



BETANCES HEALTH CENTER

Patient-Provider AGREEMENT

Betances Health Center has earned the distinction of becoming a **Patient Centered Medical Home (PCMH)**. PCMH is health care centered on the patient. It is a partnership between the patient and the doctor. BHC leads a team of health care professionals in a medical practice committed to improving the patient's overall health and to helping the patient reach their health goals. The patient's health team will consist of a physician, specialty physicians, dietitians, nurses, medical assistants, case managers, and others depending on the patient's needs. BHC will put the right team in place for the patient.

Patient or Parent/Guardian RESPONSIBILITY:

- Tell us what you know about the patient's health and illnesses, and what the needs and concerns are.
- Take an active part in planning care and following that plan. Inform us if you are unable to meet the goals defined.
- Tell us about medications being taken, and ask for refills in a timely manner. Ask for your refills at the time of your office visit. Otherwise, give the office staff at least 24 hours notice to complete refills.
- Seek our advice before arranging to see other physicians or other health care professionals. Keep us informed of the recommendations they make.
- Learn about wellness and prevention for your family, as we believe a healthy family produces a healthy patient.
- Prepare for and keep scheduled visits or reschedule visits in advance whenever possible.
- Know what insurance you have, as well as what it covers. We appreciate and expect co-pays to be paid at the time of service.

Provider RESPONSIBILITY:

- Respect you as an individual – we will not make judgments based on race, ethnicity, national origin, religion, gender, age, mental or physical disability or sexual orientation.
- Provide safe, quality care to the patient in the appropriate language selected by the patient.
- Respect your privacy – your medical information will not be shared with anyone else unless you give permission or as required by law.
- Provide 24 hour access to our health care team.
- Help you plan goals that meet your needs, and discuss these goals with you to improve your health and help prevent persistent health problems.
- Discuss the most appropriate tests and procedures you may need.
- Coordinate and arrange your care among other health care professionals and provider systems via linkage agreements and referrals.
- End every visit with a clear understanding of the expectations, treatment goals, and future plans.

Phone Call Reminders:

As a service to our clients, we provide a courtesy appointment reminder call and possibly other important calls that may be placed using a prerecorded message. By initialing, you consent to receive pre-recorded messages from Betances. _____ (*Initial to receive pre-recorded messages*)

Text Messages:

There are times we may be capable to send text messages. By initialing, you consent to receive text messages from Betances on your cell phone number provided to us. _____ (*Initial to receive text messages*)

PLEASE NOTE:

Should you require clinical advice during business hours or need to schedule an appointment, you can call the office at 212-227-8401 or e-mail us via your patient portal:

<https://mycw41.eclinical web.com/portal4540/jsp/100mp/login.jsp>

When the office is closed, we have an answering service that will contact a covering physician to address medical issues, which cannot wait until regular hours listed below:

Betances' Regular Hours are as follows:

Monday	8 am to 5 pm
Tuesday	8 am to 5 pm
Wednesday	8 am to 5 pm
Thursday	10 am to 5pm
Friday	8 am to 5 pm

Betances' Extended Hours are as follows:

Monday	5 pm to 8 pm
Wednesday	5 pm to 8 pm

Vaccines/Immunizations: (Choose one below)

I CONSENT to receive routine immunizations for myself or child for future office visits. _____ (*Initial*)

or

I DO NOT CONSENT to routine immunizations for myself or child for future office visits. _____ (*Initial*)

Consent:

I, _____, give permission to Betances Health Center permission to provide ordinary and necessary medical examination, diagnosis, and treatment and administer such therapeutic treatment or services that the physician may order. Ordinary and necessary medical care shall include preventive and prophylactic care as well as laboratory tests but shall not include surgery, general anesthesia, laboratory tests for which separate consent is required under the law or other extraordinary procedures.

I have read this agreement, and I would like to have Betances Health Center as my Medical Home. I will do my best to abide by the statements listed above and communicate with my provider when I cannot. I also understand that this is not a legally binding contract, but is intended to provide a framework upon which we can build a relationship that will allow me to maximize my health status in a comfortable and welcoming environment.

Print Patient/Guardian Name

Patient's Date of Birth

If Patient is a Minor, Print the Patient's Name

Signature Patient/Guardian

Date