



Hoadly Medical Care	Hillendale Medical Care	Herndon Medical Care	CareMed Family Practice
6356 Hoadly Rd Manassas, VA 20112	13168 Centerpointe Way Suite# 101 Woodbridge, VA 22193	1043 Sterling Rd Suite 104 Herndon, VA 20170	11213 Lee Hwy Suite H Fairfax, VA 22030
703-590-5999 703-590-5399 (Fax)	703-730-2000 703-730-6767 (Fax)	703-689-0111 703-689-0077 (Fax)	703-832-8023 703-776-9499 (Fax)

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 **\$25.00 charge** for a cancellation without proper notice for weekday appointments and **\$50.00 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**