

## **Policies + Privacy Notice**

### **Cancellations + Rescheduling**

Your appointments are very important to us at Soma. They are reserved especially for you! We understand that sometimes schedule adjustments are necessary; therefore, we respectfully request at least 24 hours' notice to reschedule or cancel an appointment. Please understand that when you forget to cancel your appointment without giving enough notice, we miss the opportunity to fill that appointment time for other patients and for our providers. If you need to cancel your appointment, we kindly ask you to call our office 24 hours prior to your appointment. We can be reached at 509-260-8405. Appointment cancellations are to be communicated by phone and are not accepted by Facebook, Instant Messenger, or other social media platforms. Failure to notify us will result in a cancellation fee.

### **Deposits + No-show Fees**

Your appointment may require a deposit. This deposit will be stored in your "Patient Wallet" and applied to your service appointment. This deposit is non-refundable if you cancel or reschedule within 24 hours of your appointment.

### **Late Arrival**

We have a 7 minute grace period. If you are more than 7 minutes late, there is a chance your provider may have to cut your treatment short or you may be asked to reschedule. If you are unable to complete your appointment, you will still be charged your deposit. Please plan ahead for traffic and delays.

### **Payment**

Payment is due at the time of service. You will be asked to leave a credit card number when making your appointment. Please note: For your security, we do not store your full credit card information. Rather, our payment processor provides us with a secure, unique token that is encrypted and cannot be used by anyone else to charge your account. Payment plans are available through CareCredit. Learn more about them by calling our office. We do not accept insurance plans.

### **Notice of Privacy Practices**

We understand that information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this office. This notice will inform you about the ways we may use and disclose health information about you. We also describe your rights to the health information we keep about you and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by law to: Make sure that health information that identifies you is kept private; Give you this notice of our legal duties and privacy practice with respect to health information; Follow the terms of the Notice of Privacy Practices that is currently in effect.

How we may use and disclose health information about you: For treatment and payment; For health care operations; Health oversight activities and law enforcement; Worker's Compensation; For appointment reminders; As required by law; Public Health risks and to avert a serious threat to health and safety; Legal issues and disputes.

Your rights regarding health information about you: Right to copy of records; Right to request confidential communications; Right to an account of disclosure; Right to a copy of this notice.

We reserve the right to change this notice. Complaints: If you believe that your privacy rights have been violated, you may file a written complaint with us.

Acknowledgement of receipt of this notice: We will request that you sign this form acknowledging that you have received a copy of this notice. This acknowledgement will become part of your medical record.

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Signature

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Date