



Expectation of Care

Welcome to our practice. We are dedicated to interdisciplinary, ethical care of patients with a wide array of musculoskeletal conditions regardless of race, color, religion, gender, age or national origin. To ensure that this clinic meets the needs of all of our patients, the patient and physician should agree on the expectations of care. With this understanding, our PMR physicians want you to know and understand:

1. After reading this Expectation of Care document, we ask that you sign it below, indicating that you will abide by the outlined expectations.
2. Taking personal responsibility for your healthcare as it relates to your musculoskeletal or neuromuscular condition is paramount to the healing of your injury, your rehabilitation and recovery. Your full participation in all aspects of your care is vital.
3. Please visit restorationdocs.com and register for our patient portal. This will allow you to request appointments, request refills, view your chart and send secure messages to our nurses.
4. Once your treatment plan has been determined and agreed on by you and your PMR treatment team, you will be expected to follow it in its entirety. This global treatment plan may, and often does, involve physical therapy, oral and topical medications, bracing, injections and/or surgical procedures. You have the right to refuse treatment at any time. If you choose to refuse treatment, this may result in your care being referred back to your primary care physician or referring physician.
5. All medical issues regarding your chronic pain or musculoskeletal condition should be discussed in person with your Restoration Health physician and/or professional providers (Physician's Assistant, Nurse Practitioner), not by phone or email. This may require a phone call to the office to set up an appointment to come in and meet with your physician. If you are experiencing a true medical emergency, you should make your way to the closest Emergency Room or Urgent Care facility.
6. Please note that you will be charged a \$20 no show fee if you fail to make your appointment and have not alerted our office in advance.
7. Medication specific issues are dealt with in the Medication Agreement. This is an integral part of our Expectation of Care, and should be read and signed separately.
8. We would like to communicate important information to your primary care physician. Please let us know if you change your primary care physician.

I HAVE READ THIS DOCUMENT, MY QUESTIONS HAVE BEEN ANSWERED, AND I AGREE TO ABIDE BY THE EXPECTATIONS OF CARE AS OUTLINED.

Patient Signature _____ Date _____