

PATIENT RESPONSIBILITY IN CARE

Dear Patient,

It is our pleasure to join with you in the treatment of your sleep/wake condition. Research has shown that the best results occur when patients and their providers work together. We cannot achieve a successful outcome without your help. For that reason, we want you to understand what will be required of you so you can determine if you wish to pursue care for your condition at this time.

1. Make sure you ask lots of questions of your provider or technician. We want you to understand everything so you can make the decision of what is the best course of action for your care. If you are prescribed medication, be sure you know the name of the medication, what it is used for, what the possible side effects are, how long it will take to see results, and when/how you should stop taking it. Don't be afraid to ask us lots of questions. It is your health and you should know as much as possible about your care.
2. Be prompt for your appointments. If you fail to show for an appointment three things happen:
 - a. You don't get the necessary care you need to improve your condition.
 - b. We have an open slot that could have been filled by another patient.
 - c. Other patients have to wait longer to get help for their problem.

For that reason, **if you no-show twice in a six (6) month period we will not reschedule you for another appointment and will discharge you from care if you are currently a patient.** A "no-show" means you do not show for a scheduled appointment or you call with less than 24 hours notice.

Thank you for giving us the opportunity to join with you in improving your sleep/wake cycle. We're counting on you just as you are counting on us.

Patient (or Legal Representative) Signature

Date

Witness Signature

Witness Printed Name

Date



**CAPE FEAR VALLEY
SLEEP CENTER**

Patient Responsibility

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TAB #

DOC ID#

PATIENT ID LABEL