



Policy Acknowledgement for Clients Acupuncture & Traditional Chinese Medicine Clinic

Hello and welcome to the Acupuncture and Traditional Chinese Medicine Clinic at Georgian College!

In order to ensure the best potential for success, both regarding your treatment goals and the learning experiences for our students, we have a few policies that we need you to review as outlined below. Please read carefully and then sign where indicated if you would like to proceed to be a client in our clinic.

Treatment Length: All appointments are one hour in length. Should you wish to extend your time immediately following your scheduled appointment, and there is an opening, you may book in for the next hour for the standard fee. There is no pro-rated fee schedule for smaller than one hour increments. **Client Initials Here** _____

Payment Requirements: Payment is required at the time you check in for your appointment. Any overdue account balances will be brought to the attention of the Manager, Health & Wellness Clinics which may result in immediate discharge from the clinic. **Client Initials Here** _____

Attendance Policy: Patients who cancel with less than 24 hours notice, are greater than 10 minutes late or who do not show up for appointments will be subject to the following consequences which will reset at the start of each new semester (as long as the account is paid in full):

- a) The first attendance violation is recorded in the patient record by the Customer Service Representative as a global message to refer to details that will be recorded in the encounter notes.
- b) The second and subsequent attendance violations are recorded as above and the patient is to be charged a \$15 fee (for a missed appointment, not a late arrival) to be added to the account by the Customer Service Representative and must be paid prior to receiving further treatment.
- c) If a total of three (3) "no shows", short-notice cancellations or late arrivals are recorded the Customer Service Representative will notify the Manager, Health & Wellness Clinics who will proceed to discharge the client in writing for the remainder of the semester.

By signing this document I acknowledge that I have read and understood the aforementioned expectations and policies.

Printed Name of Client or Legal Guardian: _____

Signature of Client or Legal Guardian: _____

Date: _____