



**AS A PATIENT OF AN RPCN HEALTH CENTER I AGREE TO THE FOLLOWING
STANDARDS OF CONDUCT...**

- 1. To keep all of my scheduled appointments. If I am unable to keep an appointment, I agree to cancel at least 24 hours ahead of the scheduled appointment time.**
- 2. I understand that if I fail to show for three appointments I may be discharged from the practice.**
- 3. To provide accurate information about my address, telephone number, email address, insurance information, household size and income and to report any change to this information as soon as possible.**
- 4. To pay for services I receive in timely manner or I will request assistance to help arrange a payment plan.**
- 5. To provide accurate information about present and past medical conditions including medicines I take and to report any unexpected changes in my medical/dental condition.**
- 6. To follow my treatment plan(s) or let my doctor/dentist/behavioral staff health know if I am not comfortable with the recommended treatment.**
- 7. To inform the Health Center medical/dental/behavioral health staff if I do not wish to Follow a recommended treatment plan.**
- 8. To notify the Health Center if I wish to discontinue services.**
- 9. To recognize the effect that my lifestyle choices may have on my health.**
- 10. To provide copies as requested of my health care information such as Health Care Proxy's, DNR's and immunization records in a timely manner.**
- 11. To respect the confidentiality of other patients.**
- 12. To report incidents of suspected physical, emotional, or sexual abuse by Health Center staff or other patients.**
- 13. To treat staff and other patients with dignity and respect and to abide by health center rules.**
- 14. To respect the property of the Health Center whenever I visit.**