

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.

Patient or legally authorized individual signature

Date

Printed Name if signed on behalf of the patient

Relationship to patient

Payment, Cancellation, and Electronic Communication 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 (encrypted), and to text me with reminders for appointments.

Patient or legally authorized individual signature

Date

Printed Name if signed on behalf of the patient

Relationship to patient