Enhanced Primary Care Plan

Patient Pledge Form

We request that you set up an account on Renown’s MyChart and utilize that for direct communication with your primary care doctor:

*Visit the MyChart website to request an activation code. You will receive a code within 24 hours. When you do, go to the website to activate your account. https://mychart.renown.org/mychart/

☐ Regular Working Hours /Non-Emergent Requests to include:
  - Refills for established medicines you are taking for chronic disease.
  - Personal queries regarding the explanation of your diagnostic tests / lab results.
  - Personal queries regarding your current health or acute problems.

*All queries must be submitted between 8:00am-4:30pm and will be answered by 8:00pm that evening. After hour queries will be answered the following morning. Please be aware that it may take 48-72 hours for your pharmacy to respond to a refill request.

☐ Same Day Assistance for Acute Illness:

- For non-life threatening illness please call our office by noon to request an afternoon visit with a medical resident assigned to see walk-in patients.

☐ After Hour Assistance: Non-life threatening issues:

  - Call 775-982-5000.
  - Identify yourself as a member of the Enhanced Primary Care Plan.
  - You will be contacted via cell phone by a medical resident on call.
  - Your medical record will be available to a doctor who can:
Prescribe as indicated medicines for new illness.
- Order diagnostic or laboratory tests.
- Direct further care options a function of your illness level.

Preventive Health Care: Personalized Prescriptive Health Assessment (PPHA):
- You will be scheduled for this within 6 months after enrollment.
- You will strive to complete recommended preventive health requests.

Note: the PPHA will be rolled out starting October 1st, 2017 with expectations that enrollees complete this preventive health visit by March 30, 2018

I acknowledge that I have read and understood the conditions above for being a patient in the above plan and will strive to my best ability to adhere to those guidelines.

_________________________  _______________________
First Name                        Last Name

_________________________
E-mail

_________________________
Phone Number

_________________________
Signature

_________________________
Date

Mail: 1500 E. Second Street, Ste. 302, Reno NV 89502
Fax: 775-982-7821

Office Use Only:

___________________________________________________
Receipt signature and date