

Tulsa Rheumatology Clinic

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Tulsa, Ok 74114
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Patient Agreement

Patient Name: _____ DOB: _____ Date: _____

This is an agreement between you and Tulsa Rheumatology Clinic. You, as the patient, must understand that the guidelines listed below are required to continue receiving medical care and/or prescribed medication(s) at Tulsa Rheumatology Clinic.

Tulsa Rheumatology Clinic does **not** prescribe pain medications for chronic pain. If this is determined to be medically necessary during your treatment, a referral will be placed for you to be evaluated by a pain management provider.

Along with medication treatment, other medical care may be ordered to help improve your ability to perform daily activities. This may include exercise, physical therapy or other treatments.

I understand that I have the following responsibilities:

- _____ I will inform Tulsa Rheumatology Clinic of all medications that I am taking.
- _____ I will take medications only at the dose and frequency prescribed.
- _____ I will not increase or change medication without the approval of Tulsa Rheumatology Clinic. If I do change medication without approval I will be dismissed from Tulsa Rheumatology Clinic.
- _____ No refills will be done on Fridays, weekends, after hours, or on observed holidays.
- _____ I agree to keep all scheduled lab dates, office visit appointments, and follow all therapies prescribed according to the treatment plan.
- _____ I understand that if I have not been seen in over 1 year that I will be dismissed from Tulsa Rheumatology Clinic.

- _____ I understand that I need to arrive at least 15 minutes before my scheduled follow up appointment time or my appointment will be rescheduled.
- _____ I understand that prompt payment for services rendered is expected and failure to comply or respond to repeated communications from TRC will result in dismissal and/or involvement of an outside collection agency.
- _____ New symptoms and/or events will require a clinic appointment. Dr Cunningham is unable to diagnose or treat me over the phone or via telehealth visits.
- _____ I will not consume excessive amounts of alcohol in conjunction with certain prescribed medications. If there is a question regarding whether I can consume alcohol, I will call the clinic for clarification.
- _____ I will maintain an active relationship with a primary care provider. I understand that Tulsa Rheumatology Clinic will not act as my primary care provider. Failure to obtain a PCP will result in dismissal from Tulsa Rheumatology Clinic.
- _____ I understand that I may be required to see an outside specialist to assist in monitoring my care with Tulsa Rheumatology Clinic.
- _____ I will always treat the staff at the office respectfully. I understand that if I am disrespectful to staff and/or disrupt the care of other patients, I will be dismissed from Tulsa Rheumatology Clinic.

I understand that Tulsa Rheumatology Clinic will stop prescribing medications and or change my treatment plan if:

- _____ I am unable to attend my follow up appointments or if I do not obtain required lab evaluation for monitoring.
- _____ I do not participate in ongoing communication surrounding my treatment plan in a timely manner.
- _____ My behavior is inconsistent with this signed contract.

I understand that failure to adhere to these policies will result in termination from Tulsa Rheumatology Clinic and/or medication prescribed by Dr Cunningham.

I affirm that I have full rights and power to sign and be bound by this agreement while under the care of Tulsa Rheumatology Clinic, and I accept all of the patient agreement terms above.

Name: _____ Date: _____

Signature: _____