PHYSICIAN & PATIENT STATEMENT OF UNDERSTANDING

Thank you for choosing Westside Medical Clinic, Dr. Syed V. Ahmed, for your medical care. We appreciate the trust and confidence you have placed in us.

Our goal is to provide YOU with high quality, personal medical care, which is responsive to your individual needs and values. In order for this goal to be achievable, it is important that we (the Physician and the Patient and/or the Patient's caregiver) each commit to satisfying certain responsibilities, as follows:

PHYSICIAN RESPONSIBILITIES

- Will listen effectively, provide YOU with explanations as to health care matters, and otherwise encourage a way of life of open, full and honest communication between us.
- Will provide YOU with information regarding the different treatment plan for YOUR acute or chronic condition to enable YOU to select the plan appropriate for YOU.
- Will provide convenient options (telephone, voice mail, and email) for non-urgent communications between YOU and our practice team for scheduling office visits and follow up visits, and for obtaining test results and referrals.
- Will provide YOU telephone availability for urgent communications, 24 hours per day, and 7 days per week by myself
- As technology develops, every effort will be made to provide convenient options (e-consultations, secure email) for non-urgent communications between YOU and I and/or my team, including post-hospital support, follow up visits and consultations.
- Will coordinate a multidisciplinary approach to YOUR health care by referring YOU to other clinicians and health care institutions when appropriate.
- Will coordinate and integrate care provided by other health care professionals, other clinicians and health care institutions effectively so as to avoid duplication, delay and error.
- Will provide flexible and expanded office hours, schedule YOUR appointments within a reasonable time, and see YOU as closely as reasonably possible to YOUR scheduled appointment time.
- Will furnish YOU with test and treatment results promptly and correctly.
- Will provide YOU with information and recommendations regarding preventative care, maintaining wellness, self-management direction and counseling.
- The health care team in my practice will send YOU reminders of the need for follow up care, preventative care and compliance with treatment plans.
- Will keep clinical information in a system that allows for ready search, retrieval and information transfer while protecting privacy and confidentiality, including participating in the development and maintenance of standardized electronic health records and patient registries.
- Our practice team will be trained in the responsibilities described above.

PATIENT RESPONSIBILITIES

- Communicate openly, fully, freely and proactively with Dr. Syed V. Ahmed and the office staff.
- Be an active participant in the development with Dr. Syed V. Ahmed, of a treatment plan for my or the patients acute or chronic condition, and follow agreed-upon treatment plans.
- Provide Dr. Syed V. Ahmed with feedback regarding my or the patients treatment plan.
- Appear on time for appointments, procedures and other medical tests at the office, and timely submit materials, samples and information as requested by Dr. Ahmed, and staff.
- Schedule and attend follow up appointments at intervals suggested by Dr. Syed V. Ahmed.
- Follow Dr. Ahmed and other health care professionals' recommendations with respect to maintenance or improvement of my or the patient's health and wellness.
- Participate in developing and maintaining a comprehensive patient health record by authorizing delivery and circulation of my or the patients clinical information to and from clinicians and health care institutions.

Please take the time to carefully read and understand each of our respective responsibilities. To show that you accept and agree with them please sign your name below.

_____ _____

Print Patient Name **Date of Birth**

_____ _____

Patient Signature **Date**

_____ _____

Signature of Care Giver or Guardian **Date**