



The Patient Empowerment Waiver

You have completed the Health Proficiency Challenge, reviewed your score, and acknowledged that certain areas need improvement to optimize your healthcare outcomes. However, you have chosen to continue relying primarily on electronic record systems to guide your office visits. Please be aware of the following:

- **Electronic record systems are not foolproof:** They may contain errors or omissions if you do not provide accurate, up-to-date information during each visit.
- **Active participation is essential:** Over reliance on electronic record systems can result in missed real-time updates and personal insights that are critical for accurate care and treatment.
- **Electronic record systems do not capture ongoing health changes:** They cannot replace your role in monitoring symptoms, medications, and other important health details between appointments.

You declined to engage in one or more of the following essential health management practices:

- **Completing pre-appointment paperwork accurately.**
- **Preparing a chief complaint or reason for the visit.**
- **Bringing a notebook and recording important information during appointments.**
- **Accessing and using patient portals to manage medical records and communication.**
- **Maintaining an updated personal medication list, an at-home care team, and provider/health history.**

Reason for Non-Compliance:

The patient has been informed of the importance of these actions in preventing medical errors, improving outcomes, and reducing healthcare costs, including additional out-of-pocket expenses related to their condition. Despite this, the patient has declined to comply, which may result in delayed or suboptimal care and increased healthcare costs. The patient has indicated the following reason(s) for non-compliance:

- ☐ I am too busy to engage in the recommended practices.
- ☐ I do not wish to participate in managing my healthcare.
- ☐ I prefer to rely on the provider electronic record systems for my healthcare management.
- ☐ Other: _____

Patient Acknowledgment:

I, _____ (printed name), have been advised of the benefits of active engagement in my healthcare but choose not to comply with the recommended steps. I understand the risks associated with this decision.

_____ (Signature) **Acknowledge on Date** _____