

## PATIENT PARTNERSHIP AGREEMENT

Welcome to Shankle Clinic. We intend to provide you with the care and service that you expect and deserve. Achieving your **best possible health** requires a “partnership” between you and Shankle Clinic. As our “partner in health,” we ask you commit to helping us in the following ways:

### **Maintain a Primary Care Physician and schedule visits with them for routine physical exam and other recommended health screenings**

I understand that I must have a primary care physician for routine health exams and other recommended health screenings, and for management of medical conditions that are not specialty of Shankle Clinic. These health screenings include mammogram, immunizations, pap smears etc. These health screenings and tests can help detect life-threatening diseases and conditions.

### **Keep follow-up appointments and reschedule missed appointments**

I understand that my doctor at Shankle Clinic will want to know how my condition progresses after I leave the office. Returning to Shankle Clinic as recommended provides the doctor the chance to check my condition and my response to treatment. During a follow-up appointment, my doctor at Shankle Clinic might order tests, refer me to another physician, or prescribe medication, or even discover and treat a serious health condition. If I miss an appointment and don't reschedule, I run the risk that my doctor at Shankle Clinic may not be able to detect and treat serious health conditions. I will make every effort to reschedule missed appointments as soon as possible.

### **Call Shankle Clinic when I do not receive the results of laboratory or other tests**

I understand that my doctor's goal at Shankle Clinic is to report my laboratory and other test results to me as soon as possible. However, if I do not hear from Shankle Clinic in a within a reasonable timeframe, I will contact the office for my test results.

### **Inform my doctor at Shankle Clinic if I decide NOT to follow the doctor's recommended treatment plan**

I understand that after examining me, my doctor at Shankle Clinic may make certain recommendations based on what they feel is best for my health. This might include prescribing medication, referring me to another physician, and ordering labs and tests. I understand that not following my treatment plan can have serious negative effects on my health. I will let my doctor at Shankle Clinic know whenever I decide not to follow his or her recommendations so that they may fully inform me of any risks associated with my decision to delay or not follow treatment.

Thank you for your partnership. As our patient at Shankle Clinic, you have the right to be informed about your health care. We invite you, at any time, to ask questions, report symptoms, or discuss any concerns you may have. If you need more information about your health or condition, please ask.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature of personal representative, if patient is unable to sign:*

Patient Name (Print): \_\_\_\_\_

Personal Representative Name (Print): \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_