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## **DISCHARGE POLICY**

**Orlando Psychiatric Associates**, and any medical provider included in this group, have the **right to discharge any patient** based on any of the following parameters:

- Patients who are verbally abusive or threatening to providers or staff
- Patients who are non-compliant with their care – missing appointments and/ or recommended testing
- Patients who are non-compliant with their medication
- Patients who “doctor shop” and often are most interested in obtaining medications
- Patients who do not pay for the care that is provided

**Your understanding of these parameters is pertinent to a successful patient- practitioner relationship.**

I, \_\_\_\_\_, have read and understand  
(print your name)

Orlando Psychiatric Associates' Discharge Policy.

\_\_\_\_\_

Today's Date

\_\_\_\_\_  
Your Signature