



Membership Agreement

Welcome to Community Supported Health Care and thank you for becoming a member of True North. You are making an investment in your health and in the health of your community. Together we are creating a space where health care is accessible, sustainable, local, and affordable. Where time and relationship are core values, recognized as essential to health and healing. Where your understanding of your health and health problems is respected and honored as we plan your care. Where your health care professional works for you and with you, helping you find your direction to better health. As a member, you are part of an experiment remaking health care in the Bemidji area. Welcome to the adventure.

As your physician, I, _____, agree to:

1. Be your personal family physician providing high quality integrative care, advice and guidance to help you maintain and restore your health. Your understanding of your condition and your preferences are central as we develop your plan of care. When you require services not provided by True North, I will make referrals and serve as your guide and advocate as you negotiate the medical system.
2. Be easily accessible to you. I offer flexible appointment times, email, telephone, and Skype access and same day/next day appointments. I will return non-urgent phone calls/emails within 2 business days. I or my covering physician are accessible for urgent matters 24/7.
3. Give you my full attention at every visit in a safe, comfortable space for consultations.
4. Respect your time by being prepared to start appointments on time, scheduling adequate time for visits, ending visits on time whenever possible, and not “double booking.”
5. Respect your financial resources by providing clear, accurate rate information for True North member costs and provide assistance in obtaining low cost lab and other services.
6. Respect your privacy by keeping all personal information confidential and complying with all legal requirements (See full privacy practices policy).
7. Strive to practice a healthy lifestyle, recognizing that a healthy doctor is a better doctor.

As a Member, I _____ agree to:

1. Actively participate in restoring and maintaining my health, by sharing openly my goals and preferences and by following our mutually developed treatment plan to the best of my ability.
2. Respect your time by arriving on time to my appointments and letting you know if I will be late or need to cancel an appointment.
3. Stay current with my membership payments and let you know if I need to make other arrangements.
4. Let you know when I have experiences or observations that could help improve True North's service to me and the community.

Member Signature _____ Physician Signature _____