

Valley Primary Care Physicians

CANCELLATION, LAB CHARGE, & HIPAA POLICY

ACKNOWLEDGEMENT OF RECEIPT

Cancellation Policy & Procedure:

I am aware that this office charges \$50.00 for a no show appointment, when less than 24 hours notice is given. This fee will be charged to your account and must be paid prior to your next visit. There is a special cancellation line set up to handle calls if the office is closed, that number is (602) 864-6828 ext 222.

Signature of Patient or Representative

Date

Laboratory Charges:

We provide an optional service to our patients, the cost is \$10.00. You have the option to utilize an outside lab, possibly at no charge. Locations for these labs are available from the lab technician.

I understand by signing this section that I am aware there is a \$10.00 fee to use the lab at Valley Primary Care.

Signature of Patient or Representative

Date

Notice of Privacy Practices:

The following information must be given to you as a requirement of federal law. The law was designed to protect sensitive patient information. We have always valued patient confidentiality and will continue to do so. If you wish to have a complete copy of the Valley Primary Care HIPAA Policy, please request a copy from the receptionist.

My signature below indicates that I have been given the opportunity to review a current summary of Valley Primary Care's Notice of Privacy Practices. I understand that I may refuse to sign this acknowledgement.

Signature of Patient or Representative

Date

- FOR OFFICE USE ONLY -

- Individual refused to sign Privacy Practice Policy
- Communication barriers prohibited me from obtaining a signature
- Other: please specify _____