

**The Naderi Center for Cosmetic Surgery
& Skin Care, PLLC**

Patient Name: _____

Today's Date: _____

THE NADERI CENTER CANCELLATION / RESCHEDULING POLICY

At The Naderi Center, we are dedicated to setting aside appropriate time to meet all of your needs and answer all of your questions. We ask in return that you provide the office with at least **24 hours** "courtesy notice" in the event that you need to cancel or reschedule your appointment.

Our cosmetic consult fee is normally \$100. This fee is payable in advance by credit card at the time of your scheduling. This fee will be non-refundable if you reschedule or cancel your appointment with less than 24 hours notice. We thank you for your understanding.

NOTICE OF PRIVACY PRACTICES (HIPAA)

Our Notice of Privacy Practices (Notice) provides information about how we may use and disclose protected health information about you. You have the right to receive and review our Notice before signing this acknowledgment. As provided in our Notice, the terms of our Notice may change. If we change our Notice, you may obtain a revised copy.

By signing this form, you acknowledge that you have been informed of our uses and disclosures of Protected Health Information about you for all of the purposes set out in our Notice.

By signing this form, you also acknowledge that a copy of our Notice has been provided to you, that you understand the contents of our Notice and how it applies to you, and that all of your questions regarding the contents of our Notice have been answered.

NAME: _____

SIGNATURE: _____ DATE: _____

Print Name: _____

Patient Initials: _____