Family Medical Associates of Raleigh
Your Family Comes First

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PATIENT RESPONSIBILITIES

(Updated 7/13/2018)

Patient Name: _____DOB: _____MRN: _____

Date: _____ Name accompanying patient: _____

Welcome to Family Medical Associates of Raleigh, your Patient Centered Medical Home (PCMH)! As a PCMH, we are committed to partnering with you to provide a medical home that is respectful, compassionate, accessible, and comprehensive. We are committed to working with you and your family to help you effectively manages your health. To ensure the best possible treatment and care management, we ask that you:

1) Read our Patient Centered Medical Home Brochure. It can be found on the website www.fmaraleigh.com or in brochure form in our office.
2) Provide as much information as possible about your health and medical history. This includes past and present illnesses, surgeries, medications (over the counter medications, herbal supplements and prescriptions), allergies, immunizations and family medical history.
3) Notify us whenever adding other professionals to your healthcare team.
4) Notify us as soon as possible whenever you have been in the hospital, been to the Emergency Room, or been seen in an Urgent Care Clinic.
5) Comply with any follow-up recommendations provided by your medical provider including follow up appointments, labs and referral recommendations.
6) Complete all diagnostic testing (labs, x-rays, etc.) in a timely fashion.
7) Request medication refills at least 48 hours before your medication refill expires.
8) Return to office at least every six months for a FACE TO FACE follow up visit with your medical provider if you take ANY maintenance or routine medications.
9) Notify your medical provider prior to stopping ANY medication prescribed.
10) Ask questions when you do not understand treatment recommendations and/or instructions.
11) Seek medical advice when appropriate.
12) Accept responsibility for your actions if you decline treatment or do not follow your medical provider's instructions and/or medical advice.
13) Understand your insurance policy - what benefits are covered or not covered.
14) Meet your financial obligations to Family Medical Associates of Raleigh (copays, co-insurance and service fees are due at time service is rendered).
15) Act in a manner that is respectful of other patients, our clinical support team, our administrative team, our schedulers and our clinic property.

Your health is important to us and by playing an active role in your medical care our providers will be able to provide the best care for you. Thank you for joining our Family Medical Associates of Raleigh team and we look forward to providing care for you and your family.

Patient or Guardian Signature:_____ Date:_____