

Dear Patient,

As your **primary care provider**, I, along with my practice team, agree to:

- Provide you with safe and appropriate care
- Coordinate any specialty care you may need
- Offer you timely access to care, to the best of my ability and as reasonably possible in the circumstances
- Maintain an ongoing record of your health
- Keep you updated on any changes to services offered at my clinic
- Communicate with you honestly and openly so we can best address your health care needs

As my **patient**, I ask that you:

- Seek your health care from me and my team whenever possible and, in my absence, through my colleague(s)
- Name me as your primary care provider if you have to visit an emergency facility or another provider
- Communicate with me honestly and openly so we can best address your health care needs

Doctor Name:

Conversation Date: