Enhanced Primary Care Plan

Patient Pledge Form

It is required to set up an account on Renown’s MyChart and utilize the internet for direct communication with your primary care doctor:

☐ 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 inter-current problems.

*All queries must be submitted between 8:00am-4:30pm and will be answered by 8:00pm that evening. After hours queries will be answered the following morning.

☐ Same Day Assistance for Inter-Current Illness:
  - For non-life threatening illness you can 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 us at 775 982-5000.
  - Identify yourself as a member of the Enhanced Primary Care Plan.
  - You will be connected via cell phone to 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 all 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