

Partnership of Care Agreement

I, _____ am a responsible patient. As such, I take full responsibility for my health and my healthcare. My responsibilities include but are not limited to:

1. Learning how to promote my own health and wellness.
2. Seeking medical advice when appropriate.
3. Understanding the medical advice I receive.
4. Asking questions when I do not understand the advice offered.
5. Following the medical advice when mutually agreed upon by my doctor and me.
6. Taking my medications as prescribed.
7. Notifying my doctor prior to stopping my medication.
8. Notifying my doctor should I have any adverse reaction from my prescribed treatment
9. Knowing when I will need refills and not running out of pills.
10. Completing diagnostic tests (lab, x-ray, EKG, etc.) in a timely fashion.
11. Keeping my follow up appointments. Trying to be timely for all my appointments.
12. Being an active partner in my medical care.
13. Notifying my doctor when I have added other professionals to my healthcare team.
14. Know the rules of my insurance policy, what benefits are covered and which are not.
15. Being responsible for my office bill.
16. Notifying the office if any contact information changes occur.
17. Having an emergency contact listed should critical information need to be relayed
18. I will be held accountable for any negative behaviors toward the office staff at WPC.

My health is important to me, my family, and loved ones. I will work hard to care for myself. I understand that my doctor cannot help me if I will not help myself. I expect my doctor to offer me his/her best advice based on his/her medical training. I understand that, without my active participation, my doctor's ability to help me is limited. I understand that my doctor is the consulting partner, I am the working partner. Working together, we can accomplish great things.

Signed by: _____

Relationship to patient: _____

Agreed upon by the Williamsville Pediatric Center, LLP

Dated: _____