

# Clinic Policies

Thank you in advance for your willingness to comply with the clinic policies. Clinic policies are in place out of consideration for all patients and the practitioner.

## Confidentiality

All of the information shared is kept confidential unless a written release is approved and signed by you. Certain legal limits on confidentiality do not need a release from you:

- If there is convincing evidence that you are in immediate danger to yourself or others.
- If you are involved in a medical emergency.
- Incidents of child or elder abuse, including physical, sexual, or neglect must be reported by the practitioner to the necessary agencies.
- A court of law may subpoen information and may order release of information.

# Scheduling

Please plan to arrive 10 minutes prior to your reservation to allow time for checking in, using the restroom, filling out medical history forms and getting settled.

#### Cancellation

Please be respectful of our **24-hour cancellation policy**. Call or text (608) 960-8512 to cancel or reschedule appointments.

## Payment

Full payment is due at the time of service. Acceptable forms of payment include cash, and check. A \$25 charge will be taken on all returned checks.

Client signature:\_\_\_\_\_ Date:\_\_\_\_

As client, l	I agree to	the conditions	s of my therap	peutic alliance	e as outlined	above.