



Communication Agreement Form

Dear Valued Patient,

Thank you for choosing Florida Digestive Health Specialists, team of physicians to participate in your healthcare.

As a participant in your own healthcare it is your responsibility to assure that there is a clear and open method of communication from our office to you. It is also your responsibility to insure 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 will recommend/perform diagnostic studies which we feel are important to your well- being. These diagnostic 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, (maybe even ten (10)years in the future).

We pride ourselves in attempting to contact every single patient with results of diagnostic studies and reminders for follow-up issues. There will be times that we are unable to contact you or we do not yet have the results in our office. Ultimately, if you do not hear from us within 14 days regarding 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.

All of the above lines 1 thru 5 are very important. However, if you do not immediately notify this office of any change in address or contact telephone numbers, it limits our ability to communicate important matters pertaining to your care.

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.

The Physicians of Florida Digestive Health Specialists

Patient Name Printed

Witness Name Printed

Patient Signature

Date

Witness Signature

Date