WILLIAMSVILLE PSYCHIATRY
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Patient Financial and Treatment Contract

As a participant in mental health/substance abuse treatment, I freely and voluntarily agree to accept this treatment contract as follows:

1. I agree to keep and be on time to all of my scheduled appointments.

2. I agree to inform the office of any and all changes in my personal information, including but not limited to change of name, address, phone number, pharmacy, insurance plan, and primary care physician.

3. I agree to adhere to the Patient Agreement and Office Policies outlined by this office.

4. I agree to conduct myself in a courteous manner in the doctor's office.

5. I agree not to sell, share, or give any of my medication to anyone else, as this is a serious violation of this agreement and would result in treatment being terminated with no recourse for appeal.

6. I agree not to deal, steal, or conduct any illegal or disruptive activities in or around the doctor's office.

7. I understand that if dealing, stealing, or any illegal or disruptive activities are observed or suspected by employees of the pharmacy where my medication is filled, that the behavior will be reported to my doctor's office and could result in my treatment being terminated with no recourse for appeal.

8. I agree that my medication/prescription can only be given to me at regular office visits. A missed visit may result in my not being able to get my medication/prescription until the next scheduled visit.

9. I agree that the medication I receive is my responsibility and I agree to keep it in a safe, secure place. I agree that lost medication will not be replaced, regardless of why it was lost.

10. I agree not to obtain medications from any doctors, pharmacies, or other sources without informing my treating physician.

11. I understand that mixing medications without physician instruction can be dangerous. I understand that improperly mixing of medications outside the care of a physician can result in death.

12. I agree to take my medication as my doctor has instructed and not to change the way I take my medication without consulting with my doctor.

13. I understand that medication alone is not sufficient treatment for my condition and I agree to participate in counseling as discussed and agreed upon with my doctor and specified in my treatment plan.

14. I agree to abstain from alcohol, opioids, marijuana, cocaine, and other addictive/illicit substances (excepting nicotine).

15. I agree to provide random urine samples and have my doctor test my blood alcohol level.

16. I understand that not providing necessary primary physician information may disrupt future appointments and lead to the termination of treatment due to noncompliance.

17. I understand that violations of the above, or any other posted office policy, may be grounds for termination of treatment.