

Brighton Family Physicians, PC
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Brighton, MI 48116-1659
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Patient-Physician Agreement

Dear Patients,

We are continuously working on ways to improve how we provide care by updating our technology and performance. We are asking you to improve your health by taking an active role in your health care. We will be asking you to identify your life goals and establish care management plans, including clearly identified self-management goals and responsibilities.

We Trust you, as our patients to:

- Tell us what you know about your health and illnesses, and what your needs and concerns are.
- Take an active role in planning your care and following that plan. Inform us if you are unable to meet your goals.
- Tell us what medications you are taking and take your prescribed medications as directed. Ask for refills in a timely manner so there are no lapses in medication dosing. Ask for refills at the time of your office visit. Keep us informed when you see other doctors and what medications they prescribe for you, or if changes have been made.
- Learn about wellness and prevention: seek advice before seeing other physicians.
- Keep your appointments and know your insurance and what it covers. It is expected for you to pay your contractual copay, coinsurance and deductible when seen in the office.

We as your Physician will:

- Provide safe, quality care to you when needed, with respect to you and your privacy. We will not share your medical information without your permission.
- Provide 24-hour access to our healthcare 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 need to meet your goals and coordinate your care among other health care professionals.
- Communicate about your health and illnesses in a way you can understand and provide care for short- or long-term illnesses and give advice to help you stay healthy.

Patient Signature _____ **Physician** _____

Patient Name (Print) _____ **Date** _____