



1174 Mount Hope Ave
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HIPAA Acknowledgement

As required by the Health Insurance Portability and Accountability Act, we adhere to the standards set forth in the NOTICE OF PRIVATE PRACTICES available at our front desk as well as our website. This document states that we reserve the right to contact you by email, mail, or phone. We may leave messages regarding appointments, payments, and treatment issues. I was offered a copy of the Notice of private practices for Mt Hope Chiropractic and Wellness and I give them permission to contact me.

Signature _____ Date _____

Optional designation of a personal representative

I hereby designate _____ to act on my behalf in making decisions related to my health care and is authorized to receive, use, and disclose my protected health information.

Signature _____ Date _____

Cancellation and no-show policy

We are committed to providing you, our valued patient, with excellent care and service. We reserve time in our schedule specifically for you. We ask your cooperation by making every effort to keep your scheduled appointments.

We understand that occasionally situations arise such as sickness, transportation problems, inclement weather, work, or family emergencies that make it impossible to keep your appointment. In consideration of other patients and our staff, please call as soon as possible to reschedule your appointment.

PLEASE do not cancel if you are feeling worse. Keep your appointment and discuss any changes with your provider. Please understand that changes to your care may be required, or other therapeutic or professional avenues may be needed to overcome your issue. Your pain may fluctuate during your course of improvement.

We must charge a \$15 dollar fee for No-show/No-call appointments.