



UNIVERSITY MEDICAL SPECIALTIES, P.C.  
 9045 U.S. 31, Berrien Springs, Michigan 49103  
 269-473-2222 FAX 269-473-6880

**Patient-Centered Medical Home Model of Care**  
*Letter of Understanding*

**We will provide:**

- Respect and privacy for you as an individual.
- Access to care 24 hours a day, seven days per week.
- Coordinated, comprehensive care, including:
  - Services by specialists and hospitals.
  - Community-based services.
- Office-based services, including:
  - Disease prevention and self-management.
  - Health coaching and wellness education.
- High quality and safe care using evidence-based practices.
- Team-based care with a doctor-lead care team.
- Greater access to medical information and communication using:
  - Electronic medical records.
  - Computer-based, secure access to your medical information.

**We ask you to:**

- Share your concerns. Be sure to ask questions. Take part in your care.
- Be honest about your medical history, symptoms and other information.
- Set personal goals. Follow through with treatment plans as set up by your doctor and care team.
- Prepare for and keep planned appointments with all care team members.
- Participate with your care managers and health educators.
- If you have a medical problem, always call this office or your provider. If you have a medical emergency, call 9-1-1.
- Make sure at the end of every visit that you fully understand your provider's expectations, treatment goals and future plans.

*By signing below, you state your wish to be a part of our patient-centered medical home model of care. You agree to do your best to follow the statements above. This is not a legally binding contract. It is a framework for building a relationship to improve your health in a comfortable and welcoming setting. This Letter of Understanding may be ended at any time by either party. It is not required to receive care at our practice.*

Primary Care Provider Name \_\_\_\_\_

Patient Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Consent form scanned

Patient declines PCMH Program

**Family Practice**

Lowell G. Hamel, M.D.  
 Daniel R. Reichert, M.D.

**Internal Medicine & Pediatrics**

Katherine A. Keith, M.D.  
**Nurse Practitioners**  
 Janet K. Adams, N.P.

**Radiology**

Marco J. DiBiase, M.D.

**Psychology**

Nancy J. Carbonell, Ph.D.  
 L. Ann Hamel, Ph.D.  
 Frederick A. Kosinski, Ph.D.  
 Beverly Sedlacek, PMHCNS