

AGREEMENT TO MEDIATE HEALTH CARE DISPUTES

As most people are aware, there is a real medical malpractice insurance crisis in Pennsylvania. Hospitals are closing and physicians are thinking about leaving the state. Insurance rates are climbing higher and higher, and there is very limited availability. We cannot wait for the government to act. We are asking you to help us fix this situation.

At **Drexel University College of Medicine**, we believe health care is a partnership, and we are dedicated to the philosophy of patient service, performance improvement and quality of care. To get the best results, our doctors and patients must work together. Sometimes despite our best efforts, issues will arise that will require research, mediation and clarification. We believe an honest and open discussion between the patient and his or her doctor will help solve most problems and save everyone from being stressed and upset. In other words, we believe people ought to talk to each other.

Working with our insurance carrier to keep our rates affordable, we have developed a special Mediation Program to use if a patient is not satisfied with the care or the explanation he or she receives from us. "Mediation" is the process of bringing people together to try to resolve problems. The process is supervised by a "mediator" who is an uninvolved person with special training. A mediation can be scheduled quickly. It would be free for you. If you are not satisfied once the mediation is over, you don't give anything up, and you can still seek a legal remedy.

Our mediation program is described in the booklet you are being given today. We are asking you to sign this Agreement. If you do, it means that you agree that you will not take any legal action against us until we have both tried to resolve any problem between us through this Program. You can cancel this contract at any time just by delivering a letter to this office, saying that you are canceling it.

Please SIGN this form at the bottom. Signing means:

- 1. I have been given a copy of the booklet called "Drexel University College of Medicine Mediation Program." By signing this form, I agree that I will not start legal proceedings against my doctor(s), my other health care providers, or the College of Medicine until after we have mediated any disputes I might have about my care.
- 2. I am keeping a copy of this contract. I understand I can cancel it by delivering a letter to your office saying "I cancel my Mediation Agreement". If I do, then I only have to mediate any issue that relates to care I received before I cancelled.

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Date	Signature