



MEDICAL SERVICES STATEMENT

We recognize and uphold Physician-Patient Confidentiality. What is discussed with your provider stays between you and your provider. Unless you give permission to release confidential information, or we are ordered by the law, we stand by our patient's right to privacy.

We abide by the Health Insurance Portability and Accountability Act (HIPPA), a US law designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers. Developed by the Department of Health and Human Services, these new standards provide patients with access to their medical records and control over how their personal health information is used and disclosed.

We swear to fulfill, to the best of our ability and judgment, our Hippocratic Oath:

- We will respect **the hard-won scientific gains** of those physicians in whose steps we walk, and gladly share such knowledge as is ours with those who are to follow.
- We will prescribe for the good of our patients according to our ability and our judgment seeking never to cause harm to anyone.
- We will neither give a deadly drug to anybody if asked for it, nor will we make a suggestion to this effect. **In purity and holiness we will guard our life and our art.**
- We will **remember that there is art to medicine as well as science**, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.
- We will **not be ashamed to say "We know not"**, nor will we fail to call in our colleagues when the skills of another are needed for a patient's recovery.
- What we may see or hear in the course of treatment or even outside of the treatment in regard to the life of men, which on no account one must spread abroad, **we will keep ourselves holding such things shameful to be spoken about.**
- We will remember that we do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. **Our responsibility includes these related problems**, if we are to care adequately for the sick.
- If we do not violate this oath, **may we always act so as to preserve the finest traditions of our calling** and may we long experience the joy of healing those who seek our help.

Our service to all new patients includes an evaluation and recommendations. We will always respect the patients' autonomy to choose not to agree with our evaluation or participate in our recommendations. In return it is expected that patient's acknowledge our work to help them.

By requesting to be seen by this clinic as a patient, you agree to pay for services rendered regardless if you approve of, or not, our evaluation or recommendations. No refunds are given after the work is done.

I attest that I have read and understand fully this Medical Services Statement. **Date:** _____

Patients Name: _____

Patients Signature: _____