



Primary Care Physician Election Form

PART A: NOTICE REGARDING CHOICE OR CHANGE OF DOCTOR

Under the Tennessee Assisted Living Facility Regulations residents and/or the resident's medical power of attorney has the right to receive medical care from the primary care provider of his/her choice.

PART B: ELECTION OF DOCTOR

_____ chooses HouseCall Primary Care, PLLC to provide primary medical care needs. I certify that this election is voluntary. I am also aware that I can transfer to another physician's care at any time and I am not required to stay under the care of HouseCall Primary Care. I understand and agree to seek care only through my Primary Care Physician for all health care services unless I need emergency care.

Printed Patient's Name: _____ DOB: _____

Signature: _____ Date: _____

And/or

Medical POA : _____ Date: _____