

Pacific Water Therapy

Policies & Procedures

Cancellation Policy

I understand that the full hourly rate fee will be assessed for each appointment that I schedule but do not attend, or that is rescheduled with less than 24 hour advance notice. Pacific Water Therapy reserves the right to waive such fees as a courtesy in the event of severe weather, health emergencies and special circumstance. This fee is not reimbursable by your insurance carrier.

Authorization for Medical Information Release

I authorize Pacific Water Therapy to furnish my insurance company with medical information they may request regarding my condition or treatment. Furthermore, I authorize my referring healthcare provider to release any diagnostic reports and/or surgery reports to Pacific Water Therapy.

Privacy Notice & Patient Bill of Rights

I have read and understand Pacific Water Therapy Privacy Notice and Patient Bill of Rights.

I certify that I am 18 years of age and/or the legal guardian/guarantor of the patient named below.

Printed Name of Patient _____ **Date** _____

Signature of Patient and/or Legal Guardian _____