

Child Health Associates, P.C

Patient centered medical home – A partnership between the patient, the parent or guardian and their physician.

Being Part of a patient- centered Medical home, you child’s doctor will:

- Work with you to improve your child’s health
- Review your child’s medications at every visit and discuss with you any interactions or contraindications.
- Electronically prescribe your child’s medications to ensure they are accurate and available to you promptly
- Develop a personal action plan with you and your child to address any chronic conditions
- Set goals with you and your child
- Use computer technology to monitor progress and determine if your child’s health is improving
- Inform you of all your child’s test results
- Help you and you child take control of your child’s health by providing you with educational material, hosting group visits and linking you to other community programs and resources.
- Provide you with 24-hour access to a clinical decision-maker by phone.
- Have arrangements with after-hours care to be informed of your child’s visit or emergency treatment within 24 hours or next business day,
- Reserve space in our schedule for your child to accommodate a same day appointment.

TROY LOCATION

1800 West Big Beaver, Suite 200
Troy, MI 48084 - 248-205-3535

By choosing to participate in a patient centered medical home, I agree to:

- Make sure my child’s doctor knows his or her entire medical history
- Tell my child’s doctor all of the medications he or she is taking
- Actively participate with my child’s doctor in planning his or her care
- Keep my child’s appointments as scheduled
- Adhere to the action plan designed by my child’s doctor
- Consult my child’s doctor before making an appointment with a specialist
- Request that any other doctor my child sees send his or her doctor a report, copies o lab work, test results and x-ray’s
- Know my child’s insurance and what is covers
- Provide the office feedback on how they can improve.

CHILDRENS LEGAL NAMES: _____

Accept? Circle one: Yes No

Signature: _____

Date: _____

NOVI LOCATION

25500 Meadowbrook, Suite 190
Novi, MI 48375 – 248-788-2100