

**Georgetown Dermatologists, P.C.**  
**Patient Specialist Partnership Agreement**

Our goal is to provide you with the best care possible. This can happen by using us as your Patient Centered Specialty Care doctor. We work with your primary care doctor who is your Patient Centered Medical Home to help you maintain your health. Below are some important things to remember:

**Patients Agree to:**

- After our visit, follow up with your Primary Care doctor as directed.
- Know your insurance and what it covers.
- Make and keep all appointments with our office and with your Primary Care doctor.
- If you must cancel your appointment, please reschedule your appointment as soon as possible.
- Ask all questions & request prescription refills before leaving the office.
- Follow the plan we talked about during your appointment.
- If you are not able to follow the plan for any reason, please inform us right away so we can help you set up another plan to get the best results.
- Familiarize all of my doctors with my medication use and my medical history.

**Georgetown Dermatologists, P.C. providers agree to:**

- Provide the best care that we are able to provide.
- Communicate our findings to your primary care physician, if you wish, as soon as possible.
- Talk with you about your health and what you need to do to take care of yourself or your child.
- Be available to talk to you by phone or in the office to answer your questions.
- Review your medications at every visit and discuss with you any interactions or contraindications.
- Provide you 24 hour access for emergencies/complications due to any procedures we have preformed or medications we have prescribed.
- We will attempt to accommodate a same day emergency appointments, whenever possible.

**If your Primary Care doctor tells us that we should continue to take care of a particular condition, the following will also happen.**

- We will share information about your plan and goals with your Primary Care doctor as quickly as possible.
- We will give you information; to help you learn how to take care of yourself and to help you achieve your health care goals.
- We will work with you to set up a plan to help you take care of your health along with your Primary Care doctor.

Patient name \_\_\_\_\_

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

Date \_\_\_\_\_