



## General Patient/Physician Agreement

Please read the following paragraphs, initial below each paragraph that you have read, understand AND agree to the same.

In an effort to provide the most efficient and effective healthcare, your treating physician will diagnose your illness according to your complaints. Appropriately, the patient understands and authorizes treating physician and/or staff to communicate with previous physicians by any method to include a "physician only" website and/or any physician that can assist with the care of the patient as long as confidentiality is kept at the professional level. I have read, understand, and agree with the above.

Patient/Legal Guardian Initials: \_\_\_\_\_

The patient understands that he or she is not required to use treating physician or any other physician employed by or under the direction of this facility or practice for general healthcare and/or surgery. The patient understands medicine is not an exact science and there is risk involved in any medical procedure. The patient understands he or she is being treated at his or her own risk. It is further understood that in the event of any controversy or dispute concerns the medical care rendered by the treating physician or any manner whatsoever, then the patient agrees that the controversy or dispute shall be resolved by arbitration as provided by the Florida Arbitration cod, Chapter 682 & 684, Florida Statutes. This arbitration shall be binding and shall be in lieu of and instead of any trials by judge or jury. Each party shall choose one arbitrator and the two arbitrators shall choose a third arbitrator. Each party shall be entitled to the discovery provided for under rules 1.280-1.390, Florida Rules of Civil Procedure. The panel of arbitrators shall hear and decide the controversy, and the decision shall be binding of all parties, and may be enforced by a court competent jurisdiction. I have read, understand and agree with the above.

Patient/Legal Guardian Initials: \_\_\_\_\_

"Physician Orders" are meant to improve and/or resolve the patient's medical condition and/or symptoms. The patient is expected to follow orders given. In the event the patient does not follow orders given, the patient may be discharged from the treating physicians' care and/or facility thus releasing the treating physician and/or facility from any injury or illness claim resulting from the patient's failure to follow orders. Not following orders given can include but is not limited to missing, postponing or refusal of additional tests to rule out, confirm or discover illnesses and misusing medications. I have read, understand and agree with the above.

Patient/Legal Guardian Initials: \_\_\_\_\_

Patient/Legal Guardian has read and understands all paragraphs above by initialing below each paragraph. I have agreed to abide by their content by signing above.

\_\_\_\_\_  
Patient Name (PLEASE PRINT)

\_\_\_\_\_  
Patient or Legal Guardian Signature

\_\_\_\_\_  
Date