PATIENT-PHYSICIAN AGREEMENT

PAL has earned the distinction of becoming a Patient Centered Medical Home (PCMH). The PCMH is health care centered on your child, the patient. It is a partnership between your child, you and the doctor. Dr. Baumeier or Dr. Gisslen leads a team of health care professionals in a medical practice committed to improving your child’s overall health and to helping you reach your child’s health goals. Instead of just being treated for a problem here and there without making a connection between symptoms, the patient-centered medical home focuses on connecting the dots and coordinating care.

Your child’s health team will consist of a Pediatrician, specialty physicians, dieticians, and others depending on your child’s needs. For example, do you want to better control your child’s weight, behavioral issues, diabetes or asthma? Dr. Baumeier or Dr. Gisslen will put the right team in place for your child. If your child needs a specialist for a specific condition, your patient-centered medical home will help you find the right specialist for your child’s needs. Because all tests and treatments done by other doctors will be sent to our office, we will be a centralized home for their medical care.

PARENT/GUARDIAN RESPONSIBILITY:

• Tell us what you know about your child’s health and illnesses, and what your child’s needs and concerns are.
• Take an active part in planning your child’s care and following that plan. Inform us if you are unable to meet the goals defined for your child.
• Tell us what medications your child is taking, give your child the prescribed medications as directed, and ask for refills in a timely manner. Ask for your refills at the time of your child’s office visit. Otherwise, give the office staff at least 24 hours notice to complete refills.
• Seek our advice before arranging to see other physicians or other health care professionals. Keep us informed of the recommendations they make.
• Learn about wellness and prevention for your family, as we believe a healthy family produces a healthy child.
• Keep the appointment you have scheduled for your child.
• Know what insurance they have, as well as what it covers. We appreciate and expect co-pays to be paid at the time of service.

PHYSICIAN RESPONSIBILITY:

• Provide safe, quality care to your child.
• Respect your child’s and family’s privacy. We will not share your medical information without your permission.
• Provide 24 hour access to our health care team.
• Help you plan goals that meet your child’s needs, and discuss these goals with you to improve your child’s health and help prevent persistent health problems.
• Discuss the most appropriate tests and procedures your child may need. Coordinate your child’s care among other health care professionals.
• Tell you about your child’s health and illnesses in a way that you can understand, and provide care for a short or long-term illness as well as give you advice to help your child stay healthy.
• We promise to be what our motto states “Partners in your child’s care.”

Patient Name: _______________________________ Parent/Guardian Name: _______________________________
Signature: ___________________________________________________________ Date: __________________