

CANCELLATION POLICY

Recently we have been experiencing a problem with what we call “no show” appointments. This means that patients are scheduling appointments for office visits or procedures and then simply not showing up for the appointment, without the courtesy of a call or notification prior to the visit.

We will try and remain flexible when this occurs, and ask you to do nothing more than discuss the situation with us.

Please note that this policy is effective as of **July 1, 2012**.

A. If you are unable to keep your appointment, YOU MUST NOTIFY THE OFFICE 24 HOURS PRIOR YOUR SCHEDULED APPOINTMENT.

B. If you are ill or have a last minute emergency, please contact the office immediately to reschedule.

C. There will be a CHARGE FOR NO SHOW APPOINTMENTS for which the patient will be responsible. The fee will be billed and must BE PAID PRIOR TO YOUR NEXT VISIT OR AT TIME OF YOUR NEW APPOINTMENT.

D. After the THIRD NO-SHOW , it will be the physician’s discretion as to whether a discharge letter will be sent out disengaging you from the practice. This means you will no longer be able to schedule appointments in our office.

E. The following fee will be applied for no show appointments:

\$50.00 CHARGE FOR NOT SHOWING UP FOR A VISIT. Please feel free to discuss any concerns you may have regarding this policy with our office manager, Hau’oli Winrow.

We thank you for your understanding and consideration for your fellow patients.

I understand and agree with the above.

SIGN _____

DATE _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION FOR HUGO HIGA M.D., LLC

I hereby acknowledge that I received from Hugo Higa M.D. LLC a copy of their Notice of Uses and Disclosures of Protected Health Information that details their Privacy Policy as required by the Health Information Portability and Accountability Act (“HIPAA”)

Print Name

Sign

Relationship to Patient (If other than Self)

Date