CMU HEALTH
CENTRAL MICHIGAN UNIVERSITY

Acknowledgment of Receipt of the Patient-Centered Medical Home (PCMH)

Patient-Provider Agreement

I have received a copy of the Patient-Centered Medical Home (PCMH) Patient-Provider Agreement, which describes my responsibilities as a patient and those of my CMU Health care team. I understand my responsibilities as outlined in this agreement. I may obtain additional copies of this agreement at any time by contacting CMU Health or by visiting the website http://med.cmich.edu/patients.

I read and understand everything on this form and consent fully and voluntarily to its contents.

Patient Signature _____ Date: _____

Patient Name (print): _____

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Name (print): _____