

OFFICE POLICIES

Appointment Policy: In order for you to achieve the desired long term benefits from care, it is essential to attend all scheduled visits. At each exam, the doctor will establish a care plan based on your individual needs: your entire care plan up to and including your next re-exam will be scheduled immediately following the exam in order to establish the consistency of care that best benefits your health.

If you are unable to keep a scheduled appointment, you must notify us 24 hours prior to the appointment time and the appointment must be made up within 72 hours. Failure to do so will result in a \$40.00 cancellation or missed appointment charge being applied to your account that must be paid at the time of the next visit. Initials: _____

Financial Policy: Payment in the form of cash, checks or any major credit card is expected at the time of service. If payment on the date of service is not possible, this must be brought to the attention of the Front Desk *CA before* seeing the doctor. For your convenience, we are happy to keep a credit card number on file and process your payment automatically at each visit to save you time at the front desk. All credit card numbers are kept in your private file and are inaccessible to outside parties. Initials: _____

HIPAA Compliance: Holland Chiropractic Wellness Center values your privacy and keeps its information about you secure in accordance with HIPAA guidelines. Our full HIPAA policy is on display on the bulletin board in the entryway and you may request a full copy at any time. The following is a list of standard practices in our office that require release. Please initial each acceptable line and sign at the bottom.

1. _____ Any legally allowable information requested by your insurance company will be provided to them in order to ensure their payment of your bill. This may include, but is not limited to: diagnosis, treatment plan or Social Security Number.
2. _____ Your telephone numbers will be used to issue a reminder call about upcoming or missed appointments. This includes a message being left on your answering machine or voice mail.
3. _____ Patients that opt to subscribe to the Holland Chiropractic Wellness Center e-newsletter will have their email address entered onto our bulk email list. This list is for our use only and will not be sold or provided to outside parties. Addresses contained on the list *may* be viewable to other subscribers of the newsletter.
Email address: _____
4. _____ In order to facilitate knowledge and general health information, we use an open adjusting area. This means that the doctors may be in view of other patients as they adjust you, though you are mostly concealed behind partitions as you receive your adjustment on the table. If you are not comfortable with this practice, other arrangements can be made for you – simply let one of the doctors or the staff members know.
5. _____ We pride ourselves here on our commitment to our community and routinely engage in special activities to better it. In the course of this, you may receive items in the mail detailing upcoming events or other information we believe may be of interest to you.

Signature: _____ Date: _____