



Hoadly Medical Care 6356 Hoadly Rd Manassas, VA 20112 703-590-5999 703-590-5399 (Fax)	Hillendale Medical Care 13168 Centerpointe Way Suite #101 Woodbridge, VA 22193 703-730-2000 703-730-6767 (Fax)	Herndon Medical Care 1043 Sterling Rd Suite #104 Herndon, VA 20171 703-689-0111 703-689-0077 (Fax)	Caremed Family Practice 11213 Lee Hwy Suite H Fairfax, VA 22030 703-832-8023 703-776-9499 (Fax)	Millennium Medical Care Stone Springs 24430 Stone Springs Blvd Suite 200 Sterling, VA 20166 703-665-2027 703-665-2195 (Fax)
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Patient Name _____ Today's Date: ____/____/____

HIPAA NOTICE

Yes, I have reviewed the copy of Millennium Medical Corp's Patient Privacy Regulations (HIPAA).

Initial here

CANCELLATION, NO-SHOW, & RECORDS POLICY

The following is our policy regarding cancellations and no-shows.

***We require 24 hours' notice in the event of a cancellation

***There is a **\$50.00 charge** for a cancellation without proper notice for weekday appointments and **\$75.00 charge** for weekend appointments. This charge will not be covered by insurance, and will have to be paid by you personally.

When a patient does not show as scheduled, three people are hurt. You, because you don't get the medical treatment you need; the doctor, who now has a space in their schedule since the time was reserved for you; and the other patient, who could have been scheduled for treatment if there had been proper notice.

I, _____ understand that there will be a charge for the release of these records. (\$15.00 for copying plus \$0.50 per page for the first 50 pages, then \$0.25 for the remaining pages)

***Please note that until all account balances including the fee for the release of records are paid, medical records will not be released.

Patient's Signature

_____/_____/_____
Today's Date