



## Missed Appointment Policy

### 1. Appointment Confirmation:

- a. Patients receive a reminder text (call or email upon request) to confirm their upcoming appointment one day before said scheduled appointment. However, it is ultimately the patient's responsibility to maintain all scheduled appointments.

### 2. Cancellation or Rescheduling:

- a. Patients must notify the office at least **3 hours** in advance if they need to cancel or reschedule their appointment.
- b. The preferred method of cancellation or rescheduling is by phone. If we do not answer, you must leave a voicemail for it to be valid.

### 3. A Missed Appointment Fee of \$50 may be charged for any of the following:

- a. Not showing up for a scheduled appointment.
- b. Canceling or rescheduling appointment after the 3 hour mark.
- c. Showing up more than **15 minutes** late for a scheduled appointment.

### 4. Missed Appointment Fee:

- a. The missed appointment fee is necessary since any missed appointment is a lost appointment slot for other patients and a lost business opportunity for the practice.
- b. The patient will be held personally responsible for all missed appointment fees since insurance and other third-party payers will not cover missed appointment fees.
- c. The missed appointment fee may be waived or reduced in certain circumstances, such as emergencies, severe illnesses, or other extenuating circumstances. Patients will need to provide appropriate documentation or evidence upon request for consideration.

### 5. Payment of Missed Appointment Fee:

- a. If applicable, the office will bill the patient's credit or debit card on file for the missed appointment fee following a missed appointment.
- b. Patients who do not have a card on file must settle the missed appointment fee within 14 days of receiving the notification or before their next appointment, whichever is sooner.

### 6. Repeat Offenses:

- a. Patients who repeatedly miss appointments may face additional consequences, such as limitations on scheduling future appointments or dismissal from the practice.



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## **Patient Health Information Consent Form**

We want you to know how your Patient Health Information (PHI) is going to be used in this office and your rights concerning these records. Before we will begin any health operations, we must require you to read and sign consent stating that you understand and agree with how your records will be used.

1. The patient understands and agrees to allow this office to use their PHI for the purpose of treatment, payment, healthcare operations, and coordination of care. As an example, the patient agrees to allow this office to submit requested PHI to the Health Insurance Company (or companies) provided to us by the patient for the purpose of payment. Be assured that this office will limit the release of PHI to the minimum needed for what the insurance companies require for payment.
2. The patient has the right to examine and obtain a copy of his or her own health records at any time and request corrections. The patient may request to know what disclosures have been made and submit in writing any further restrictions on the use of their PHI. Our office is not obligated to agree to those restrictions.
3. A patient's written consent only needs to be obtained one time for all subsequent care given the patient in this office.
4. The patient may provide a written request to revoke consent at any time during care. This would not affect the use of those records for the care given prior to the written request to revoke consent but would apply to any care given after their request has been presented.
5. For your security and right to privacy, all staff has been trained in the area of patient record privacy and a privacy official has been designated to enforce those procedures in our office. We have taken all precautions that are known by this office to assure that your records are not readily available to those who do not need them.
6. Patients have the right to file a formal complaint with our privacy official about any possible violations of these policies and procedures.
7. If the patient refuses to sign this consent for the purpose of treatment, payment and health care operations, our physicians have the right to refuse to give care.