

## CAREFREE NEUROLOGY CLINIC POLICY AND PATIENT RESPONSIBILITY

- **Healthcare Responsibility-** By signing this document, the undersigned agrees to accept the consequences of their decisions including refusal of treatment or not complying with the treatment plan recommended by the Health care provider.
- **Financial responsibility-** The undersigned agrees to financial obligations by paying the copay, co-insurance, and/or deductible at the time of service, if applicable.
- **Privacy-**The undersigned agrees to respect the rights and property of other patients and staff at CNC including being courteous with cell phone use and avoiding damage to surroundings.
- **Communication** -The undersigned agrees to communicate with the healthcare professional, accurate and complete information to the best of your knowledge about present complaints, past illness, hospitalizations, medications, unexpected changes in condition, and other matters relating to your health, if applicable.
- **No smoking or arms policy-** The CNC policy prohibits smoking tobacco or marijuana and carrying firearms within the premises of CNC.
- **Discussion** -You are responsible for all decisions regarding your health care, please indicate to the provider if you have any unclarified questions or need further explanation regarding your visit.
- **Punctuality-** Please be mindful to keep appointments with your healthcare provider. If you need to cancel or reschedule an appointment, you should do so at least 24 hours before your appointment time.
- **Prescription refill-** Please indicate at the time of visit with your provider if you need medication refills, please notify your pharmacy to contact us.

\_\_\_\_\_ SIGNED

\_\_\_\_\_ DATED