



ALLERGY, ASTHMA & IMMUNOLOGY CENTER

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We at the Allergy, Asthma, and Immunology Center strive to provide each patient with quality and consistent service and care. This compliance policy has been put into place to ensure that we are successful in doing so. Adherence to this policy from our patients allows the doctor to treat the patient's medical concerns and conditions, while also having the patient remain an equal accountable partner in the continuation of their care. Please understand that your partnership with our clinic may be terminated due to, but not limited to, non-compliance of your prescribed medication regimen, not obtaining necessary lab work, not returning phone calls from the clinic, not showing up for your scheduled appointments, and missing or "no-showing" appointments without calling to cancel. Please initial to acknowledge your responses below:

____ I will make every effort to attend all of my scheduled appointments. If I am unable to attend my scheduled appointment for any reason, I will call the office to re-schedule my appointment.

____ I am aware that I am subject to dismissal from the clinic for missing two or more appointments.

____ I am aware that there is a 15 minute "late policy" for arriving late to my appointment which may cause me to have to reschedule my appointment.

____ I am aware that my appointment may be canceled if I have not yet obtained necessary lab work prior to my appointment.

____ I am aware that I will be asked to not use my cell phone when the doctor or nurse are in the room.

____ I am aware that my physician has prescribed a medication regimen tailored specifically to me, and that I may be dismissed from the clinic if I fail to continue my prescribed medication regimen without the authorization of my provider. If you have difficulty taking your medication as prescribed for any reason, please contact our office. We would be happy to assist you.

By signing below, I am certifying that I have read and understand the compliance requirements and any consequences associated with non-compliance of this policy.

Signature of Patient/Guardian

Patient Name & Date Of Birth

Today's Date