

Office Policies Notice

Welcome to Jade and Cinnabar Acupuncture and Oriental Medicine, and congratulations on taking this step towards health and wellness!

An acupuncture appointment at our clinic is viewed as a commitment between the acupuncturist and patient. We respect your time and ask you to do the same for ours.

While we understand that unanticipated events and scheduling conflicts come up for everyone, since we don't double-book the schedule and see one patient at a time, last minute cancellations and missed appointments greatly impact our ability to run the practice smoothly.

We request and appreciate as much of an advance notice as possible given for any scheduling changes so that other patients can take an advantage of available appointment times.

Cancellation Policy:

Due to the nature and size of our business we require a minimum of a 24 hour notice for all appointment changes. Late cancellations, i.e. appointments broken, rescheduled or cancelled less than 24 hours in advance of the scheduled visit time, will incur a forfeiture charge in the full amount of the scheduled appointment fee.

Initial appointments require a minimum 48 hour advance notice for any scheduling changes.

As a courtesy, late cancellations can be rescheduled for an available appointment slot within a 7 day timeframe without charge. Extenuating circumstances such as true emergencies will be given a consideration.

Late Arrivals Policy:

Appointment times are reserved specifically for you. We will try our best to accommodate you, but if you arrive late your session may be shortened as not to penalize patients whose appointments follow yours. Depending upon how late you arrive, I will then determine if there is enough time remaining to start a treatment, or we need to reschedule. Out of respect and consideration to the practitioner and other patients, please plan accordingly and be on time.

Thank you for your understanding and cooperation.

I, _____ (please print name), have read the above policies and acknowledge that I am responsible for payment of the full fee of my scheduled appointment if I fail to show up, or cancel or reschedule my appointment with less than 24 hour notice.

Patient Name (print)

Patient Signature

Date

Patient Representative Name (if applicable)

Patient Representative Signature

Date