

MEDICAL CONTRACT

I, _____, am a responsible patient. As such, I take full responsibility for my health and my healthcare. My responsibilities include but are not limited to:

1. Seeking medical advice when appropriate.
2. Understanding the medical advice I receive.
3. Asking questions when I do not understand the advice offered.
4. Following the medical advice when mutually agreed upon by my doctor and me.
5. Taking my medications as prescribed.
6. Notifying my doctor prior to stopping my medication.
7. Notifying my doctor should I have any adverse reaction from my prescribed treatments.
8. Keeping a list of all medications, both prescription and non-prescription, that I take and who prescribed them.
9. Bringing my medication list to the office at every visit.
10. Knowing when I will need refills and not running out of pills.
11. Completing diagnostic tests (lab, x-ray, EKG, etc.) in a timely fashion.
12. Keeping my follow up appointments.
13. Seeing consultants when necessary.
14. Understanding my diagnosis, learning about its effects on my body and how I can help manage it.
15. Being an active partner in my medical care.
16. Notifying my doctor when I have added other professionals to my healthcare team.
17. Being honest about what I am doing, taking, and who I am seeing.
18. Paying the bill on time.
19. Know the rules of my insurance policy, what benefits are covered and what are not.
20. Notifying the office if any contact information changes occur.
21. Having an emergency contact listed should critical information need to be relayed to me.
22. Understanding that if I have not been seen within 2 years I will be automatically dismissed from the practice.
23. Failure to reschedule or cancel without appropriate notice (24hrs) three times is grounds for dismissal from the practice.
24. Understanding that if I no longer have health insurance, the practice is not obligated to provide ongoing care to me.

My health is important to me, my family, and loved ones. I will work hard to care for myself. I understand that my doctor cannot help me if I will not help myself. I expect my doctor to offer me his/her best advice based on his/her medical training. I understand that, without my active participation, my doctor's ability to help me is limited. I understand that my doctor is the consulting partner, I am the working partner.

Patient Signature _____

Date _____