Community Health Center OF THE NORTH COUNTRY

Patient Responsibilities and Behavior Expectations

We appreciate you selecting us for your healthcare needs. Please read and sign the following Patient Responsibilities and Behavior Expectations.

Patient Responsibilities:

1. Keeping appointments and notifying the office at least 24 hours in advance if unable to keep an appointment.

    a. Late Arrivals - If a patient is more than 10 minutes late for an appointment, they will be asked to sit and wait to be worked into the provider's schedule, or the patient will have the option to reschedule the appointment for a later date.

    b. Missed Appointments (No Show) for New Patients - If a New Patient is a No Show for an initial appointment and then contacts the Health Center to reschedule, the circumstances surrounding the Missed/Broken Appointment will be evaluated by the provider. Another New Patient Appointment may be made with provider's approval.

    c. Missed Appointments (No Show) for Established Patients – If a patient misses three appointments within the same Specialty in a six-month period, the Provider may recommend canceling all future appointments as well as the possibility of discharging the patient from the Specialty.

2. All minor children need to be accompanied by parent/guardian until the age of 18 unless the person accompanying the child is listed on the Permission to Accompany Minor form.

3. Giving a complete and accurate medical history. This includes present concerns, past illnesses, past surgical procedures, past hospitalization, allergies, medications, current participation in investigational studies, and other matters relating to his/her health.

4. Requesting medication refills prior to running out of medication. It can take up to 72 business hours for our office to process the refill request.

5. Reporting any changes in his/her condition to the care team responsible for his/her care.

6. Being considerate and respectful of the rights of other patients, personnel and property to include respecting the non-smoking policy.

7. Promptly reporting any changes in address, telephone and pharmacy information. If there are changes to legal documents the patient must bring a copy of the document into the office, failure to do so will result in our office honoring the document we have on file.

8. Providing accurate information regarding his/her source of payment to include insurance information. Financial obligations for healthcare services are to be fulfilled as promptly as possible, as agreed to by the patient and the organization. If you fail to provide accurate information, you may be responsible for the services rendered.

9. Providing a copy of patients' Medical Advance Directive and Power of Attorney (if patient has one in effect) to the care team.

10. Accepting the outcomes of his/her actions if he/she refuses treatment or does not follow the Practitioner's instructions.

Behavior Expectations:

1. I will treat all staff with respect and dignity, whether in the health center or via any communication (ie: phone, text, patient portal).
2. I will not make any threatening comments, use profanity or derogatory names to anyone within the health center.
3. I will comply with all treatment plan items, including attending scheduled appointments on time.
4. I will accept and respect my provider's clinical judgement and not bully staff into making alternate decisions.
5. I will accept that at times appointments must be changed due to circumstances beyond the health center's control.

For CHCNC Dental Patients:

1. Appointments

- Arrive on time for scheduled appointments.
- Call as soon as possible if you need to cancel or reschedule.
- **Repeated missed appointments (No-Shows) or late cancellations will require you to wait three (3) months before another appointment can be rescheduled.**

2. Treatment

- Follow the treatment plan and instructions provided by your dental provider.
- Ask questions if you do not understand your treatment or options.
- Notify the Dental Department if there is a problem or change in condition following treatment.
- Provide updated health, medication, insurance, and contact information.
- Practice oral hygiene (brush and floss teeth) and preventative care (low sugar diet and tobacco cessation) at home.
- Children must be supervised/accompanied by an adult while in the facility.

3. Payment

- Provide current insurance information at each visit when requested.
- Work with the Dental Financial Coordinator regarding payment arrangements, outstanding balances, and financial assistance.
- Understand your insurance coverage and financial responsibility. Insurance coverage does not guarantee payment, and you are responsible for the balance, as determined.

- **Payment of your estimated patient responsibility is required before treatment.**
  - This may include your copay, deductible, coinsurance, or sliding-fee amount.
  - If you qualify for the CHCNC Sliding Fee Discount Program, you must provide the required income and household information.
- If an approved payment arrangement or exception has been established, payment will follow that arrangement.

Patient's Name _____ Patient's DOB _____

Patient/Guardian Signature _____ Date _____

Guardian Name (if applicable) _____