

NEWTON WHOLE HEALTH

CANCELLATION POLICY:

A **24 HOUR NOTICE** is required for any cancellation or a **\$25.00** non-refundable fee will be charged to your personal account. The first missed appointment will be a warning; the second will result in a \$25 charge and subsequent absences will result in a \$55 charge. Health insurance, auto insurance and worker's compensation companies will not be responsible for your missed appointment charges. Please respect your practitioner and notify us ahead of your appointment change.

Note: Monday appointments must be cancelled by Sunday evening otherwise the above cancellation appointment charge will be applied.

PRIVACY NOTICE ACKNOWLEDGEMENT:

We are extremely concerned with protecting your privacy, especially in matters that concern your personal health information. In accordance with the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)*, we are required to supply you with a copy of our privacy policies and procedures. We encourage you to read this document carefully, for it outlines the use and limitations of the disclosure of your health information and your rights as a patient. If you ever have questions or concerns regarding the use or dissemination of your personal health information, we would be happy to address them.

I acknowledge that I have received a copy of Newton Whole Health's Notice of Privacy Practices for Protected Health Information.

Patient Signature: _____ Date: _____