

Patient Commitment and Privacy Acknowledgement



We commit to providing you with exceptional, safe, quality care in your home, but to do this, we also need a commitment from you.

Please read and note your responsibilities below. If you can't commit to these expectations, we can't properly care for you, and you may be asked to disenroll from our practice.

We ask you to:

1. Confirm Your Appointment. We will always email, text and call to confirm your appointment. It's important that you answer or respond. If you don't confirm your appointment, we may cancel it.

2. Remember Your Appointment. Our clinicians are in demand, so every appointment is a commitment for us. Please remember your appointment and answer the door when we arrive. Missed appointments without 24-hour notice may result in a \$50 charge. Multiple missed appointments may result in disenrollment from the practice.

3. Be Patient with Us. Getting to your home can be difficult (with traffic challenges for example). We ask you to give a 20-minute grace period. If we are going to be more than 20 minutes late for an appointment, we will call to let you know.

4. Be Respectful. Inappropriate behavior may result in disenrollment from the practice. We DO NOT tolerate:

- Threats, violence, or verbal abuse
- Disruption of patient care, such as loud television or music
- Smoking, drug or alcohol use while our care team is present
- Pets, firearms or weapons – please put these away prior to the visit
- Non-emergency use (or abuse) of the after-hours phone line

5. Be Ready to Make Decisions. If you have a POA or someone else that helps you make medical decisions, please make sure they are at the appointment (or available by phone).

6. Be Financially Responsible. You are responsible for payment. We will bill your insurance carrier, but if you have copayments or out-of-pocket costs for any services which are not covered by your insurance policy, we expect you to be financially responsible.

7. Know your Privacy Options. At Home Harmony is committed to protecting the privacy of health information we create or receive about you. Health information that identifies you includes your medical record and other information relating to your care or payment for care. **Our Notice of Privacy Practices for Protected Health Information is included in your New Patient packet, can be accessed through our website, or requested to be sent to you.**

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Acknowledged:

Patient Name: (please print)		DOB:	
Signature of Patient / Guardian:			
Date Signed:			

**Please keep page 1 for your records
and return this signed page to our practice.**



**At Home
Harmony**

Bring your healthcare team home.