

CNMR's COVENANT AND AGREEMENT

I AGREE TO THE FOLLOWING TERMS WITH REGARDS TO THE MANAGEMENT OF MY HEALTHCARE WHILE RECEIVING TREATMENT AT CNMR:

I WILL BE INFORMED OF ALL RECOMMENDATIONS REGARDING MY HEALTHCARE, AND AT ANY TIME IF I HAVE QUESTIONS, I MAY VOICE THEM.

I AM THE HEAD OF THE HEALTHCARE TEAM, AND THOUGH MY DECISIONS MAY BE GUIDED BY THE THERAPISTS HERE, I HAVE THE GREATEST SAY REGARDING MY TREATMENT.

I WILL BE INFORMED REGARDING THE RISKS AND BENEFITS OF THE TREATMENTS, AND EXPECTED TIME FRAME FOR IMPROVEMENT.

I RESERVE THE RIGHT TO CHANGE THERAPISTS AT MY OWN DISCRETION, SHOULD THE NEED ARISE.

IN RETURN FOR THESE, I ALSO HEREBY AGREE TO THE FOLLOWING:

I WILL GIVE CNMR NOTICE OF 24 HOURS SHOULD I NEED TO CANCEL OR RESCHEDULE, UNDER ALL BUT THE MOST EMERGENT OF CIRCUMSTANCES.

FAILURE TO DO SO WILL RESULT IN A REMINDER PHONE CALL, WITH NO PENALTY.

A SECOND FAILURE TO DO SO WILL RESULT IN ANOTHER WARNING.

UPON MY THIRD FAILURE TO ADEQUATELY PLAN FOR MY SCHEDULE, I AGREE TO BE CHARGED \$50, AND BE POSSIBLY REMOVED FROM THE SCHEDULE. THIS IS ITALICIZED, IN BOLD, AND UNDERLINED FOR PURPOSES OF CLARITY...

OUR ULTIMATE GOAL IS TO RESPECT YOUR TIME AND EFFORTS TO BETTER YOUR CONDITIONS, IN ANY AND ALL MANNERS POSSIBLE. PLEASE RESPECT OUR TIME AND EFFORTS ACCORDINGLY.

SIGNED/DATE:

WITNESSED: