



# Thunder Bay Therapy

& Sports Medicine

## Notice and Acknowledgement

### Acknowledgement:

I acknowledge that I have received the attached Notice of Privacy Practices.

\_\_\_\_\_  
Patient or Personal Representative  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

If Personal Representative's signature appears above, please describe Personal Representative's relationship to the patient.

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### Cancellation and NO-SHOW Policy

We require 24 hours notice in the event of a cancellation. We understand that emergencies do come up and would appreciate a call as soon as possible to reschedule your appointment. **If you do not call to cancel or reschedule your appointment, you may be charged \$20.00 for failure to show. This charge will not be covered by your insurance company; therefore, you will be billed directly.** Please be prepared to reschedule your appointment at the time you call. Thank you for your cooperation.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_