The Pediatric Place of Hillsdale NICHOLE K. ELLIS, D.O., F.A.A.P

CLINICAL ASSISTANT PROFESSOR, MICHIGAN STATE UNIVERSITY
CHIEF OF STAFF HILLSDALE HOSPITAL
39 North Street
Hillsdale, MI 49242

PATIENT PROVIDER AGREEMENT

The Pediatric Place of Hillsdale has earned the distinction of becoming a Patient Centered Medical Home (PCMH). The PCMH is health care centered on your child, the patient. It is a partnership between your child, you, and the doctor. The Pediatric Place of Hillsdale conducts medical practice committed to improving your child's overall health. Instead of just being treated for a problem here and there without making connection between symptoms, the patient centered medical home focuses on connecting the dots and coordinating care.

Your child's team will be provided by Pediatricians, Specialty Physicians, Dieticians and others depending on the needs of your child's other health care professionals. Our office will help put the right team in place for your child. If your child needs a specialist for a specific condition, your patient centered medical home will help you find the right specialist for your child's needs. Because all tests and treatments done by other doctors will be sent to our office, we will be a centralized home for their medical care.

PARENT/GUARDIAN RESPONSIBILITY:

- -Tell us what you know about your child's health and illnesses and what your child's needs and concerns are.
- -Take an active part in planning your child's care and following that plan. Inform us if you are unable to meet the goals defined for your child.
- -Tell us what medications your child is taking, give the prescribed medicines as directed and ask for refills in a timely manner. Ask for the refills at the time of your child's appointment. Otherwise, give the office staff 24-48 hours to complete refills.
- -Seek our advice before arranging to see other physicians or other healthcare 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 child.
- -Keep the appointment you have scheduled for your child.
- -Know what insurance they have, as well as what it covers.
- -Contact your child's doctor within 48 hours of any emergency room or urgent care visit to Schedule a follow up appointment.

PHYSICIAN RESPONSIBILITY:

- -Provide safe, quality care to your child.
- -Respect your child's and family's privacy. We will not share your medical information without permission.
- -Provide emergency access to a Physician by phone when the office is closed.
- -Help you plan goals that meet your child's needs and discuss these goals with you to improve your child's health and prevent persistent health problems.
- -Discuss the most appropriate tests and procedures your child may need. Coordinate your child's care among other healthcare professionals.
- -Notify you of abnormal test results as soon as they are available to us.
- -Tell you about your child's health and illness in a way that you can understand and provide care for a long term or short-term illness as well as help your child stay healthy.
- -Keep space in the schedule to accommodate a same-day appointment for sick patients.

- -Review medications at every visit.
- -Electronically prescribe medications to ensure they are accurate and available to you promptly.

Our office hours are Monday – Friday 9-5. We are also open on Saturdays 9-12 from Labor Day to Memorial Day. If your child needs emergency care and the office is closed, please contact the office at 517-437-5385 and your call will be forwarded to the physician on call for the practice. If you have a life-threatening emergency please call 9-1-1 and have your child transported to the nearest emergency room. If your child needs urgent care and the office is closed, please call our after-hours number which is listed above. Please do not call the after-hours number for medication refills or other routine child care advice. Please call the office during regular office hours for those questions.

Patient Name:	
Parent/Guardian Name:	
Provider Signature:	
Date:	