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## Patient Centered Medical Home *A Patient-Doctor Partnership*

**At Stonebrooke Family Physicians, our primary goal is to provide the best possible care to every patient. The only way to meet this goal is to build a trusting partnership between an informed patient, the patient's doctor and the health care team. A medical home is a team approach to providing patients with the best health care.**

### **To fulfill this partnership, we will:**

#### ***Respect you as an individual***

- Explain diseases, treatments and results.
- Listen to your feelings and questions to help you make decisions and set healthy goals.
- Keep medical information and records private.

#### ***Provide safe and qualified care***

- Provide you with your own doctor.
- Provide clear directions about medicines and treatments.
- Send you to trusted experts, if needed.
- End every visit with clear instructions about expectations, treatment goals, medicines and future plans.

#### **Strive to build flexibility to schedule you with your personal physician/provider whenever possible**

- Provide 24-hour phone access to the health care team.

### **In return, we trust you to:**

#### ***Be in charge of your health***

- Learn about wellness and preventing disease and make healthy decisions.
- Learn what your insurance covers.
- Be honest and thorough about your history, symptoms and any changes in your health.
- Tell us what medications you are taking and ask for refills during your office visit.
- Tell us when you see other doctors, medications they have prescribed and ask them to send a report about your care.

#### ***Be a good patient***

- Take all of your medicine and follow your treatment plan, or tell us if you cannot do so.
- Respect us as partners in your care.
- Pay your share of the office visit fee when you are seen in the office.
- Keep your appointments as scheduled, or call and let us know if you need to cancel.

#### **Communicate with us**

- Ask questions, share feelings, be part of your care.
- Call your doctor first with all problems, unless it is a medical emergency.
- Provide us with feedback to improve services.
- End every visit with a clear understanding of your doctor's expectations, treatment goals and future plans.

Patient Name: \_\_\_\_\_

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