

Fox Valley Medicine, Ltd.

A Personal Touch to Healthcare®



Member Handbook

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IMPORTANT INFORMATION

PHONE NUMBERS

FVM Main Line	630.482.9701
Member Advocate	630.482.9758
Member Advocate Fax	630.482.9764
Employee Resource Centers (Behavioral Health & Substance Use)	800.890.7932

WEBSITE

www.FVMed.com

WELCOME TO FOX VALLEY MEDICINE, LTD.

Dear FVM Member:

On behalf of the Fox Valley Medicine, Ltd. (FVM) Board of Directors, member physician panel and the administrative office, I would like to personally welcome you and your family.

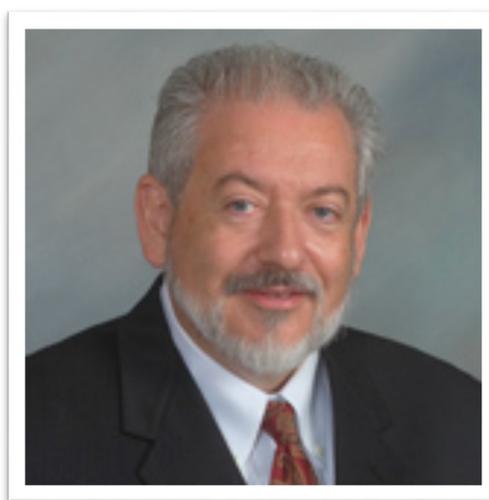
FVM is an Independent Physicians Association (IPA) that represents over 80 Primary Care and Obstetrics/Gynecology Physicians in addition to over 400 Specialty Care Physicians who, as members of FVM, provide the highest quality personalized medical care for you and your family. FVM physicians are responsive to your individual needs and dedicated to improving your family's health and well-being.

FVM's professional staff takes care of the administrative portion of our member physicians' managed care network. FVM coordinates members' health services through a contracted network of physicians, hospitals and healthcare providers. We focus on the managed care guidelines so that our member physicians may focus more clearly on you.

We hope the information in this handbook will guide and answer your questions. If you need assistance, our dedicated Member Advocates are available at 630.482.9758 to assist you. We look forward to a long and healthy relationship.

Sincerely,

Harry Rubinstein, M.D.
CEO/Medical Director



YOUR PRIMARY CARE PHYSICIAN (PCP)

The first ~ and most important ~ step to becoming a FVM member is to select an FVM Primary Care Physician (PCP).

Your PCP is your primary care giver and medical advisor. He/she will coordinate your care, including direction to specialty care physicians, when needed.

CHOOSING YOUR PCP/ OBSTETRICIAN/GYNECOLOGIST (Ob-Gyn)

Each of your covered family members may select a different PCP based on personal preference:

- Family Practice physicians see patients of all ages
- Internal Medicine physicians see patients from age 18 and older
- Pediatrician physicians see children from birth to age 18

Female members also have the option of selecting an in network Ob-Gyn. An Ob-Gyn cannot act as a PCP. To assure coordination of care, inform your PCP of your Ob-Gyn selection and your Ob-Gyn of your PCP selection. The enclosed PCP selection form has an area to list your Ob-Gyn. Coordination of care between your PCP and Ob-Gyn is important. You do not need a referral to see an Ob-Gyn, however, you should check with your PCP before starting any treatment.

Enclosed you will find a list of PCP & Ob-Gyn member physicians along with a Physician Selection form. You may also visit our website at www.FVMed.com for a comprehensive list of member physicians. You have three options to notify us of your family selection:

- Contact our Member Advocate Department at 630.482.9758 to assist you with your selection.
- Complete the enclosed PCP selection form and mail it to:
Fox Valley Medicine, Ltd.
37W002 Mooseheart Road, Suite 100
Mooseheart, Illinois 60539
- Complete the form and fax it to: 630.482.9764

Your newly selected physician may want a copy of your past medical records. Please contact your physician to find out how they want to receive your medical records. If you need a copy of medical records at any time, please contact your physician for assistance.

Medical records are held in strict confidence.

CONTACT YOUR PCP AND/OR OB-GYN

To build a strong relationship, it is important that you make a get acquainted appointment as soon as possible with your new physician(s).

At your first visit, you should talk with your physician about your medical history, along with any healthcare concerns you may have and provide a list of medications.

You may see your PCP at anytime for your healthcare needs. Your health plan provides preventive services intended to help you stay healthy and to promote early detection of disease.

Some PCPs work in a solo practice while others work with colleagues in a group practice. If your PCP is unavailable, he/she will designate a colleague to cover your medical needs.

If you are pregnant, the Ob-Gyn you choose will care for you throughout your pregnancy and delivery. Your baby will need an FVM pediatrician. You will want to make this selection before your baby is born. Please contact the FVM Member Advocate Department at 630.482.9758 to notify us of your selection.

Always contact your PCP before receiving any care. Your PCP will coordinate all of your medical care, including referrals to specialists, and specialized medical services such as hospitalization, emergency room visits, diagnostic testing, outpatient surgery and home health care.

FVM and your PCP work as a team to keep you well and help coordinate your health plan benefits. This collaboration helps to ensure that your healthcare needs are met quickly, efficiently and professionally.

NEWBORN CARE

The IPA the mother is registered with is responsible for authorizing inpatient services for a newborn from the date of birth through the date of discharge. After the newborn has been discharged from the hospital, the IPA selected by the mother for newborn care, if different from the mothers, is responsible for treating and coordinating care of the newborn.

IF YOU NEED TO CHANGE PCPs

Having a good relationship with your PCP is very important. Chances are you will never need to change. If, however, you decide that another physician might be a better fit for your individual needs, simply call our Member Advocates for assistance. The effective date for the change is typically the beginning of the month following your request. For continuity of care, FVM limits PCP changes to three within a lifetime.

ADDITION OF FAMILY MEMBERS

If there is an addition to your family through birth, marriage, adoption, or legal guardianship please remember to contact your employer to enroll this new member. Your employer must submit enrollment information within 31 days of the newborn's birth. The plan must have the name and birth date of each new member even if you are already paying for "Family Coverage".



EMERGENCY CARE

Prior to seeking care in an emergency room, we recommend that you contact your PCP for treatment advice. In situations where you can't call your PCP, such as a life threatening emergency, go directly to the nearest hospital. Notify your PCP as soon as possible for any treatment you received and to make a follow-up appointment. For additional information, please see page 7.

MEMBER ADVOCATES ARE HERE TO HELP

Our Member Advocates are familiar with FVM physicians and dedicated to providing responsive service and the personalized attention you deserve. If you have a question or concern please contact us at 630.482.9758. We can assist you with inquiries regarding:

- Primary Care Physicians (PCPs)
- Obstetrics & Gynecology Physicians (Ob-Gyn)
- Health plan eligibility
- Copayments and deductibles
- Claims information
- Compliments and areas of concern
- Changes in address or PCP
- If you have additional insurance or your additional insurance is no longer effective

A Member Advocate is available to assist you

Call us direct **630.482.9758**

or toll-free **1.888.482.3865**

Monday, Tuesday, Thursday, and Friday: 8:30 - 4:30

Wednesday: 8:30 - 12:30

(closed on weekends and holidays)

If you call after hours, you may leave a message and contact information. We will return your call on the next business day.



MEDICAL BILLS

Although all authorized healthcare providers are instructed not to send you bills, it is possible that you may receive a bill. **DO NOT DISCARD THE BILL!** If you receive a bill for an authorized service, mail it to:

Fox Valley Medicine, Ltd.
37W002 Mooseheart Road, Suite 100
Mooseheart, Illinois 60539

Should you receive a second bill for the same service, please contact a Member Advocate at 630.482.9758.

All claims require review by FVM prior to payment to verify pre-authorization of the service.

Note: Do not forward bills to your managed care (HMO) provider, or to your doctor as that will delay payment of the claims.

DO NOT DISCARD BILLS THAT ARE RECEIVED FOR AUTHORIZED SERVICES!

EMERGENT/AFTER HOURS CARE

It is important to know the distinction between the need for emergency care and a visit to your PCP. Knowing in advance how to respond to a true emergency situation can help you avoid unnecessary out-of-pocket expenses and most importantly, ensure the most appropriate care in the most appropriate setting.

In an emergency, you must act quickly. An emergency medical condition is also one that manifests as acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who has an average knowledge of health and medical, could reasonably expect the absence of immediate medical attention to result in a life or limb-threatening condition or:

- Placing the health of the individual in serious jeopardy;
- Serious impairment to bodily functions;
- Serious dysfunction of any bodily organ or part.

If you believe you need emergency medical care for a life-threatening condition, you should immediately call 911 or go to the nearest hospital emergency room.

You should notify your PCP within 24-48 hours, or as soon as possible after receiving emergency treatment. Your PCP will assist with your follow up care.

Sometimes situations occur that require prompt medical attention (within 24 hours) but are not an “emergency”. In these cases, you should call your PCP for advice on medical care. Your physician; or one of his/her colleagues, can be reached by dialing your PCP’s regular office telephone number 24 hours a day, 7 days a week.



Another option available to you is “after hours care”. This is when your PCP’s office is closed or not available. After Hours Care Facilities do not take the place of your PCP for routine medical care. However, they are there for you when it is not possible to see your PCP for a prompt medical need. Visit our website at www.FVMed.com for a listing of facilities available or call a Member Services Advocate at 630.482.9758.

If you are having a complication related to recent specialist care, such as a recent surgery or hospitalization, you should contact the specialist/surgeon who most recently treated the condition.

If you are traveling outside of the service area and need medical attention for an unexpected illness or injury that is not an emergency but treatment is necessary, please call 800.810.2583 for guidance.

COMMUNITY OF PROVIDERS

Most services are provided within the Aurora, Batavia, Geneva, North Aurora, St. Charles, Sandwich, Yorkville, and surrounding communities, however, not all services are available at all locations. We have selected 'Centers of Excellence' for complex cases. These may be within or outside our service community, such as Chicago or Park Ridge.

Our member hospitals (Copley Memorial Hospital, Cadence Health (Delnor), Provena Mercy Medical Center, and Valley West Community Hospital) may be utilized for services to provide the highest level of care for you and your family.

BEHAVIORAL HEALTH & SUBSTANCE USE PROVIDERS

These services are offered to members through Employee Resource Centers (ERC) who is affiliated with Presence Health (Provena Mercy Medical Center) in Aurora. All members seeking substance use or behavioral health services for the first time must register by calling Employee Resource Centers (ERC) at 800.890.7932. You will receive a prompt telephone assessment of your care options and an Employee Resource Centers representative will assist you in finding a substance use or behavioral health professional in your area.

LABORATORY AND X-RAY FACILITIES

FVM contracts with specific facilities to provide laboratory tests, x-rays and other diagnostic imaging. If you need such procedures, your PCP will direct you to a conveniently located, approved facility. Please be sure to bring your insurance card with you to your appointment.

MEMBER RIGHTS AND RESPONSIBILITIES

FVM is committed to making sure members receive quality medical care. We encourage you to take an active role in managing your health. We respect your rights as a managed care member and request that you recognize your responsibilities of informing your provider with complete and accurate healthcare insurance information prior to each encounter, and to notify your provider about any changes in coverage, and the termination of coverage.

PRESCRIPTION DRUG BENEFIT

If you have a benefit for prescription drugs, there is a formulary of preferred drugs that are considered safe and cost effective. Generally, it is less costly if you use generic medications listed on the formulary. Talk to your physician to see if generic medication may be an option for you. Your pharmacist can provide assistance with prescriptions.

Please consult your health plan's benefits booklet for pharmacies, as well as the mail-in program available to you. Call the pharmacy program number on the back of your insurance card with any questions.



MANAGED CARE BENEFITS

Understanding your HMO plan can help you get the most out of your healthcare benefits, please familiarize yourself with your specific plan. Review this handbook to learn how to navigate your HMO and refer to it if you have a question. A Member Advocate is available at 630.482.9758 should you have any questions.

Managed care insurance benefits may vary depending upon the benefit package purchased by your employer. For specific information about the benefits your employer offers, including copayments or limits on care, please see your Description of Coverage or Certificate of Healthcare Benefits Manual provided by your employer.

Please remember to bring your current HMO Identification Card with you to all appointments.

If your Healthcare Benefit Program is in effect at the time of your appointment, it is our judgment, but not a guarantee, that benefits will be available. It is your responsibility to notify your PCP and or any physician treating you if it is not an effective policy. If your Healthcare Benefits Program is not in effect at the time of your appointment, or if it is in effect but benefits are not available, you will be financially responsible for the charges incurred.

PATIENT FINANCIAL RESPONSIBILITY

Your medical services are coordinated and paid by FVM and your health plan. You are responsible for paying your copayments, deductible (if any) and for any non-covered services based on your health plan's covered benefits. In the event you receive a misdirected bill from a physician or outpatient provider, please do not discard the bill. Contact a FVM Member Advocate at 630.482.9758 for assistance.

COPAYMENT AMOUNTS

Copayment amounts vary by HMO plan and are payable at each visit. Under most HMO plans, the member is responsible for copayments and/or deductibles or for any non-covered services based on your health plan's covered benefits. These include (but are not limited to) physician office visits (PCP and Specialists), emergency room visits, physical therapy visits, and some inpatient stays. **Be prepared to pay your copayment at the time of service.** Check your employer insurance card for copayment information. Please review your Certificate of Healthcare Benefits manual to determine if these payments apply to you.

COORDINATION OF BENEFITS

If your HMO coverage is the secondary carrier, it is still important that you follow all FVM procedures (obtaining PCP authorization and referrals) in order to ensure coverage. This is especially important in third party liability cases (auto accidents, slip and fall cases, worker's compensation, etc.) and for married couples who both carry medical insurance. Please review these cases with your employer benefits administrator.

SPECIALIST CARE

When your PCP determines that your medical needs require the care of a specialist, your PCP will submit a benefit inquiry to FVM for review and approval. Your PCP will direct you to the appropriate specialty care provider or testing facility.

PHYSICIAN INITIATES THE “BENEFIT INQUIRY”

Your PCP initiates the “benefit inquiry” by sending FVM a request for services. This inquiry is reviewed and becomes a referral once it is processed. FVM will review your PCP’s benefit inquiry for services to ensure that you receive the most appropriate and cost effective healthcare within the FVM network of providers. Benefit inquiries are reviewed daily; your PCP will let you know when the review process is complete and how to proceed.

Due to the rules of confidentiality, FVM cannot disclose the status of a referral directly to you. Do not schedule an appointment or arrange for any services until you have obtained an authorized referral from your PCP.

THE AUTHORIZATION PROCESS

We pride ourselves on making the referral authorization process for specialist care simple and quick for both our providers and their members. Physicians use our secure and confidential “Provider Portal” to submit referral information electronically.

Please present your referral authorization and insurance card at the time of service. Payment of services may be denied if you proceed without an approved referral. You will also be required to pay your copayment at the time of service.

FVM REVIEW REQUIREMENTS

Please refer to your Certificate of Health Benefits booklet for information about the services that require benefit review. If your health plan does not cover the services, FVM is not authorized to approve them. If this should happen, you should talk to your PCP to determine if you should consider going ahead with the treatment and paying for it out of your own pocket.

Referral and/or treatment rendered, but not covered under your plan, will be your financial responsibility. For specific information about the benefits your employer offers, including copayments or limits on care, please see your Description of Coverage or Certificate of Healthcare Benefits Program booklet given to you by your employer or contact your employer benefits administrator.

ONGOING SPECIALIST CARE

Once you have been seen by a specialist, additional testing, procedures or specialty care may be recommended. Your PCP will be informed of these recommendations and submit a benefit inquiry for the additional services. **Please make sure that you have the approved referral before proceeding with any additional services.**

If you have an illness or injury that requires ongoing treatment, your PCP may request a standing referral. The standing referral will be effective for the period necessary to provide the referred service or up to a period of one year.

UTILIZATION MANAGEMENT (UM)

Pre-Admission Certification and Concurrent Review are two programs established to ensure that you receive appropriate, quality, cost effective healthcare. FVM staff of nurses and doctors consider your medical condition and treatment needs when they review a benefit inquiry. They also take into account your health plan's benefits, any conditions that must be met, as well as any exclusions and limitations that may apply.

Your PCP will submit a benefit inquiry prior to inpatient hospital admission other than emergencies. Concurrent Review ensures that your stay is appropriate given your diagnosis and treatment.

UM reviews are based only on appropriateness of care, service and existence of coverage. Our physicians and nurses base their reviews on nationally recognized, objective standards, criteria and guidelines that are based on sound medical evidence. All reviews are monitored to ensure that criteria are applied consistently for all patients with the same kinds of treatment needs.

The following are integral to all decisions about patients' healthcare services:

- Only board certified doctors and qualified health professionals conduct service reviews and make decisions about the services your doctor requests.
- We base review decisions solely on whether the services are medically appropriate and if they are covered by your health plan benefits.
- We do not reward our reviewers for denying any kind of coverage, services or care.
- We do not offer our reviewers any financial incentives to limit, restrict or discourage you from using healthcare services.

Calls from members regarding UM decisions are taken during regular business hours (collect call, if necessary) and will be returned within one business day of receipt. You can also contact our Member Advocates at 630.482.9758. If out of the local calling area, please feel free to call 888.482.3865. Providers have access to FVM after normal business hours for emergencies.

MEMBER ADVOCATE/APPEAL PROCESS

Communication with your PCP is an important part of your healthcare. If you do not understand any course of your care, please discuss this with your PCP. You can also contact our Member Advocates at 630.482.9758. If out of the local calling area, please feel free to call 888.482.3865. The role of the Member Advocate is to help with your issues or concerns that cannot be resolved through normal channels. The Member Advocate will facilitate the handling of complaints, or grievances in compliance with applicable law, including the Managed Care Reform and Patient Rights Act.

As an HMO member, you have the right to appeal any payment or denial of covered services by contacting Blue Cross Blue Shield of Illinois at 800.538.8833, in writing at HMO Appeal Committee, P.O. Box 3122, Naperville, Illinois 60566-9744 or fax to 888.235.2936. Following an adverse determination for a clinical service, procedure, or treatment that is not reviewed as medically necessary, any involved party may request an external independent review.

CARE MANAGEMENT

FVM UM nurses are available to provide case management services for patients that require oversight that is more intensive. Our case managers work directly with physicians, patients and their families to coordinate, plan and transition medical care. If you feel your healthcare condition would benefit from complex case management, please contact the FVM UM Department.

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical records

- While we do not maintain an electronic copy of your medical record, you can ask your physician to see or get an electronic or paper copy of your medical record and other health information they have about you. Ask us how to do this.
- You can ask us to see the health information that we maintain on you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask your provider to correct health information they maintain about you that you think is incorrect or incomplete. Ask us how to do this.
- Your provider may say “no” to your request, but will tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the day you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting our Privacy Official at 37W002 Mooseheart Road, Suite 100, Mooseheart, Illinois 60539 or by calling 630-482-9701.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your health information in the situations

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care. To inform us to whom you would like to receive information on your behalf, please submit the [Authorization Form for Uses and Disclosures of Protected Patient Health Information](#).
- Share information in a disaster relief situation.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Psychotherapy notes

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Treat you

- We can use your health information to provide, coordinate and manage your healthcare and any related services.

Example: We can share your health information in order to facilitate referrals or consultations with a specialist.

Run our organization

- We can use and share your health information to run our organization, improve your care, and contact you when necessary.

Example: We use health information about you to assess the quality of care and outcomes in your case and in similar cases, determine how to continue to improve the quality effectiveness of healthcare provided to you, or learn how to improve our services.

Bill for our services

- We can use and share your health information to bill and/or get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways--usually ways that contribute to the public good, such as public health. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues such as:

- Preventing disease.
- Helping with product recalls.
- Reporting adverse reactions to medication.
- Reporting suspected abuse, neglect, or domestic violence.
- Preventing or reducing a serious threat to anyone's health or safety.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Address workers' compensation, law enforcement and other government requests

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law

Respond to lawsuits or legal action

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, by calling 630-482-9701, or on our web site at www.FVMed.com.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Effective Date of this Notice: September 23, 2013

DISCLOSURES OF PROTECTED PATIENT HEALTH INFORMATION

Due to HIPAA, we are only able to discuss your protected health information with you personally. In order for us to discuss or release protected health information to any other individual, you must complete a FVM *Authorization for Uses and Disclosures of Protected Patient Health Information* form. This will authorize a Member Advocate to discuss claims, denials, treatment, benefit inquiries and/or referrals with the individual you designate. If you wish for your spouse to discuss information on your behalf, complete the form and mail or fax to the address on the top of the form. Also, if you have a dependent over the age of 18, they must also complete the form to have information released to anyone on their behalf. This form is available by calling a Member Advocate or under the Patient Forms section under the Patient tab on our website.

FREQUENTLY ASKED QUESTIONS

Q: If I selected my PCP on my application with BlueCross BlueShield of Illinois, why do I still have to register with Fox Valley Medicine, Ltd.?

A: By selecting your PCP on your application, BlueCross BlueShield of Illinois assigns you to the correct medical group (FVM), but the application is not forwarded to FVM.

Q: Can I get an itemized list of all the co-pays I have paid for “xyz” timeframe?

A: You can request this information directly from the provider that provided the service.

Q: Why is my claim showing unpaid on the BlueCross BlueShield of Illinois website?

A: Claims that are the responsibility of FVM will not show up on the BlueCross BlueShield of Illinois website.

Q: Do I have a co-pay if I have Medicare as my primary insurance?

A: If you have Medicare as your primary insurance and you have a co-pay with your secondary HMO insurance, the office has the right to collect that copayment.

Q: Can I get a copy of an EOB to bill my secondary insurance?

A: You can request this information directly from the provider that provided the service.



EMPOWER YOURSELF

You play a key role in maintaining your health. Let us help you take care of yourself.

Empower yourself and read any information your physician provides. As an empowered patient, recognize that being totally honest with your practitioner is imperative. This means sharing all information about your habits and health; as holding back can mean not getting the care you need.

Successful medical care requires *partnership*. A partnership that requires both you and your physician to take an active role to determine a course of action that will keep you healthy and aide in the healing process.

First step is to take an *active role* and work together with your physician on a treatment plan then comply with that treatment plan.

You have the *responsibility* to communicate openly, to participate in decisions about diagnostic and treatment recommendations, and to comply with the agreed upon treatment program.

Good *communication* is essential to a successful patient-physician relationship. Ask questions. Your physician needs your commitment to maintain healthy behaviors and follow his/her recommendations.



*“Health is a relationship between
you and your body.”*

~Terri Guillemets