

Hillcrest Baptist Medical Center  
Hillcrest Family Health Center (HFHC)  
PATIENT AGREEMENT

I understand that in order to benefit from health care provided to me as a patient, I am responsible for participating in the determination of my medical care plans and to follow recommended treatment plans.

**Patient Responsibilities:**

**1. Attending Appointments as scheduled:**

- I will attend my appointments as scheduled with HFHC physician(s). I will attend my appointments with other physician specialists, consultants, or other tests and procedures as recommended by HFHC physician(s).
- If I am unable to keep an HFHC appointment, I will provide HFHC physician's office with at least 4 hours notice prior to the appointment. If I am unable to keep a specialty appointment, test, or procedure I will notify my HFHC physician's office.

**2. Taking medications:**

- I will take medications as prescribed by HFHC physician(s) or notify physician or office if unable to comply.
- I will not contact non-HFHC physicians for medication prescriptions or refills, unless it is for emergency purposes or mutually agreed upon.
- I will follow the instructions/recommendations given by HFHC physician(s).

**3. Payment:**

- I am responsible for payment of all services, either through my third party payers (insurance company) or by personally making payment for any service not covered by my insurance policy(s). Payment plans may be arranged under certain circumstances when mutually agreed upon.

**4. Behavior:**

- I will be considerate to providers, staff and patients through honesty, cooperation and respect.

**I understand that my signature indicates that I am in agreement with the previously outlined patient responsibilities.**

**I understand that if I violate this agreement, I may be subject to termination of my primary physician/ patient relationship as well as, physicians of other Hillcrest Family Health Center facilities.**

\_\_\_\_\_  
Patient

MRN

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date/Time