



Bliss Wellness Center Welcomes You!

We would like to welcome you to our office. Our goal is to provide you with an excellent experience. We are open to your feedback and suggestions. Please let us know if we can further assist you.

Appointments / Cancellations

Please be on time or a few minutes early for your appointment. Each person is scheduled a specific time slot. If you are late, you will lose valuable time from your appointment. **Initials**_____.

The intention of your appointment is to learn about how we can improve your health. It is in no way intended to diagnose, treat or cure any disease. **Initials**_____.

Please inform us of any changes in your medical history at the time of scheduling. This will greatly help to evaluate your concern and save time in your consultation. **Initials**_____.

If cancelling an appointment, please provide 24 hours advanced notice. There's a \$95.00 fee without proper notice. **Initials**_____.

Telephone Calls / Emails

Please be patient when awaiting contact from us. We receive many inquiries and contacts. Know that we will do our very best to respond to you in a very timely manner. If you have an urgent matter, please state as such in your message. **Initials**_____.

Financial Matters

All payment is due at time of service. We accept cash and all major credit cards. Dr. McKendrick does not accept any health insurance. We can accept your FSA or HSA card as payment. **Initials**_____.

Emergencies

If you have a health emergency, contact your medical doctor or go to the emergency room. **Initials**_____.

NAME: _____.

DATE: _____.

AUTHORIZATION OF USE OR DISCLOSURE OF INFORMATION

I, _____, hereby authorize Kristy McKendrick (Bliss Wellness Center) to (initial all that apply):

- _____ Send invitations for events / occasions
- _____ List your name in our newsletters
- _____ Use your testimonial in reception area
- _____ Use your testimonial in marketing
- _____ Post your picture in the office and/or on website

This authorization is in effect until I choose to revoke it. Should I choose to revoke authorization of any or all items, I shall send written notification to Administrator at 2499 S. Capital of Texas Hwy Ste. A200 Austin, TX 78746.

Kristy McKendrick will not condition my consultations or payment on whether I provide authorization for the requested use or disclosure.

I understand I have the right to:

- Inspect or request any information used about me
- Refuse to sign this authorization

Signature _____.

Date _____.