

Name:	 _
DOB:	
Med Rec. #:	

## SAMARITAN FAMILY HEALTH NETWORK PATIENT CONDUCT ATTESTATION

## Dear Patient:

The Samaritan Family Health Network (SFHN) Providers are dedicated to ensuring that your health care needs are met in a quality setting. We make every attempt to schedule your visit at a time convenient to you.

In return, we request your compliance with the following expectations:

- Arrive on time for your appointment. If you arrive more than 15 minutes late, the appointment may need to be rescheduled.
- Attend all scheduled appointments. Do not miss three (3) appointments at the same office, within a 12 month period of time. This includes no-shows, cancellations, and rescheduled appointments with less than a 24 hour notice.
- Maintain a respectful relationship with your Provider and care team members. This expectation extends to your family members and includes both words and actions.
- Follow Providers recommendation of medical care.
- Adhere to any agreement regarding controlled substance medications prescribed.

Failure to comply with the above expectations is grounds for discharge from the practice. Patients discharged from SFHN for missed appointments or non-compliance with prescribed plan of care are eligible to petition to re-establish their care after one year.

SFHN Clinics require a 24-hour advance notice to cancel or reschedule an appointment to allow another patient to be seen during that time slot. Failure to adequately notify the clinic will count as a missed appointment.

## Please sign below to indicate that you have read and understand this policy.

Note: Extenuating circumstances will be taken into consideration by the Office Manager.

Patient/Legal Guardian signature	Date	Time
Parent/Legal Guardian printed name	Relationship to Patient	
Witness signature	Date	Time
Witness printed name		

