



## **Patient-Centered Medical Home Program**

### Physician and Patient Letter of Understanding (LOU)

By signing below, both Physician and Patient agree to, and are committed to following the principles of the Patient-Centered Medical Home (PCMH) throughout the duration of the project. Participation in this program requires the development of a committed professional relationship between both the physician and the patient. The success of the program depends on this commitment. The following outlines the key responsibilities for both the personal Physician and the Patient:

In addition to the personal physician dedicated to your care and the comprehensive access you have come to expect from Summit (through 24/7 coverage and urgent care centers), **your Personal Physician agrees to provide:**

- Comprehensive, Coordinated Care, to include:  
Hospitalists Services and/or Specialists  
Community-based services
- Point of Care Service, to include:  
Disease prevention and Self-management  
Health Coaching and Wellness promotion (education/materials)
- Quality and safety using evidence-based practices
- Team Based Care, to include  
Physician leadership and Interdisciplinary Practice Care team  
Effective staff communications
- Enhanced access to medical information and communication tools (services designated “\*\*” likely to be available in next 6 months)  
Electronic Medical Records  
\*\*Enhanced access to medical information and tools to support control of your own health.  
\*\*A patient-centered Summit electronic newsletter  
\*\*Online access to personalized self-management support tools and personal health information.

### **Patient agrees to:**

- Establish and comply with personal physician advice and/or treatment plan
- Keep appointments with personal or assigned physician throughout the program
- Commitment to work through your established Personal Physician at all times with no change throughout the course of treatment
- Reporting status on an established, routine basis (i.e. diabetes sugar monitoring on a regular and consistent basis)
- Participate in Personal Management programs (Health Coach, etc) if recommended.
- Participate in Patient Satisfaction Surveys, as necessary.

Per the undersigned signatures, both Physician and Patient agree to participate in the Patient Centered Medical Home program, as defined, throughout the duration of the program. Additionally, this Letter of Understanding, or LOU, may be terminated, by either party, at any time due to dissatisfaction or other reasons.

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date \_\_\_\_\_

Office Signature: \_\_\_\_\_ Date \_\_\_\_\_

Patient Email Address: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

### **For Office Use Only**

Consent Form Scanned

PCMH Updated in GM

Pt. Declines PCMH Program