



Dale B. Mortimer, M.D., P.C.

Physician

General Adult Psychiatry

Child & Adolescent Psychiatry

Diplomate, American Board of Psychiatry &

TREATMENT CONTRACT WITH DALE MORTIMER, M.D., P.C.

As part of my written treatment contract with Dr. Mortimer, I understand that Dr. Mortimer will do his best to provide the patient indicated below with competent medical/ psychiatric treatment. In return, I promise to make treatment with Dr. Mortimer a very high priority. Among other things, this means:

1. The patient will keep all appointments with Dr. Mortimer and will arrive in his office on time (earlier is better);
2. The patient will follow-through with the agreed-on treatment plan;
3. The patient will abstain from all marijuana, alcohol, cocaine, hallucinogens and other non-prescribed substances of abuse;
4. The patient will establish and/ or maintain a professional relationship with a primary care physician;
5. The patient makes an inviolable commitment to no self-harm;
6. The patient will make a sincere effort to be as truthful, honest and candid with Dr. Mortimer as he or she can be;
7. The patient (or the parent/ guardian) will keep any medication that Dr. Mortimer prescribes for the patient in a safe location which is secure from theft and diversion;
8. The patient will take all medications prescribed by Dr. Mortimer as directed;
9. The patient agrees to honor and obey all laws; and
10. The patient (or the parent/guardian) will notify Dr. Mortimer right away if any of the above treatment contract conditions will not be met.

I understand that while Dr. Mortimer cannot make any guarantees regarding a successful treatment outcome. However, I also understand that he will do his best to provide the patient with competent medical/ psychiatric treatment.

I understand the above conditions of the treatment contract with Dr. Mortimer for the patient listed below, and I hereby promise to honor the treatment contract as outlined above.

Name of patient: _____

Signature of patient or parent/guardian: _____ Date: _____

Dr. Mortimer's signature: _____ Date: _____