LifeLine Chiropractic Clinic
Acknowledgement of Receipt of Notice

PATIENT ACKNOWLEDGEMENT

By signing my name below, I acknowledge receipt of a copy(or one is readily available) of this clinic's Notice of Privacy Practices which has an effective date of April 14, 2003.

Patient Name (print) _____

Patient Signature _____

Date _____

If signed by someone other than the patient, please indicate:

Relationship: ❒ parent or guardian of minor patient
❒ guardian or conservator of an incompetent patient
❒ beneficiary or personal representative of deceased patient
❒ other (specify)

For Office Use Only

Photo ID Date _____ Initial _____

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

❒ Individual refused to sign
Signature of witness _____

Printed name of witness _____

Date _____

Cancellation and No-Call No-Show Policy

Please Initial After Each Statement

LifeLine Chiropractic strives to deliver optimal care to all patients while maintaining an efficient schedule. This policy outlines the expectations regarding appointment cancellations and failure to attend scheduled appointments. _____

Notice requirements

- To prevent any potential charges, patients are requested to provide a minimum of 24 hours' notice for any cancellations or rescheduling of appointments. _____
- This advance notice allows LifeLine Chiropractic to offer the available time slot to other patients in need of care. _____

Fees and consequences

- A "$76 No-Show Fee" may be charged to patients who do not cancel or reschedule their appointments with at least 24 hours' notice or fail to attend their scheduled appointment without prior notification. _____
- The first two occurrences of a missed appointment or late cancellation will serve as a reminder of this policy, without incurring a fee. _____
- A fee of $76 will be charged beginning with the third occurrence. _____
- Please note: This fee is NOT reimbursable by insurance companies, and patients are solely responsible for its payment. _____

Exceptional circumstances

- LifeLine Chiropractic acknowledges that unforeseen and unavoidable circumstances may arise, resulting in late cancellations or missed appointments. Such situations will be evaluated on a case-by-case basis by the staff at LifeLine. _____
- Patients who encounter such circumstances are strongly encouraged to communicate with the office as soon as possible to discuss the possibility of waiving the No-Call No-Show Fee. _____

Rescheduling appointments

- Patients may reschedule their appointments without penalty, provided the 24-hour notice requirement is met. _____
- You can get in touch with the staff by calling us directly. If no one is available to take your call, feel free to leave a voicemail. Additionally, you're welcome to send us a fax or shoot us an email! We're here to help. _____

Policy acknowledgment

- By scheduling an appointment with LifeLine Chiropractic, you agree to our Cancellation and No-Show Policy. Your cooperation helps us serve all our patients better. Thank you for being a valued member of our community.

Signature: _____ **Date:** _____