



## Policy & Media Consent Form

### **Patient Compliance**

Your journey is a partnership between our office and you. In order to achieve your optimum health, it is important you are an active participant in your care and follow our recommendations. Feel free to ask questions so you understand what your treatment plan consists of.

### **Appointments/Cancellations/No Shows**

Office visits are by appointment only; we do not accept walk-ins. We do understand that delays happen, however, we must strive to keep patients and doctors on schedule. If you are more than 15 minutes late you will be counted as a no-show and will be asked to reschedule your appointment. We do enforce a no-show fee of \$25.00 for missed appointments. We kindly ask if you must change an appointment, please give us at least a 4-hour notice.

### **Appointment Reminders**

Patients receive text/email reminders of appointment dates/times two days prior and one hour before your scheduled appointment. Please confirm these reminders, or call us to reschedule prior to your appointment time. This courtesy makes it possible to give your reserved time to another patient if you are unable to attend. We understand schedules get busy, so these reminders are for your convenience! Please utilize this service as a benefit to you.

### **Payment**

Patient responsibility is due in full at the time of service, no exceptions.

### **Referrals**

The greatest honor a patient can give to their doctors is a referral of their family and friends. We promise to provide them with the same love and quality of care you receive.

### **Media Release**

In addition to the previously signed HIPPA form we need permission to use a person's photograph, voice, and/or name in various media projects such as our website and social media sites. Please read the following, then date and sign where indicated. Thank you.

- Yes – I consent.** I grant permission for myself/and or child to participate and appear in video/audio recordings, photographs and written articles on website and social media sites.
- No – I do not consent.** I do not grant permission for myself/and or child to participate or appear in video/audio recordings, photographs and written articles on website and social media sites.

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*Patient Signature (Parent/Guardian if under 18)*

*Date*