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No Show and Appointment Cancellation Policy

Dear Patients:

When an appointment is schedule that time in reserved exclusively for you to discuss and manage your healthcare needs.

We understand that on occasion unforeseen circumstances arise and it may be necessary to cancel an appointment. If you know ahead of time that you will be unable to keep your appointment, we ask that you give us 24 hours notice, thus providing us with adequate time to offer that opening to another patient.

A \$25.00 charge will be assessed for no show or failing to give 24 hours notice for schedule appointments. This charge is your responsibility and will have to be paid before your next appointment.

I have read and agree to the above:

Patient's Name

Patient's Signature

Date

Confidentiality Notice: This is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender mail and/or telephone and destroy all copies of the original message. Additionally, this document(s) may contain Protected Health Information (PHI), as defined by applicable law. Generally, Protected Health Information is health care information by which a patient can be identified. If PHI is present, it is being provided with appropriate patient authorization or under circumstances that do not require patient authorization. You, being the recipient of PHI, are obligated to maintain PHI in a safe, secure and confidential manner and to use PHI only for the limited purposes for which it was disclosed. Re-disclosure of PHI without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.