



Additional Patient Rights and Responsibilities

Appointments

- Patient reminder calls/texts will occur 1 week and 24-48 hours prior to appointments. Please be advised that it is an automated phone call/text, please listen to all voicemails before calling back as this is just a reminder for your upcoming visit.
- **Please arrive 15-20 minutes early for your appointment** to give our front office team time to verify and/or update your information. Should you arrive later than your scheduled time without prior notice, you may be rescheduled at the provider's discretion.

Initials: _____

Cancellation Policy

- **A 24 hour advanced notice for cancellation is required.** we understand emergencies may arise but appreciate your consideration of our time.

Initials: _____

No Show Policy

- 1st No show will result in a follow up phone call from our office to reschedule another appointment.
- 2nd No show will result in a call from our office to reschedule and a letter will be sent.
- 3rd No show will result in a call from our office and you could be dismissed from the practice.

Initials: _____

Documentation Requests

- Requests for documentation such as labs, imaging, health history, school forms, doctor's notes, referrals, etc. will be addressed within 72 hours.

Initials: _____

FMLA and Medical Records Requests

- Please allow 14 business days for FMLA paperwork to be completed.
- Please note that records requests will be processed within 1-3 business.

Initials: _____

Medications

- Please bring your current medication list (both prescribed and over the counter) to each appointment. It is important to keep medications and any allergies updated in your records.
- **Please always reach out to your pharmacy first for refills before giving us a call.** The pharmacy will send us the proper forms and information required to refill your prescription accordingly. Initials : _____
If there are no refills available, please allow 48 hours for refill requests to be processed by our office and the pharmacy

Voicemails

- We strive to return all voicemails within 1-2 business days. **If unable to reach office when you call, please do not call and hang up repeatedly,** we may not be near the phone or assisting other patients. Please leave a voicemail and we will respond accordingly. Please call 911 in the case of emergencies.

Initials: _____

Printed Name : _____

Patient Signature : _____

Date: _____