

Attachment I: Sample of Behavioral Contract Between Member and PMP

(Dr. Office logo/letterhead)

SAMPLE

Doctor/Patient Agreement

This agreement is between **(patient or patient parent name)** and **(Doctor Name)**. This agreement is being made because **(patient or patient parent name)** has **(list behavior)**. The goal of this agreement is to **(attainable and measurable goal)**. This agreement will begin **(today's date)** and will last for **(designate reasonable time frame, typically between 3-12 months)** months.

I (patient) agree to do the following:

1. **(List 3-5 reasonable tasks that the patient or patient parent will do to accomplish the goal of this agreement.)**
- 2.
- 3.

The doctor and/or office staff will agree to do the following:

1. **(List 3-5 tasks that the provider or provider office staff will do to assist the patient or patient parent accomplish the goal of this agreement)**
- 2.
- 3.

If I, **(patient or patient parent name)** do not follow these rules, my doctor may ask that I **(or my children)** be assigned to another doctor for medical care.

I have read and understand the rules listed above. I have asked any questions I may have. I agree to follow these rules and understand what can happen if I do not follow them.

Patient or Patient Parent Signature

Date

Doctor/Office Staff

Date