

Gyn Care

TERMINATION OF CARE POLICY

Gyn Care reserves the right to dismiss a patient for the following reasons:

1. Failure to pay for services in a timely manner (refer to Financial Policy).
2. Excessive rescheduling of visits.
3. Excessive no show (missed) appointments.
4. Excessive tardiness.
5. Noncompliance of recommended care.
6. Conduct or behavior which is disruptive to the environment.
7. Violation of the Method of Contact Policy
8. Noncompliance with the Dress Code, Service, and Seating policies.

Dress Code Policy

We at Gyn Care strive to provide an environment of excellence and professionalism in the best possible manner. Therefore, in order to ensure that everyone feels comfortable, we expect all of our valued patients to be mindful of their attire and overall appearance. Any bed attire is unacceptable. This includes pajamas, house shoes, and head scarves. Any revealing clothing will *not* be tolerated.

Service Policy

In order to provide quality service, children, cell phones, electronic and musical devices without headphones, food and drinks are strictly prohibited.

Seating Policy

Due to limited seating we ask that you refrain from bringing any additional guests with the exception of a spouse or significant other. Minors must have a parent or legal guardian present during the entire visit. No children are allowed.

Tardiness Policy

If you arrive late for your appointment, we will try to accommodate you, but you will be delayed. If you arrive 30 minutes or more late, we will have to reschedule your appointment.

Method of Contact Policy

We value all of our patients, and will try our best to service your needs. However, contacting any physicians and staff outside of normal business hours, and attempting to contact them personally at their personal residence or phone numbers will not be tolerated. If you have an emergency, please visit your nearest Emergency Room at your earliest convenience.

I acknowledge the Practice has provided me with a copy of its Termination of Care Policy, and I agree to comply with the policies and procedures set forth accordingly.

Patient's Signature or Personal Representative

Patient's Printed Name

Personal Representative's Printed Name (*if applicable*)

Description of Personal Representative's Authority

Date