



Piedmont HealthCare Psychiatry and Behavioral Medicine
211 South Tradd St.
Statesville, NC 28677
704-978-3570

ACKNOWLEDGEMENT OF PRACTICE POLICIES

I affirm that I have read and understand the practice policies for Piedmont HealthCare Psychiatry and Behavioral Medicine. Specifically, I acknowledge receiving written information outlining the clinic's policies for scheduling and maintaining appointments, policies for "no-shows" and appointment cancellations, instructions related to daytime telephone calls, after- hours calls and emergencies, policies for prescription refill requests, explanation of billing, insurance, and fee procedures, inclement weather procedures, and privacy guidelines pertaining to my treatment and medical records with Piedmont HealthCare Psychiatry and Behavioral Medicine.

I understand that I am responsible for any co-payments at the time of service and am responsible for payment of the final bill in full. I also understand that I may be dismissed from Piedmont HealthCare Psychiatry and Behavioral Medicine for disregarding the appointment and payment policies as received.

Printed Name

Signature

Date