



The Leader in Spinal Medicine and Minimally Invasive Spinal Surgery

457E Bypass 123
Seneca, SC 29678

Phone: (864) 886-9888
Fax: (864) 886-9777

ACKNOWLEDGEMENT OF PRIVACY NOTICE

ACCOUNT # _____

We are required by law to maintain the privacy of and provide individuals with this notice of our legal duties and privacy practices with respect to protected health information.

Signature below is for the following information:

1. Receipt of our practice privacy notice.
2. Permission to discuss protected health information with anyone listed below and permission to leave messages with an answering machine or verbally with anyone answering the phone at the numbers provided

MAY WE LEAVE A MESSAGE AT YOUR PHONE NUMBERS LISTED? YES NO

PLEASE LIST BELOW ANY FAMILY MEMBERS OR FRIENDS THAT OUR PRACTICE CAN DISCUSS PROTECTED HEALTH INFORMATION WITH.

PATIENT SIGNATURE: _____ **DATE:** _____

PATIENT NO SHOW/CANCELLATION POLICY

Our practice requires a 24-hour notice for all cancellations. We strive to accommodate each patient as much as possible with the best appointment date and time. Please be respectful of other patients who are waiting on our cancellation list.

- There will be a charge of \$50.00 for all no show appointments at the office. This will be a self pay charge; your insurance will not be billed for this fee.
- Appointments will not be rescheduled until the no show fee has been paid.
- Two (2) no show appointments will result in dismissal from the practice.

I have read and understand the above no show policy

PATIENT SIGNATURE: _____ **DATE:** _____

Additional Office Policy

TELEPHONE MESSAGES

Telephone messages will be answered as time permits. We strive to return all messages by the end of the business day. However, there may be times when our staff is unable to complete your request by the end of the day, as our physician and staff rotate days between the office and surgery. We try to notify our patients of any possible delays we might have. If this is the case, we return your call as soon as we have your information available. We respectfully request that you do not call repeatedly for this may cause additional delays in our response time.

PRESCRIPTION POLICY

Our practice does not use oral narcotics for primary therapy or long term treatment. However, there are times when patients require non-narcotic medication or oral narcotics for temporary relief. We do not refill any prescriptions by phone. Office appointments are required to obtain any refills. It is the patient's responsibility to keep all prescriptions in their possession. Any lost or stolen prescription will not be replaced. NO EXCEPTIONS.