

Patient Responsibility and Office Policies

Thank you for choosing Santee Acupuncture as your acupuncture healthcare provider. We are committed to providing you quality acupuncture services. Please read the following policies, initial, and sign below in the spaces provided.

Cancellations/No Show

Initials: \_\_\_\_\_

It is the office policy of Santee Acupuncture to require cancellation 24 hours before your scheduled appointment. If you cancel with less than 24 hours notice or fail to attend a scheduled appointment, you will be charged a fee of \$40.

Running Late

Initials: \_\_\_\_\_

If you are more than 10 minutes late we will need to Cancel and Reschedule (Tardy appointment \$40.00 fee applies). The 3rd tardy appointment and/ or missed appointment will require dismissal from the practice.

Assignment and Release

Initials: \_\_\_\_\_

I authorize the release of medical or other information necessary to process my insurance claims. I authorize payment of medical benefits to Santee Acupuncture.

Receipt of Notice of Privacy Practices

Initials: \_\_\_\_\_

I hereby acknowledge that I have been offered a copy of this office's Notice of Privacy Practices (in office). I further acknowledge that a copy of the current notice will be available by request, and that any amended Notice of Privacy Practices will be available at each appointment.

BY SIGNING BELOW, YOU ARE ACKNOWLEDGING YOUR UNDERSTANDING OF THE OFFICE POLICIES DESCRIBED ABOVE.

Print Patient's Name: \_\_\_\_\_

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