



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