

Patient Treatment Policy

- I consent treatment to Middlesex Gastroenterology Associates, LLC
- I agree to conduct myself in a courteous manner. I will treat Middlesex Gastroenterology Associates staff & providers with respect and dignity whether in the office or on the phone. Non-adherence may result in discharge from the practice.
- I will use normal tone of speech and appropriate language when speaking with Middlesex Gastroenterology staff and providers. Yelling, screaming or being discourteous will result in immediate dismissal from the practice.
- I will adhere to my treatment plan and recommendations. If my treatment plan is not working, I will schedule an appointment to discuss treatment options with my Middlesex Gastroenterology provider. I will voice any questions and concerns regarding my treatment plan during a visit with my Middlesex GI provider.
- I understand to be on time to all of my scheduled appointments and understand that if I am more than 15 minutes late, my appointment may be cancelled and/or rescheduled.
- I will contact the office 24 business hour advance if I am unable to keep my office appointment and 3 business day in advance for my scheduled procedure appointment. A pattern of missed appointments (3 in 1 calendar year), will result in Middlesex Gastroenterology discharging me from the practice.
- I agree to communicate any changes in insurance or financial coverage timely. I understand that not supplying changes in coverage prior to a visit or procedure can result in cancellation of an appointment or non-coverage of services, which I am financially responsible for.
- During telehealth visits, I will give Middlesex Gastroenterology provider my undivided attention. I will be prepared in advance in a private, well-lit room with a camera view ready to discuss my care. I understand that my provider expects me to be respectful, treating his/her visit like I would as if I am in the office. If I am not properly clothed, conducting the visit while driving or otherwise not in the moment, my Middlesex GI provider will end the visit.

Patient Name: _____

Patient Signature: _____ Date: _____