



DABQ Registered Dietician – Patient Contract

Appointments: The clinician-Patient relationship is a professional relationship that develops in our regularly scheduled appointments, and thus requires responsibility on my part and yours. I will provide services on time and will notify you of any necessary changes at least 24 hours in advance, except in cases of some unforeseen emergency. You will not be charged if I cannot make your appointment time.

If you cannot keep your appointment and cancel with more than 24 hours' notice, I will reschedule with no charge. Please cancel your appointment by phone, not by email or text message. I will confirm that your message was received. **If your appointment is not kept or is cancelled with less than 24 hours' notice you will be charged a \$50 no show fee, regardless of the reason for missing the appointment.** This fee must be paid in full prior to the start of the next session. Unpaid bills, plus a \$20 collection charge per bill will be turned over to a collections agency after 90 days.

Responsibility and Payment of Fees: Client or financially responsible party accepts full financial responsibility for payment for services rendered by DABQ. Payments are expected at the beginning of the time services are rendered. This ensures all our Patients receive the full scheduled time for their sessions. Cash, check or Master/Visa credit cards are accepted.

Phone Contact: I am often not immediately available by phone. If I am not available, please leave a message with your phone number and several times when you may be available for me to call you back when I am available. I will make every effort to return your phone call on the same day with exception of weekends and holidays. Phone calls made after 9:00 pm will be returned the following day. If you cannot reach me by telephone, and you feel that you cannot wait for me to return your call, you should call your family physician, 911, or the nearest emergency facility of your choice.

Other Services: Preparation of documents such as letters about or on behalf of Patients, reproductions of progress notes, or other such documents by requested of DABQ staff will be billed at the rate of \$90 per hour of preparation time, in nearest quarter hour increments; likewise for time spent traveling on behalf of the Patient. Lodging and Transportation Expenses for travel shall be reimbursed for actual expenditures, likewise for Meals and Incidental Expenses during travel, with a daily maximum of \$50.00. Legal services such as depositions or consultation with attorneys will be billed at the standard DABQ Clinician rate of \$90 per hour.

Recording: For purposes of continued staff training, on occasion, sessions may be recorded via digital video recorder. The recording will then be reviewed solely by DABQ staff and then deleted. This is so our staff can continue training and in no way will be a reflection on you or your session. If you do not want to be recorded at **any time** you may ask to have the recorder turned off and it will be stopped.

Confidentiality: The clinician-Patient relationship is confidential; however there are limits to confidentiality according to New Mexico State Law. Those exceptions are highlighted in the "Notice of Privacy Practices" provided at your first session. Our staff will be happy to discuss these exceptions at your request. As a necessary course of business DABQ office staff may on occasion have access to Patient privacy protected information. Standard confidentiality requirements of such information pertain to all DABQ staff, both Clinical and Clerical, and that information is made available to staff only on a need to know basis.

Treatment of Minors (when applicable): I agree to allow DABQ staff to treat _____, a minor child in my care/custody, and agree to be financially responsible for such treatment.

I understand that this is a legal and binding contract. I agree and understand all of the above and consent to treatment, or to treatment of my minor(s). Names are as follows:

Patient Signature (s) (or Parent/Guardian)

Date

Clinician Signature

Date