

# Treatment Terms and Conditions

## Cancellation Policy

I will send appointment reminders 2 days in advance of your appointment unless you request otherwise. In the event that you must cancel an appointment, please give me the courtesy of as much notice as you can, but at least 24 hours (1 full day). I will try to reschedule your appointment for the same week so that you don't miss your treatment. You will be charged the full fee for your session if you do not show up for your appointment or cancel your appointment with less than 24 hours notice (1 full day). If you do not show or cancel with less than 24 hours notice on more than 3 occasions, your appointments will be discontinued.

## Lateness Policy

If you are going to be late, please call and let me know as soon as possible and I will wait until the agreed upon time. If you are too late, we must reschedule. I want to make sure you receive the attention you need and deserve and that is difficult if time is limited. Please be respectful to myself and your fellow patients by arriving for your appointments on time.

## Phone Calls and Emails

You may phone or email me when necessary and I will respond as soon as possible. I am generally unavailable on weekends. Except for emergencies, phone are limited to 15 minutes of my time. All contacts that require beyond 15 minutes of my time are considered session work and will be billed a flat rate of \$50.

## Confidentiality and Privacy Practices

As a health care provider, I am required by law to maintain and protect the confidentiality of your health information. You must give me written consent to waive this confidentiality. Exceptions to this rule are strictly limited to defined situations that include emergency care, quality assurance activities, public health, research, law enforcement activities, obtaining payment from third-party payers, and in consultation with other healthcare professionals. Any other disclosures for the purposes of treatment, payment or practice operations will be made only after obtaining your consent. Your rights to privacy regarding your protected health information are as follows:

- You may request restrictions on your disclosures.
- You may inspect/receive copies of your records within 30 days with a request.
- You may request to view changes to your records.

## Fees

It is my policy that you pay the entire session fee or co-pay at the time of each session. If you would like to arrange another payment option, please discuss it with me. I will provide a minimum of one month's notice of any changes to my fees. Fees for missed appointments are due within 30 days. If they remain unpaid, your appointments will be discontinued.

We are partners in your healthcare. Your participation in your healing process is crucial. My goal is to get you well as soon as possible, which requires that you apply my health recommendations and comply with my treatment plan. This also includes keeping me abreast of any new complaints, diagnoses, medications, pregnancies, etc., as this will all affect my treatment plan and thereby, your healing.

## Agreement

I have read and understood the clinic's policies. I agree to the all of the above treatment terms and conditions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_