THREE RIVERS DERMATOLOGY

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**No-Show Policy:** We require a 24 hour notice for any appointment rescheduling/cancellation. Failure to do so will result in a fee: $25 for standard appointments, $50 for cosmetic appointments, and $75 for surgical appointments. You must call the office to cancel the appointment.

## HIPAA

(Health Insurance Portability and Accountability Act of 1996, revised August 2013)

By signing below, I acknowledge that the Notice of Privacy Practices for Protected Health Information is accessible to me, and I agree to the No-Show Policy as described above.

Patient Name: _____ Date of Birth: _____
(please print)

Patient Signature: _____ Today's Date: _____
(if minor or in the event of a patient's emergency condition, signature of person receiving for patient)

**Please check all that apply:**

- ❑ I give permission for my medical information to be left on voicemail.

I give permission for my medical information to be given or discussed with:

- ❑ No one other than myself
- ❑ Spouse _____ Phone: _____
  Name (please print)
- ❑ Mother _____ Phone: _____
  Name (please print)
- ❑ Father _____ Phone: _____
  Name (please print)
- ❑ Children _____ Phone: _____
  Name (please print)
- ❑ Caregiver _____ Phone: _____
  Name (please print)
- ❑ Other _____ Phone: _____
  Name (please print)