

**Patient/Health Care Team Agreement**

**As your health care team we agree:**

1. To treat you with respect and dignity.
2. To diagnose your medical condition based on the information you provide to us. If we cannot diagnose you we will do our best to refer you to another resource where your medical condition can be diagnosed and treated.
3. Treat you medical condition with the available resources we have.
4. Explain the medical care we are able to provide and inform you of any necessary care that we are unable to provide and suggest where you may be able to obtain this care if available.
5. Explain what we recommend you can do to take care of your health.

**As a patient, I agree to:**

1. Treat all employees with respect and dignity.
2. Be on time for scheduled appointments. **If you are late for your appointment** **you may not be able to be seen that day**. I will schedule another appointment and may request assistance with medication refills I need immediately.
3. Cancel my appointments if I cannot keep my appointment at least 24 hours before my appointment so other patients will have the opportunity to receive care. I understand that if I do not cancel the appointment it will count as a No Show visit.
4. Be aware that the medical services I need or request may not be available and recognize that I am responsible to obtain these services.
5. Understand that some services and specialty referrals may not be available at low cost or free.
6. Understand that if I choose not to obtain recommended services and medical care that I may suffer health complications.
7. Utilize the Emergency Room only for emergencies. If the clinic is closed and it is not an emergency I will call the St. Jude Nurse Advice Line at 1-800-809-3555.

**I Understand that I will be terminated from St. Jude Neighborhood Health Centers if:**

* 1. I refuse to follow and accept recommended treatment.
  2. I fail to keep three appointments within twelve-months, either at the clinic or with specialist referrals.
  3. My behavior is abusive, offensive or dangerous to physicians, staff or other patients.
  4. I carry weapons of any kind into the clinic.
  5. Change a prescription.
  6. Damage clinic property.
  7. Fraudulent apply for any financial assistance from St. Jude Neighborhood Health Centers.

Text

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