

Communication Agreement Form

Dear Valued Patient,

Thank you for choosing Florida Digestive Health Specialists.

As a participant in your own health care it is your responsibility to ensure that there is a clear and open method of communication from our office to you. It is also your responsibility to ensure that this office always has a way to contact you to communicate test results and other important matters relating to your medical care.

Along the way, we recommend/perform diagnostic studies we feel are important to your well-being. These studies are to diagnose your ailment(s), define treatment strategies and to maintain your health. As with all diagnostic studies, we are at times unpleasantly surprised by the results. These results can include cancer or other potentially fatal conditions, which if undiagnosed or diagnosis is delayed, can result in death or a serious disability. Some of these studies will be at the time of an active issue, and other times it will be recommended for the future.

We contact every patient with results of diagnostic studies and reminders for follow-up issues. Ultimately, if you do not hear from us within 14 days of your test results, it is your responsibility to contact us.

By initialing below and signing this letter you agree to the following:

- (Please initial each line)
1. Call our office two weeks after any diagnostic study, if we have not notified your with results. _____
 2. Call our office again, for any issue, if we do not return your call. _____
 3. Immediately notify our office of a change of address and/or contact telephone numbers. _____
 4. Keep a written record of when your diagnostic studies are scheduled and notify our office if you cannot comply. _____
 5. Keep a written record of your future follow-up needs, even if it is ten years in the future. _____

By signing this letter you are agreeing that the responsibilities and obligations outlined in lines 1 through 5 are important to your future health and that you will comply with these obligations.

Thank you so much we look forward to a mutually gratifying relationship.

Patient Name Printed

Witness Name Printed

Patient Signature

Date

Witness Signature

Date