

# healthy happy whole, LLC

HealingTree Integrative Health Clinic, PLLC | Policies & Practices Agreement

Name: \_\_\_\_\_

## **HHW & HealingTree Integrative Health Clinic, PLLC Responsibilities**

We are required by law to maintain the privacy of your Protected Health Information (PHI), to comply with the privacy policies outlined in this notice and to provide you this notice of privacy practices. HHW & HealingTree Integrative Health Clinic PLLC is permitted by law to reserve the right to amend or modify our privacy policies, our practices, and this document. You may submit a comment or complaint about our privacy practices by sending a letter describing your concerns to: 2520 B South Washington Street, Grand Forks, ND 58201.

## **Acknowledgement of Notice of Privacy Practice**

I acknowledge that I have received a written copy of the HHW & HealingTree, LLC Notice of Privacy Practice. I also acknowledge that I have been allowed to ask questions concerning this notice and my rights under this notice. I understand that this form will be a part of my record until such time as I may choose to revoke this acknowledgement. If I am not the patient, I represent that I am authorized by law to act for and on the patient's behalf.

## **24 Hour Cancellation Policy**

We deeply respect your time and commitment to sustained health. In order to maintain our schedule with respect to all of our patients, we adhere to the following cancellation policy:

- To reschedule or cancel an appointment without penalty, please give 24 hour notice before your scheduled visit by email to HealthyHappyWholeND@gmail.com, or with an available receptionist at our office
- If you are late for a scheduled appointment, the treatment time and cost of services rendered will be maintained
- If you forget or do not show to a scheduled appointment, you will be charged the full cost of the office visit. Or, if you have purchased a membership package, one session will be deducted from the package. By signing this document, I give HHW/HealingTree permission to charge my account if I fail to reschedule or cancel my appointment.
- Medical emergencies and weather cancellations are exceptions to this policy; (weather cancellations are approved when local, public schools cancel classes).

I have read and agree to all of the terms of the HHW & HealingTree Integrative Health Clinic PLLC Clinic Policies and Practices. I take responsibility for disclosing any physical or emotional changes that occur with my health, and agree to bring any questions or concerns to the immediate attention of my practitioner and/or management.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for choosing us to be a part of your Healing Team.