

# **Pacific Water Therapy**

## **Policies & Procedures**

### **Cancellation Policy**

I understand that the full hourly rate fee will be assessed for each appointment that I schedule but do not attend, or that is rescheduled with less than 24 hour advance notice. Pacific Water Therapy reserves the right to waive such fees as a courtesy in the event of severe weather, health emergencies and special circumstance. This fee is not reimbursable by your insurance carrier.

### **Authorization for Medical Information Release**

I authorize Pacific Water Therapy to furnish my insurance company with medical information they may request regarding my condition or treatment. Furthermore, I authorize my referring healthcare provider to release any diagnostic reports and/or surgery reports to Pacific Water Therapy.

### **Privacy Notice & Patient Bill of Rights**

I have read and understand Pacific Water Therapy Privacy Notice and Patient Bill of Rights.

I certify that I am 18 years of age and/or the legal guardian/guarantor of the patient named below.

**Printed Name of Patient** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Patient and/or Legal Guardian** \_\_\_\_\_