

Our Agreement



Safety and trust are essential for healing and learning.

We agree to communicate honestly with you and expect that you will do the same with us. Good health requires open communication between the healthcare team and out patients.

We agree to listen to your health concerns and to provide an evaluation and treatment plan that is safe, medically sound and, whenever possible, financially conservative.

We agree to consider your health in the context of your personal, family, and social history with an emphasis on helping you meet scientifically-validated and age-appropriate wellness and preventive care goals.

We agree to guard your personal health information in every way we can and will contact you promptly if we believe there has been any breach of that information. A copy of our full privacy policy is available upon request.

We agree to do everything we can to work with you (and your insurance company if you have one) to provide excellent billing practices and to have in place a collections process that is fair to both insured and uninsured patients alike.

We know that when people feel unwell or unheard, that can lead to frustration and fear. While we recognize that, we need to ensure the safety and care of the patients in the space and our providers and staff. If patients become aggressive, physically intimidating, or verbally threatening, they may be asked to leave and reschedule for a time that they can be more calm and engage with us in a more respectful manner. We will gladly engage with a patient about their care when they feel regulated and ready to talk to us.

Statement of Patient Responsibilities...

- I will view the partnership with the Mosaic Health and Healing Arts team as an opportunity for an exchange of information designed to maximize my health
- I acknowledge that modern medicine is mostly about helping me get the healthcare that I need and not about getting just the things I want.
- I will use medications responsibly – as prescribed and for their intended purposes.
- I will work with the entire medical team to allow efficient delivery of care at the right time for the right reasons using the right resources.
- I understand that not all healthcare relationships work perfectly, and that at such a time as the relationship is not therapeutic, either of us may unilaterally end that relationship.
- I will make a good faith effort to promptly pay my bills with this office.

Patient Name

Patient/Responsible Party Signature

Date

Responsible Party Names(s) (if minor)

Relationship to Patient

I hereby certify by my signature that I have reviewed and agree with the information in this form and that I have provided update information about my health status if needed. I also agree to present any additional information needed to facilitate the delivery of health care for the team here at Mosaic Health and Healing Arts. Completion of this form constitutes consent to receive treatment and also implies my consent to the communication of my health information as needed to other medical providers to assist in my care as well as to my insurance company to allow payment to this practice.