

PRIVACY PRACTICES ACKNOWLEDGMENT

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Print Name: _____ Birthdate: _____

Signature _____ Date _____

OFFICE POLICIES

REFERRALS - The greatest honor a patient can give to their doctor is the referral of their family and friends. We promise to give your loved ones the same quality care and attention that you receive. Thank you in advance.

APPOINTMENT SCHEDULING - If it is necessary for you to miss a scheduled appointment with the Doctor, please call 24 hours in advance to reschedule, if at all possible. We reserve the right to charge \$30 for appointments cancelled or broken without 24 hours advance notice. Dr. Finley makes every effort to respect the value of your time, therefore he expects the same of you.

FINANCIAL AGREEMENTS - It is your payment that allows us to continue providing high levels of professional care, maintain our facility and pay our staff. If for any reason you can't keep your financial agreement, inform us immediately to eliminate any misunderstandings. If you have the desire to receive care in our office, we will make every attempt to make affordable arrangements. Additional paper work our office needs to fill out for you will be a \$20 fee each time, this is beyond the normal scope of filing insurances.

DISCOURAGEMENT - Please keep in mind that healing and spinal correction takes time. The problem you are having most likely did not develop in a day, therefore neither can the correction. However, if at any time during your care you do not feel that you're responding as well as you expected, please discuss it immediately with the Doctor. We want you to get the most from you chiropractic care!

PROTECTING YOUR PRIVACY - You have received a Notice of Privacy Practices for this office and every effort will be made to maintain patient privacy. Your signed consent must be given for any records to be released from this office. Any radiographs or x-rays taken at Finley Chiropractic center are property of the office. However you may check them out for 30 days if needed and we reserve the right to charge a refundable deposit until the films are returned.

Please list any individuals, family, primary physician, etc. whom we may discuss your care with:

May we leave general telephone messages at home or work if necessary? _____