

Kerri Myatt Acupuncture and Herbal Medicine, LLC

**NOTICE OF POLICIES**

**PAYMENT OF SERVICES:** The patient or patient's representative shall pay Kerri Myatt Acupuncture and Herbal Medicine, LLC for services rendered in accordance with the regular rates and terms of Kerri Myatt Acupuncture and Herbal Medicine, LLC. Fees for treatment do not include the costs of herbs, which are additional.

**24 HOUR CANCELLATION POLICY:** Treatments cancelled with less than 24 hour notice may be subject to cancellation fees.

**RELEASE OF INFORMATION:** Kerri Myatt Acupuncture and Herbal Medicine, LLC will not release your Protected Health Information, unless under one of the following circumstances: patient has signed an Authorization for Release of Information form, in compliance with a legal subpoena, to receive necessary information from the patient's referring physician, or for insurance purposes.

**MEDICAL CONSENT:** The patient gives consent for the purposes of treatment, payment, and healthcare operations to Kerri Myatt Acupuncture and Herbal Medicine, LLC. The patient has read and fully understands the Informed Consent form. The patient or the patient's representative consents to the treatment procedures and their results and repercussions.

Patient Name (Printed): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_