



## CGPT Policy & Patient Agreement Form

- 1. Same Day Cancellations and No Shows have a serious impact on the clinic.** If you must cancel your appointment, please provide us at least 24 hours' notice before your scheduled appointment time. This will allow us to try and offer your appointment slot to another patient. We offer text message reminders, phone call reminders, and can print your scheduled appointments for you. However, this is a courtesy, and you are ultimately responsible for your appointment days and times. We understand that special unavoidable circumstances may cause you to cancel an appointment within 24 hours. *Therefore, after the 2nd cancel without notice you will be asked to pay a non-refundable deposit of \$50 for each cancel without notice within a 12 month period.*
- 2. APPOINTMENT REMINDERS:** TEXT MSG  PHONE CALL ONLY  E-MAIL
- 3. CHANGE OF INFORMATION:** Please provide us with any changes regarding your address, telephone number(s) or insurance information as soon as possible, so we can update our records.
- 4. CELL PHONES:** Please keep your cell phone on "silent" during your appointments as a courtesy to our patients and staff.
- 5. FRAGRANCES / PERFUME / COLOGNE:** Due to allergies or patient sensitivity we ask that you please help us try and keep this environment fragrance free.

I, the Guarantor and Responsible Party, agree to the above policies and agree to the terms regarding payment and responsibilities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**(If patient is less than 18 years of age, a parent or guardian must sign)**