LAPA'AU LLC , Physical therapy @ FITLAB
PO. BOX 616, HANALEI, HI 96714 www.hanaleitherapy.com 808-212-4872

PRIVACY PRACTICES ~ PATIENT RECEPTION FORM

I have received or reviewed the privacy practice notice (4 pages) for Lapa'au LLC, physical therapy, and understand the situations in which this practice may need to utilize or release my medical records. I also understand that I agree to allow the use of those records by your medical team as needed for evaluation, treatment, and care coordination as referred by your doctor.

I understand that this office will properly maintain my records, and will use all due means to protect my privacy as outlined in this privacy practices statement.

______________________________________ __________________
Patient Signature Date

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Print Patient Name

NO-SHOW & CANCELLATION POLICY

Your therapy appointment is a time set aside for your healing. If you fail to attend your appointment without notice, you will be charged a **no-show fee of $25 per appointment**. Any future appointments may be cancelled, unless contact is made. A 24 hour courtesy notice for cancellation is highly appreciated.

I agree to pay any fees incurred for missing appointments without notice.

______________________________________ __________________
Patient Signature Date

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Print Patient Name