

Agreement between patient / Family Responsibilities and Practice

1). I, _____ I understand and will fulfill my responsibilities as a patient, and these include:

- Go to my scheduled appointments by practice.
- Inform your doctor of any changes in your medical history since your last visit.
- When you are sent to a specialist or do a study / examination, outside of our medical group, attend your appointment as scheduled
- **After going on an appointment outside of our medical group bring the results for your next visit. It is the responsibility of the health centers and doctors to provide you with a copy. Bring results of: hospitalization, emergency room visit, specialist notes, laboratory / imaging results, pathologies, operations or any other medical information generated outside our practice. If you give a CD to you with your medical information, please share it with you.**
- Inform your doctor of allergies to food or medicine, inform your medical history and family history.
- If you are a new patient you will provide a point of contact of the previous doctor to help transfer personal health record to our clinic.

I also understand that practical responsibility includes:

- Review of your medical history, chronic diseases, medical reports and results.
- Order the necessary clinical tests.
- Ensure that all questions you may have about your medications, treatment, possible risks, and medical conditions are answered.
- If a follow-up visit is necessary and we will schedule the appointment.
- Evaluate your behavioral health and provide support and guidance to improve your quality.
- Coordinate your care in multiple environments, while you are in the office we will issue: labs, references, EKG and ultrasound.
- Quality and safety drive the care we provide.
- Facilitate improved access: access advice / consultation when the clinic is closed, internet services website or portal, same day appointments.
- Attention oriented towards the person.
- Our medical providers accept criticism to improve their services. This is through participation voluntary in the measurement and evaluation of its performance.
- Patients without insurance coverage will get help identifying where to apply for insurance.
- You can choose the medical provider you want. Your appointments will be scheduled with the doctor of your choice to give continuity to your attention whenever possible. If your health provider is not available, you will be called and will ask to see another medical provider.

Choose your personal doctor (can be changed at any time): _____

Your ID:

Date: _____

Name: _____

Firm: _____

Birthdate: _____

Tel/Cel: _____