



## **CONDITIONS OF TREATMENT**

*The Doctor-Patient relationship is based on mutual trust and expectations and is critical to continuity of care, patient satisfaction and optimum treatment results. It is the expectation of the practice that you will:*

- *Disclose all pertinent information regarding health conditions including any changes since the last visit, as well as, all medications, including prescribed, over the counter, and homeopathic.*
- *Follow all provider recommendations including specialty referrals, physical therapy, and other treatment modalities.*
- *Appear for all regularly scheduled appointments on time and notify us prior to your appointment if you are unable to make it (per No Show policy).*
- *See a provider a minimum of every 2 years for an examination to obtain an order for a mammogram.*
- *Be seen by a provider every 3 years to remain a patient of the practice.*
- *Pay all co-pays and deductibles prior to being seen by your provider.*
- *You will generally see your chosen provider for scheduled visits. Unscheduled or 'work in' visits will be with whomever is first available. Our physicians take turns being the 'doctor on call' at the hospital. This is for your safety to ensure the physician caring for you is properly rested and healthy. You will need to seek care elsewhere if you cannot accept care from a physician of a particular gender, race, religion, or other parameter. There are no alternate physicians for you to choose if you cannot be cared for by the physician on call.*
- *Not bring weapons into our facility.*
- *Maintain up-to-date contact information so we may be able to communicate effectively.*
- *Respectfully adhere to our guest policy as we try to keep our patients and staff safe.*

*All patients and their guests are at all times expected to maintain proper decorum towards providers, staff, other patients, visitors, as well as vendors. By signing below, you agree to these terms and conditions and understand that failure to comply may be grounds for dismissal from the practice.*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth