



## **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 committed to helping you regain your health and feel better. Please review our policies and sign below.

### **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.

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.

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.

If changing or cancelling an appointment, please provide at least 24 hours' advanced notice. There's a \$125.00 fee without proper notice.

### **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.

### **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.

### **Emergencies**

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

Your signature below acknowledges each of our clinic policies.

NAME: \_\_\_\_\_.

DATE: \_\_\_\_\_.

## AUTHORIZATION OF USE OR DISCLOSURE OF INFORMATION

I, \_\_\_\_\_, hereby authorize Dr. Kristy McKendrick and Bliss Wellness Center to (initial all that apply):

- \_\_\_\_\_ Send education info and invitations for events / occasions
- \_\_\_\_\_ List your name in our newsletter
- \_\_\_\_\_ Use your testimonial in reception area
- \_\_\_\_\_ Post your picture in the office and/or on website
- \_\_\_\_\_ Use your testimonial in marketing

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.

Bliss Wellness Center and Dr. 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 \_\_\_\_\_

(Type your name above to serve as signature)

Date \_\_\_\_\_