



Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### **PATIENT/PROVIDER RELATIONSHIP AGREEMENT**

This agreement outlines the professional relationship between Clocktower Medical Group, LLC (hereafter referred to as “the Practice”) and the patient (hereafter referred to as “the Patient”). It is designed to establish clear expectations and guidelines that both parties will follow to ensure a respectful, professional, and compliant environment.

The Practice is committed to delivering quality healthcare services to the Patient in a respectful and professional manner, while the Patient agrees to actively participate in their care, follow the Practice’s recommendations, and adhere to the guidelines outlined below. Both the Practice and the Patient will comply with HIPAA and other applicable privacy laws, safeguarding the Patient’s health information to ensure confidentiality and privacy are maintained at all times.

#### ***1. Conduct***

The Practice maintains a safe and professional environment. Disorderly conduct, including but not limited to verbal or physical abuse, harassment, threats, or inappropriate behavior and language towards the Practice, staff, or other patients will not be tolerated. Such behavior may result in the immediate termination of the patient-provider relationship and refusal of future services.

The Patient is expected to treat all staff and fellow patients with respect and professionalism at all times. Any instance of disorderly conduct may lead to dismissal from the clinic or practice, with a written notice provided to the Patient regarding the termination of services.

The Practice and its staff are also expected to treat all patients with respect and professionalism at all times. If you have any questions or concerns regarding members of the staff, please inform the physician.

#### ***2. No-Show Policy***

Appointments are reserved specifically for the Patient’s care and well-being. If the Patient fails to show up for an appointment without prior notice, this will be considered a “no-show.” A pattern of no-shows may interfere with the Patient’s care and the Practice’s ability to serve other patients.

*1<sup>st</sup> No-Show:* A reminder will be issued to the Patient regarding the importance of attending appointments. The Patient will receive a warning that another no-show will end the relationship.

*2<sup>nd</sup> No-Show:* The Practice reserves the right to terminate the patient-provider relationship after providing a written notice and offering the Patient sufficient time to seek alternative care.



**Clocktower Medical Group**  
Brian McNiece, MD, Family Medicine

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### ***3. Cancellation Policy***

The Patient must notify the Practice at least **24** hours in advance if they are unable to attend their scheduled appointment. This allows the Practice to offer the appointment time to another patient in need.

Failure to cancel within the specified time frame will result in a warning.

Repeated failure to cancel appropriately will result in a review of the patient-provider relationship and possible dismissal from care.

### ***4. Late Policy***

The Practice values the time of all patients. The Practice urges all patients to arrive early to appointments to maintain maximum efficiency. If the Patient arrives late to a scheduled appointment, the Practice will make every effort to accommodate the Patient within the remaining appointment time, however the patient may need to wait and the appointment may need to be shortened to avoid delays for other patients.

If the Patient arrives more than **10** minutes late, the appointment may need to be rescheduled.

Repeated instances of tardiness will result in a review of the patient-provider relationship and possible dismissal from care.

### ***5. Compliance with HIPAA and Privacy Laws***

Both the Practice and the Patient are committed to complying with the Health Insurance Portability and Accountability Act (HIPAA) and other relevant privacy regulations. The Practice will protect the Patient's health information by maintaining the highest standards of confidentiality and privacy. Similarly, the Patient is encouraged to respect the confidentiality of other patients in the practice.

### ***6. Termination of Care***

The Practice reserves the right to terminate the patient-provider relationship in cases of repeated failure to adhere to the policies outlined above, disorderly conduct, or any other behavior that hinders the provision of safe and effective care. In such cases, the Practice will provide the Patient with written notice and assist the Patient in finding alternative care if necessary.

Brian D. McNiece, MD  
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***Acknowledgment***

This agreement serves as a framework for maintaining a respectful, professional, and productive patient-provider relationship. The goal is to ensure the highest quality of care in an environment that values communication, cooperation, and mutual respect.

By signing below, both the Patient and the Practice agree to the terms and conditions set forth in this agreement. The Patient acknowledges that they have read and understood these guidelines and agree to abide by them throughout their care.

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Provider/Representative Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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