

Patient-Centered Medical Home Agreement

My CCWV Patient-Centered Medical Home Team Will:

- Help me reach the best health possible
- Provide a primary physician, physician's assistant, or nurse practitioner who watches over all my care
- Provide nurses and clerks who help with my care
- Answers my calls and questions as soon as possible
- Make sure that I get care as quickly as possible
- See me as quickly as possible for my scheduled appointments
- Remind me when it is time to have check-ups or tests
- Help me get to the right specialists, if I need one
- Assign a nurse to help me if I have a chronic problem
- Check on me after I go to the ER or the hospital and help me get follow-up care
- Work hard to improve the care we give, while also reducing cost

As a Member of a CCWV Patient-Centered Medical Home Team, I Will:

- Have medical visits as advised by my medical provider so I may do what I need to do to stay healthy
- Call my Care Team at INSERT PHONE NUMBER for medical help day or night. My Care Team will tell me what to do and may make an appointment for me.
- Call INSERT PHONE NUMBER, at least 20 minutes before my appointment time, if I cannot keep my appointment
- Call my Care Team if I go to an Emergency Room or hospital, so they may follow-up
- Call my drug store to get medication refills three days before I run out
- Get my medications as soon as I can. If I have trouble getting medications, I will call my Care Team for help
- Bring all my medications (prescribed, herbals, supplements and over-the-counter drugs) I take to each appointment
- Tell my Care Team if I move or change phone numbers, so they can stay in touch
- Tell my Care Team when I want my health information shared with family and friends
- Call my Care Team at INSERT PHONE NUMBER or 1-866-291-7456 before I visit the Emergency Room or call 911, unless I am experiencing a life-threatening health situation.

Patient signature: _____

Provider signature: _____

Date: _____