



## Office Policy Information

### Payment:

Payment is expected at the time of your appointment (for private pay clients). Checks are made payable to RBIN.

Medical Insurance companies may or may not offer coverage for Medical nutrition therapy. Right Balance will submit a claim for your visit(s) to your insurance company and do everything appropriate to cover your session(s). But in the event insurance does not pay for the session(s) (deductibles, non-coverage of service, etc) you are ultimately responsible for the payment.

### Cancellation Policy:

Individual appointments are scheduled for a specific time. You will be charged \$40 for missed individual appointments unless Right Balance Nutrition is notified of cancellation at least 24 hours in advance, or in cases of emergency.

### Confidentiality:

We require your consent to use and disclose your protected health information to carry out treatment, payment, and health care operations. All information disclosed within sessions is confidential as outlined in the HIPAA notice of Privacy Practices. You have the right to review the *Notice of Privacy Practices* before signing this consent form. By signing below, you hereby consent to our use of your protected health information to carry out treatment, payment, and health care operations, and acknowledge receipt of a copy of this consent if requested.

Most popular email services (ex. Hotmail®, Gmail®, Yahoo®) do not utilize encrypted email. When we send you an email, or you send us an email, the information that is sent is not encrypted. This means a third party may be able to access the information and read it since it is transmitted over the Internet. In addition, once the email is received by you, someone may be able to access your email account and read it. Email is used to communicate appointment confirmations as well as details about your treatment plan. If you consent to this form of communication, please initial here: \_\_\_\_\_

I have read and understand the above information.

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

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