

**HIPAA**

Due to recent Federal regulations (HIPAA) protecting your privacy, we wish to inform you that we will release no information about you without your consent. We are allowed to release your information to your insurance company as necessary, to get paid for our services, or as necessary, to other health care providers. If you feel we have released protected information, you have a right to file a complaint.

You can have access to your records by simply asking. We will give you a copy, if you desire. There is a copy fee.

**We do have a 48hr cancellation policy  
A fee of \$189 will be applied for failed or missed appointments**

We do leave messages to confirm appointments on answering machines or with family members or friends. If this is a problem for you, please let us know.

**INFORMATION PLEASE!!**

**Name** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Address** \_\_\_\_\_ **Home/Work #'s** \_\_\_\_\_

**City/Zip** \_\_\_\_\_

**Insurance Changes?** \_\_\_\_\_ **Email Address?** \_\_\_\_\_

**I confirm that I have been offered a copy of the HIPPA Regulation Description.**

**Signature** \_\_\_\_\_

**We kindly ask that 48 hours notice is given upon cancellation.**