**La Grande Family Medicine**

**Phone: 541-963-4139 Fax: 541-429-6612**

**Open: Monday- Friday 8:00 am-6:00 pm**

**On-Call service available 24/7 (541-963-4139)**

***PATIENT RIGHTS, ROLES, & RESPONSIBILITIES***

**Overview of Patient-Centered Primary Care Home**

Our practice participates in the Patient-Centered Primary Care Home model: a model of primary care that consists of 5 attributes: Patient Centered, Comprehensive, Team-based, Coordinated, Accessible, and Focused on Quality & Patient Safety. This ensures that the patient and their family is included in their own medical care. Any clinic participating in PCPCH is striving for excellence and has adapted these attributes and implemented them to fit their own unique characteristics. Please know that you may request any of our documents in the language of your choice.

**Expectations of the clinic are:**

**Care Teams:** Your care teams consist of: you – the patient, your provider, medical scribe if applicable, nurse or medical assistant, referrals coordinator, and medical receptionist. Together these team members strive to obtain timely and quality medical care for you in our office and through a referral setting. Your care team may also include pharmacists, community resources, and specialists outside of our practice.

* **Medical Assistant/Nurse –** This person will room the patient, collect vitals, take/give clinically related messages for/to the provider, perform limited lab testing, and administer immunizations or medications.
* **Medical Scribe –** This person is responsible for collecting pertinent medical information while in the room with the provider. This person helps create the chart note, sends prescriptions and orders necessary referrals and testing as directed by the provider.
* **Medical Receptionist –** This person is in charge of scheduling appointments, checking patients in and out of the clinic, insurance eligibility checking, collecting copays and past due balances, answering all calls to the clinic, forwarding calls to appropriate parties and medical records.
* **Referral Coordinator –** This person is in charge of ensuring that all orders for services rendered outside our clinic are sent off with appropriate documentation and evidence of necessity. Prior authorizations are also done by this person.
* **Primary Care Provider –** This person will be making medical decisions and giving you the medical advice and treatment that you have given the clinic consent to provide. Your primary care provider will act as the coordinator of your overall health.

**Medical Records:**

* You may request a copy of your medical records at any time with a records release form.
* If you wish someone else to have access to your records, or for your care team to communicate with someone else about you, you will need to sign a release authorizing other party access. This can be revoked at any time in writing.
* If you have power of attorney, or other legal representation of a patient, you must provide copy of legal document as well as a picture identification.

**Patient Requests:**

* Non-urgent patient requests such as questions on insurance, or medication refill requests will be processed within 48 business hours.
* Urgent patient requests such as needing to be triaged for serious medical issues will be dealt with same day or patient will be encouraged to seek care in another setting such as an urgent care or emergency room.
* Non-urgent patient requests such as paperwork to be filled out may require an appointment at the discretion of your provider.

**Patient Portal**

* The clinic provides access to a patient portal where the patient can request an appointment, send messages to their care team, view their records and more. Patients will be sent an email to sign up for this at their request. In order to give somebody access to another person’s portal the patient must first sign the Proxy Agreement.

**Expectations of the patient are:**

* Patient will arrive early to their appointments and abide by the clinic’s late policy
* Patient will abide by the clinic’s controlled substance policy in its entirety.
* Patient will abide by the provider’s medical recommendations including preventative and diagnostic testing/screenings and medication usage.
* Patient will take responsibility for ensuring that any referral, procedure, test or image is covered by their insurance and deemed ‘in-network’ prior to the time of service. Patient will also comply with specialty referral orders and protocols.
* Patient can send a grievance letter or complaint to the clinic via mail or hand delivered with attention written to the office manager.
* Patient can request a copy of our Privacy Practices Notice from their care team at any time. By signing below, the patient states they do not need a copy of the Privacy Practices at this time. The privacy practices outlines their rights as a patient to their protected health information including the protocol for submitting a HIPAA concern.
* Patient will bring their most current insurance card, photo ID and medications to each visit.
* Patient will be responsible for paying their copay or any applicable deductible prior to their visit or procedure.

Patient name/legally authorized representative [printed]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of patient/legally authorized representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_