

Pediatric Endocrinology Associates

Patient Partnership Plan

Dear Patient,

Welcome to our practice. We intend to provide you and your child with the care and service that you expect and deserve. Achieving your child's **best possible health** requires a "partnership" between the parent/guardian, patient and your doctor. As our "partner in health," we ask you to help us in the following ways:

Schedule Visits with The Doctor for Routine Physical Exams and Other Recommended Health Screenings

I understand that the doctor will explain to me which regular health screenings are appropriate for my child's age, gender, and personal and family history. I understand I will need to complete these recommended health screenings (labs, MRI's, ultrasounds, stimulation test, etc). **These health screenings are tests that can help detect life-threatening diseases and conditions.** If I visit the doctor only for treatment of immediate problems and forget to arrange for regular health screenings, I put my child at risk of letting serious health problems go undetected. I will schedule regular visits with my child's doctor to complete his/her physical exam and to discuss these health screenings.

Keep Follow-up Appointments and Reschedule Missed Appointments

I understand that the doctor will want to know how my child's condition progresses after I leave the office. Returning to my child's doctor on time gives him or her the chance to check my child's condition and his/her response to treatment. During a follow-up appointment, my child's doctor might order tests, refer him/her to another specialist, prescribe medication, or even discover and treat a serious health condition. If I miss an appointment and don't reschedule, my child will run the risk that his/her physician will not be able to detect and treat a serious health condition. I will make every effort to reschedule my child's missed appointments as soon as possible.

Call the Office When I Do Not Hear the Results of Labs and Other Tests

I understand that my child's physician's goal is to report my child lab and test results to me as soon as possible. However, if I do not hear from my child's physician's office within the time specified, I will call the office for my child's test results.

Inform My Doctor if I Decide *Not* to Follow His or Her Recommended Treatment Plan for my child

I understand that after examining my child, the doctor may make certain recommendations based on what he or she feels is best for my child's health. This might include prescribing medication, referring my child to another specialist, ordering labs and tests, or even asking me to return with my child to the office within a certain period of time. I understand that *not* following my child's treatment plan can have serious negative effects on my child's health. I will let the doctor know whenever I decide *not* to follow his or her recommendations for my child so that he or she may fully inform me of any risks associated with my decision to delay or refuse my child's treatment.

Thank you for your partnership. As our patient's parent, you have the right to be informed about your child's health care. We invite you and your child/ **at any time**, to ask questions, report symptoms, or discuss any concerns you or your child may have may have. If you need more information about your health or condition, please ask.

Patient Signature

Date

Physician Signature