HOPE SURGICAL PLLC

Patient-Provider Partnership Agreement

The health and wellness of our patients is a top concern of HOPE Surgical PLLC. Providing the best possible care to every patient is our primary goal. The only way we can meet this goal is if we, HOPE SURGICAL PLLC and you, the patient, work together. This concept is called:

Patient Centered Medical Home

Patient's Responsibilities:

- Ask questions, share your feelings and be part of your care.
- Be honest about your history, symptoms, and other important information about your health.
- Tell your provider about any changes in your health and well-being.
- Follow your provider's instructions, including taking your medication(s) as directed.
- Make healthy decisions about your daily habits and lifestyle.
- Prepare for and keep scheduled visits or reschedule your visit in advance whenever possible.
- Call your provider first with all problems, unless it is a medical emergency.
- Leave every visit with a clear understanding of your provider's expectations, treatment goals and future plans.
- For coordination of care purposes you authorize your provider to exchange you medical
 information (written or electronic), when appropriate, with other providers involved in your
 care (i.e. admissions, discharges and transferred to/from hospital based care settings, specialist
 referrals or any other healthcare encounters outside of your provider's office).

Provider's Responsibilities:

- Explain diseases, treatments, and results in an easy-to-understand way.
- Listen to your feelings and questions; help you make the best decisions about your care.
- Keep treatments, discussions, and records private.
- Provide 24 hour access to medical care and same day appointments whenever possible.
- To care for you to the best of my abilities based on my understanding of current medical methods available.
- Give my patients clear instructions about medications and other treatments.
- Send my patients (along with appropriate medical information) to trusted experts when needed.
- End every visit with clear instructions about expectations, treatment goals and future plans.

| Patient/Guardian Signature | Todays Date | |
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