

## DCC Patient and Provider Contract

As a patient at Diabetes Care Center I \_\_\_\_\_, understand that my diabetes education and management program is a team approach. By reading the following and providing my initials at each listed point, I agree to the listed terms and conditions. I understand that by not adhering to the contract, I can be discharged as a patient at Diabetes Care Center.

1. \_\_\_\_\_ I will keep and be on time for my scheduled appointments at DCC. I will sign the late and no-show policy
2. \_\_\_\_\_ I will attend recommended diabetes education classes, as this is part of my treatment program
3. \_\_\_\_\_ I will take my medications as instructed, but will notify DCC if I am having difficulties with insurance coverage, financial issues that may impact my ability to afford my medications, side effects, and/or hypoglycemia
4. \_\_\_\_\_ I will check my blood sugar as directed, and will bring a log sheet or my glucometer to my appointments
5. \_\_\_\_\_ I understand that if I do not provide my blood glucose readings, the providers cannot properly assist me in my diabetes management
6. \_\_\_\_\_ I understand that if I do not take my medications, the providers cannot properly assist me in my diabetes management
7. \_\_\_\_\_ I understand that a healthy diet and exercise program are crucial in my diabetes management. I will strive to do my best to adhere to the prescribed diet and exercise program
8. \_\_\_\_\_ I will treat the staff at the office respectfully. I understand that if I am disrespectful to staff or disrupt the care of other patients, my treatment will be stopped. I understand that any family members brought to my appointments will abide by the same rules.
9. \_\_\_\_\_ I understand that I may lose my right to treatment in this office if I break any part of this agreement
10. \_\_\_\_\_ I understand that by doing my part, I am helping the providers to better assist me in my diabetes management. By providing them information needed, they can better serve me and help prevent diabetes related complications.

I have talked about this agreement with my provider and I understand the above rules. I understand that if I have not been to DCC for an extended period of time I will not receive medication refills or samples.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

All Staff members at Diabetes Care Center agree to the following:

1. We guarantee professional services at all times
2. We guarantee that HIPPA (privacy) will be upheld at all times
3. We will provide the most timely service possible. However, please be aware that issues in clinic, which can sometimes delay service
4. We guarantee that we will do everything we can to find the most affordable medications in your preferred drug list. When medications are not covered, alternatives will be found, or the medication will be discontinued
5. As a team, we will work with you to fully help you in your diabetes management. We are available to you as resource with any questions or concerns.

We look forward to working with you and your families. Your health and safety are our top priorities!

**Thank you,**

**The DCC Staff**