

Patient Responsibilities

UCSF Parnassus Allergy Immunology and Infectious Disease Clinics

We recognize that each patient has unique health care needs and we encourage a partnership between the patient and the health care team. Please read the UCSF Patient Rights & Responsibilities and this clinic's patient responsibilities carefully. We look forward to building a therapeutic partnership with you.

If you are unable to make an appointment you should notify the clinic in advance. We use the terms no show and cancellations to describe missed appointments.

No shows =

- Scheduled appointments where patients do not come to the appointment
- Scheduled appointments cancelled after 8am the day before the appointment
- Scheduled appointments where patients arrive more than 15 minutes late

Cancellations =

- Scheduled appointments cancelled before 8am the day before the clinic appointment
 - *For example, for an appointment on FRIDAY, cancellation before 8am on THURSDAY is a cancellation, cancellation after 8am on THURSDAY is a no show. For an appointment on MONDAY, cancellation before 8am on FRIDAY is a cancellation, cancellation after 8am on FRIDAY is a no show.*

Patients with no shows or cancellations may be discharged from clinic.

- New Patient Appointments:
 - After 2 no shows or cancellations, patients may not be scheduled in the clinic. The clinic will contact the referring provider to inform them that the patient is being referred back to the provider's office.
- Follow Up Appointments:
 - After 3 no shows or cancellations, patients may be discharged from the clinic for not participating in the plan of care.

Patients are expected to arrive on time for their appointments.

Patients arriving late to their appointments will be treated only for the time remaining in their scheduled appointment. Patients arriving more than 15 minutes late for their appointment may be asked to reschedule the appointment.

Acknowledgment Signature

I have read, understand, and agree with the patient responsibilities in this document and the UCSF Patient Rights & Responsibilities. My signature below denotes my agreement to follow the expectations.

Signature: _____ Date: _____