

Patient Name:

DOB:

Date:



## **Patient Expectations Information Sheet**

Dear Patient,

At Upstate Family Health Center, we are committed to providing high-quality care in a safe, respectful environment. To help us achieve this, we ask all patients to follow the expectations below:

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### **1. Respectful Communication**

- Treat staff and other patients with courtesy at all times.
  - Aggressive or abusive language or behavior is not acceptable.
  - If you have concerns about your care, please share them respectfully and through the appropriate channels.
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### **2. Follow Your Treatment Plan**

- Take your medications exactly as prescribed.
  - Let your provider know right away if you have side effects or problems with your medications.
  - Follow the treatment plan discussed with your healthcare provider.
  - Be an active participant in your care.
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### **3. Appointment Attendance and Punctuality**

- Arrive on time for your appointments. Not more than 15 mins before your appt
  - If you can't make it, please give at least 24 hours' notice.
  - Being late may require us to reschedule your visit.
  - **Existing patients:** missing three or more appointments without notice may result in dismissal from our practice (we will consider special circumstances).
  - **New Patients:** missing your new patient establishing appointment without notice will result in our inability to establish you as a new patient. We cannot complete the Medicaid Transportation Form (Form 2015) until you are seen by our provider. This is a New York State rule that requires care to be established first. What You can do to get a ride to your first visit, contact: Medical Answering Services (MAS) 1-844-666-6270. They may be able to help you schedule transportation without a form for your first visit.
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### **4. Respect Our Facility**

- Please take care of our property and equipment.
- Damage may result in financial responsibility or removal from the practice.

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**5. Respect Privacy**

- Your medical records are private and confidential.
  - Please also respect the privacy of other patients while in our care.
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**6. Follow Office Policies**

- Comply with our office guidelines related to appointments, payments, and privacy.
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**Important:**

Not following these expectations may lead to a review of your care at our practice and could result in being discharged from Upstate Family Health Center.

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**Acknowledgment**

By signing below, you confirm that you have read, understood, and agree to follow these expectations.

**Patient Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Thank you for helping us maintain a positive and respectful care environment.

**Sincerely,**  
**Upstate Family Health Center**