

## **Patient Provider Agreement (PPA):**

The health and on-going care of our patients is a top priority of this office. Providing the best possible care to every patient is our primary goal. The only way we can meet this goal is if we, your care team and you, *the patient*, work together.

## **Patient Responsibilities:**

- Ask questions, share your feelings and be part of your care
- Be honest about your history, symptoms, and other important information about your health
- Tell your doctor about any changes in your health and wellbeing
- Take your medicine as prescribed and follow your doctor's advice
- Be respectful of all personnel in the office (no abusive language, yelling, threats etc.)
- Prepare for and keep scheduled visits or reschedule visits in advance
- Call your provider first with all problems, unless it is a medical emergency then call 911 or go to the nearest emergency room.
- End every visit with a clear understanding of your provider's expectations, treatment goals, and future plans

## **Provider Responsibilities:**

- Explain recommended treatments and results in an easy-to-understand way
- Listen to my patients' questions and help them make decisions about their care
- Maintain confidentiality with regards to treatments, discussions, and records
- To care for you to the best of my abilities based on my understanding of current medical methods available
- Give my patients clear directions about medicines and other treatments (conservative and surgical)
- End every visit with clear instructions about expectations, treatment goals, and future plans

The purpose of this agreement is to make each visit productive for you, the patient, and me, the provider. This
agreement is not a contract between the patient and the provider and non-compliance with the responsibilities
could result in our relationship terminating. We look forward to working alongside you and restoring vitality in
your life.

Patient or Legal Guardian Signature	Patient DOB