



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.
- Maintain a respectful relationship with your provider. 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 plan of care is eligible to petition to re-establish their care after one year.

If there are occasions when you must cancel or reschedule an appointment, please make every attempt to contact the Samaritan Family Health Center at least 24 hours in advance in order that another patient may be seen during that time slot.

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.

Name: _____

Date: _____

