

Crystal Community E.N.T.

Dr. Denis Grillo

790 SE 5th Terrace, Crystal River, FL 34429

Phone: (352)795-0011 • Fax: (352)795-9481

Our Office Policy and Patient Responsibilities

Our office strives to provide you with the best care possible. Any paperwork or questionnaire you are asked to complete assists us in providing quality care. We update records so we are well informed of your current medical history, medications and drug allergies.

As a patient of Crystal Community ENT it is my responsibility to follow, to the best of my ability, any recommendations for my treatment. I am obligated to follow the directions of my physician, and to do my best to take all medications as recommended, and to perform or partake in any lab testing or other testing that is required for the diagnosis and treatment of my condition.

If I am not compliant, Crystal Community ENT cannot be held accountable for my non-compliant behavior. If there is an adverse event that occurs because of my non-compliance, or due to the progression of any condition that I am being treated for, I cannot hold Crystal Community ENT accountable, by any means, whether it is through litigation or some other process that might be used to remedy any adverse outcome or event.

I understand that my responsibility for my care requires accountability on my behalf, that I should routinely schedule follow up, keep all appointments, whether with Crystal Community ENT or some other referring or consulting physician.

I agree that if I ever choose to enter into litigation or some other process to remedy damages or adverse event that I may suffer, even as the result of negligence on behalf of Crystal Community ENT I agree to enter into arbitration with Crystal Community ENT prior to moving forward with any claim or remedy. The arbitration process must be fully exhausted prior to, or before, any other process to remedy my claim can be initiated. If I enter into any other remedy, or process for remedy, of my claim prior to my obligation to arbitration, I fully agree that any claim or remedy sought, on behalf of myself or any living relative, will be declared null and void, and I agree to dismiss any claim or remedy, whether by intent or default, that Crystal Community ENT cannot be held personally or professionally responsible. The remedy for this claim, if and when initiated, shall not surpass, or be over, the amount of monies required for the medical care to remedy the process for which the claim was initiated.

By signing this document, I acknowledge full understanding of its contents.

Date: _____

Patient Signature: _____

Witness Signature: _____