

Mission:
To protect, promote & improve the health
of all people in Florida through integrated
state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

Method of Contact and Appointment Notification Requirements

The Florida Department of Health and staff in Duval County take your healthcare very seriously. We require you to make every effort to attend all scheduled appointments to our offices and all other specialty visits we arrange for you.

By _____ signing _____ below, I,

(PLEASE PRINT) PATIENT (OR LEGAL GUARDIAN)

(Name of patient), authorize the Florida Department of Health in Duval County to contact me concerning reminder appointments, missed appointment opportunities, and routine lab results at the phone number listed below. I understand that I may revoke this authorization at any time.

If you must miss an appointment, please attempt to call us 24 hours or one day prior to your scheduled visit to reschedule your appointment. We ask that you call us even if you are going to be late for an appointment. We realize unforeseen situations occur and appointments must be cancelled at the last minute. However, a pattern of missed appointments, three (3) or more missed appointments, without calling, in a six (6) month period disrupts our ability to provide care to you and other patients waiting for care.

The end result may be termination of services from the Department of Health.

Please sign below that you have been informed of the information outlined above in regards to the Department of Health "No Show" policy and the "Method of Contact" policy.

Patient _____ Name _____ (Please _____ print):

Telephone Number: _____ Home Cell Other:

Patient _____ Signature _____ (Or _____ Guardian):

X

Date: _____