

Thank you for choosing us as your health care provider. The following is a statement of our financial and office policies, which we require you to read and sign prior to any treatment. Please read each statement and sign below.

## OUR OFFICE POLICY

- Release of Medical Information: Your signature below allows us to release to insurance company(s), hospitals, referring physicians, other healthcare providers and attorneys your health information for treatment, billing and healthcare operations. It also allows us to obtain necessary information from your other healthcare providers if needed for care provided by our office.
- Appointments: We require at least 48-hours notice to reschedule or cancel an appointment. Our office may elect to reschedule an appointment if the patient is late. We reserve the right to charge for missed appointments or for insufficient notice when canceling or rescheduling appointments. Excessive missed appointments may result in discharge from this practice. It is imperative to your health and well-being that follow-up appointments are kept.
- Physicians: Drs. Almand and Tigner are otolaryngologists—head and neck surgeons (ear, nose and throat physicians). They are primarily trained as surgeons but can also help with difficult ear, nose and throat problems. As specialists, they are unable to provide routine medical treatment that could and should be provided by your primary care physician.
- HIPAA: You have been given a copy of our privacy practices that describes how your health information is used and shared. Foothills ENT Allergy & Hearing Center has the right to change this notice at any time and a current copy can be obtained by contacting our office.
- List person(s) to whom our office is allowed to release information regarding your medical care:  
(Name & relationship):  

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- Emergencies: If you have a true emergency after hours, Dr. Almand and Tigner can be reached by calling the office and following the recorded telephone instructions. Please do not call after office hours for problems that are not considered emergencies. Non-emergencies must be handled during regular office hours.
- Contact: I hereby give my permission for doctors or staff to leave a message at the home and cell telephone numbers listed on the patient information sheet.

*I have read and understand the policies listed above and agree to the terms. I agree to take full responsibility for this account. I also authorize the doctors to provide me with reasonable and proper medical care by today's standards. I have received a copy of the full financial policy.*

DATE: \_\_\_\_\_ PATIENT/PARENT SIGNATURE: \_\_\_\_\_