



Patient Responsibility Contract

We have made a commitment to render the best medical treatment to you. We have entered a consensual, non-obligatory provider-patient partnership. Taking personal responsibility is a critical component of success. To clearly define the patient role, we ask that you accept responsibility for your health and wellness.

A hard copy of this contract shall be provided to each patient on an annual basis and /or when the policy is updated. An additional form shall be signed as understanding of the policy and be completed on an annual basis or when the policy is updated.

Patient responsibilities include, but are not limited to:

- 1) Learning how to promote my own health and wellness. Actively work to eliminate unhealthy habits, eat properly, and get ample exercise.
- 2) Follow the medical advice when mutually agreed upon by my provider and myself
- 3) Take my medications(s) as prescribed and notify my provider if I stop taking prescribed medications
- 4) Notify my provider immediately if I feel I am having an adverse reaction to prescribed treatment
- 5) Bring a list of all medications I am currently taking (prescription and over the counter) to each visit. I must notify the medical assistant of any changes in a timely manner
- 6) Ensure that I request prescription refills in a timely manner, either at my follow up visit or by contacting my pharmacy directly to send a request to the office. I am aware that requests made through my pharmacy may take up to 72 hours for completion.
- 7) Complete necessary lab and diagnostic tests in a timely fashion. I am aware that if I do not have necessary tests completed, my follow up appointment will be rescheduled.
- 8) I will ensure that I keep my follow up visits and follow up according to my provider's directive
- 9) Notify our office of recent hospitalization, surgeries, and new care providers that are now a part of my care team.
- 10) I am aware that during my care and treatment with this office, my appointment may be scheduled with an advanced practice registered nurse (APRN). I am aware that all care and treatment ordered by an APRN is done in coordination with a physician.

Anti-Abuse Policy

At Jose Prieto MD, PA (d/b/a Bay Area Infectious Disease Associates) each patient is treated with courtesy and respect. As such, it is expected that patients and those who accompany them to their appointments will treat our staff in the same manner. Any verbal and/or physical abuse including, but not limited to, foul language, aggressive behavior, sexual harassment, or threats shall not be tolerated and will be grounds for immediate discharge from our practice.