

**SONG OF NATURAL MEDICINE**  
**Dr. Crystal Song, NMD**

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www.SongofNaturalMedicine.com

**Acknowledgement of Receipt of Notice of Privacy Practices**

I acknowledge that I have received a copy of Notice of Privacy Practices from Song of Natural Medicine.

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Patient or legally authorized individual signature

Date

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Printed Name if signed on behalf of the patient

Relationship to patient

**Payment, Cancellation, and Email Policy**

I hereby state that I understand that full payment for services and merchandise is due at the time that they are received. I also understand that the practice does not accept any form of insurance and that I as the client am responsible for the full amount billed.

There will be a **\$25** charge for all appointments without a 24-hour cancellation notice.

I authorize Song of Natural Medicine to email me with lab/imaging orders and lab/imaging reports.

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Patient or legally authorized individual signature

Date

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Printed Name if signed on behalf of the patient

Relationship to patient