

## Patient Responsibility Contract

### ***Appointment Cancellation Policy***

If you are unable to keep your scheduled appointment you must give **us at least 24-hour notice** so that another patient may use your time.

- Patients who arrive more than 15 minutes late will be rescheduled.
- Patients who miss their first appointment without proper notice will be unable to schedule for (30) days.
- Patients who miss their second appointment without proper notice will be unable to reschedule for three (3) months and will receive a warning letter.
- Patients who miss their third appointment without proper notice will be dismissed from the School of Dentistry. Patients whom have consulted with OMFS will be able to be seen for emergency dental work for 30 days after the last missed appointment. A formal letter will be sent to your home with further instruction.

*\*\*This cancellation policy does not pertain to our patients that require postoperative care. \*\**

### ***Patient Behavior Policy***

As a dental clinic our ultimate goal is to provide the highest quality health care to our patients. As a part of that goal it is also our responsibility to maintain a safe and professional environment for our patients, staff, and visitors. Therefore, we reserve the right to refuse treatment to any person who compromises our ability to provide safe and effective care.

Patients are responsible for being respectful of clinic personnel and other patients as well as clinic property. Disruptive and disrespectful conduct will not be tolerated in our clinic area. This includes, but is not limited to:

- Verbally abusive, disrespectful behavior, and inappropriate or sexually suggestive comments
- Physically obstructive behavior that compromises the safety of others (ie. Sudden hand gestures relating to grabbing, touching, swatting, or blocking that can result in injury to patient, staff and providers)
- Violence or any form of aggression
- Audio or video recording of any provider, staff or patients

Patients will be reminded to be respectful and discontinue any unruly conduct. If the disruptive behavior persists patients will be dismissed from the dental clinic.

By signing this document, I acknowledge that I have read and understand the terms of both the University of Minnesota Oral and Maxillofacial Surgery Cancellation Policy and Patient Behavior Policy. I agree to the terms above and have had the opportunity to receive a copy of this policy for my records.

Patient Name (Print) \_\_\_\_\_

Date \_\_\_\_\_

Patient/ Guardian Signature \_\_\_\_\_