

local ESRD Network. I will bring concerns, complaints, questions or issues to:

Dr. Paul Skluzacek, MD- Medical Director
Billie Connor, RN- Clinical Manager
Adrian Frazier, LMSW- Social Worker
Christina Denman, DO- Director of Operations

6. I understand that I am at will to seek dialysis services at another facility if I so choose. If I choose to do so, upon my written consent, the facility will forward appropriate medical records to the new facility.

7. I further understand the provision of care by this dialysis facility is based upon my meeting the above conditions. If I violate any of the conditions, my relationship with this facility may be terminated. If this becomes necessary, I may be given 30 days written notice of termination of services and a list of other dialysis facilities. It will then be necessary for me to arrange for treatment by another dialysis facility.

This contract has been explained and discussed with me. I have had the opportunity to read this contract, to make comments, and to ask questions. I understand fully the consequences of failing to follow the conditions stated in this Agreement.

_____	_____
Patient	Date
_____	_____
Physician or Medical Director	Date
_____	_____
Area Manager	Date
_____	_____
Clinical Manager	Date