



## **TERMS & CONDITIONS**

The following are specific policies that will govern our work together:

### Cancelation Policy:

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 hour notice. I will do everything I can to reschedule within the same week so that you do not miss your treatment. You will be charged the full fee for your treatment if you do not contact me to cancel or reschedule. You will also be responsible for the outcall fee if I have driven to your location.

### Late Policy:

If you are going to be late or need to adjust the time of your appointment slightly, please call me and let me know so that I may plan accordingly. If you do not give notice, I will wait 15 minutes beyond the start time of your appointment, if you have not arrived by that time your appointment will be cancelled and you will be responsible for the full payment of the session.

### Phone Calls and Emails:

You may phone or email me whenever necessary and I will respond as soon as possible or within 24 hours. I am generally available 7 days a week from 10 am to 7 pm. Except for emergencies, phone and email contacts are limited to 10 minutes of my time. All contacts that require beyond 10 minutes are considered sessions and will be billed at a flat rate of \$35.

### Confidentiality and Privacy Practices:

As a health care provider, we are required by law to maintain and protect the confidentiality of your health information. You must give us 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:

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

Please note that I may contact you for appointment reminders, birthdays & seasonal greetings, announcements and to inform you about my practice.

### Fees:

It is our policy that you pay the entire treatment fee at the time of treatment.

### Your Health Care:

Your participation in your healing process is crucial. Our goal is to get you well as soon as possible, which requires that you take an active role in your healing by applying our health recommendations and trying to adhere to our treatment plan.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_