

# Community Health Center of Fort Dodge

## About Our Notice of Privacy Practices

We are committed to protecting your personal health information in compliance with the law. The attached Notice of Privacy Practices states:

- Our Obligations under the law with respect to your personal health information.
  - How we may use and disclose the health information that we keep about you.
  - Your rights relating to your personal health information.
  - Our rights to change our Notice of Privacy Practices.
  - How to file a complaint if you believe your privacy rights have been violated.
  - The conditions that apply to uses and disclosures not described in this notice.
- The person to contact for further information about our privacy practices is our security officer.

We are required by law to give you a copy of this notice and to obtain your written acknowledgement that you have received a copy of this notice.

## Patient Acknowledgement of Receipt

I authorize CHCFD to leave a detailed message on my phone.      Yes      No

I authorize CHCFD to release my information to \_\_\_\_\_  
(ex. Spouse, Family member)      Person(s) Name      Phone

\_\_\_\_\_  
Patient Name      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth

I hereby acknowledge that I have received a copy of the Notice of Privacy Practices.

\_\_\_\_\_  
Patient's Signature      Date

\_\_\_\_\_  
Signature of Parent or Patient's Representative      Date

\_\_\_\_\_  
Description of Legal Authority to Act on Behalf of Patient



**Community Health Center of Fort Dodge, Inc.**

## **Missed Appointment Agreement**

We value you as our patient and need your cooperation with keeping appointments so that we can provide your care. Missing or late canceling an appointment means we are unable to fill this appointment time with another patient who desperately needs care.

Our policy requires (initial each box after reading):

Appointment Confirmation: You must text/call to confirm your appointment the business day before. Our practice closes at 5:00pm. It is your responsibility to call. If you do not call to confirm we will give your appointment away to another patient. This will be considered a missed appointment.

Timely Cancellations: If you need to cancel or reschedule your appointment, you must give us at least 24 hours' notice. Cancellations made with less than 24 hours' notice will be considered a missed appointment.

On Time Arrivals: If you are more than 15 minutes late to your appointment, we may give your appointment away to another patient. This will be considered a missed appointment.

Compliance: Patients are only allowed THREE missed appointments in a 12 month period. After the third missed appointment, you will not be scheduled appointments, but are welcome to use our clinic as a "same-day" patient.

Many patients use *Community Health Center of Fort Dodge Inc.'s* services. Your help in keeping your appointments enables us to provide better and timelier care for all our patients.

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*Patient or Parent/Guardian Signature*

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*Date*