



# Texas Family Clinic

## TEXAS FAMILY CLINIC POLICY

Please initial after each policy.

1) I have reviewed the patient medical information confidentiality policy and understand my rights about my medical information. \_\_\_\_\_

2) I understand that it is the policy of this clinic **NOT** to prescribe long term pain medication (morphine, Tylenol #3 etc), long term benzodiazepine ie Xanax, clonazepam; and weight loss/diet pills. \_\_\_\_\_

3) I understand that medication refill request should be placed at least 3-5 days before needed through the pharmacy first. If unable to do so then call the clinic for the refill. \_\_\_\_\_

4) I understand that I need to give the doctor/provider at least 48 hours to fill my refills. \_\_\_\_\_

5) I understand that ANY form (FMLA, handicap, release to work etc) that needs to be filled out needs to be discussed face to face with the doctor/provider (they should not be dropped off, unless discussed with a doctor during a visit within the last 30 days). \_\_\_\_\_

6) I understand that if I need a form completed by the doctor/provider, I need to allow 5 business days for completion. \_\_\_\_\_

7) I understand copays and balances must be payed prior to being evaluated by the doctor/provider. \_\_\_\_\_

8) It is the clinic's policy that patients call to cancel their appointment at least 24 hours before their appointment. I understand that if I cancel **within** 24 hours of my appointment, or **do not show up** to my appointment a \$25 fee will be charged. \_\_\_\_\_

\_\_\_\_\_

Patient

\_\_\_\_\_

Date

\_\_\_\_\_

Parent or Guardian Signature  
(for children under 18)

\_\_\_\_\_

Date