



## OFFICE POLICIES

### 1. FEES & PAYMENT

- Fees: Our rates are comparable to local providers with similar qualifications.
- Methods: We accept cash, debit/credit cards, FSA, HSA, and personal checks.
- Returned Checks: A \$25.00 fee applies to all returned checks.
- Estimates: We provide "Good Faith Estimates" for self-pay/uninsured patients per federal law.

### 2. CANCELLATION & MISSED APPOINTMENTS

- Notice: We require at least **24 hours' notice** for any cancellation or rescheduling.
- Late Fee: A **\$25.00 fee** will be charged for missed appointments or late cancellations (non-emergency).
- **Dismissal:** After three (3) no-shows without notice, we reserve the right to dismiss the patient from the practice.

### 3. PRIVACY (HIPAA 2026 UPDATE)

- Information Release: You authorise the release of medical records necessary for insurance claims and treatment coordination.
- Reproductive Health: We provide heightened protections for infertility (IVF support) and pregnancy data.
- Disclosure Restriction: We will not release sensitive reproductive or substance use records for non-medical investigations without a legal attestation.
- Rediscovery: Information disclosed to third parties may no longer be protected by federal privacy rules.