



Dr. Wynn N. Tran
Integrative Optometry & Vision Rehab/Therapy
www.HealMyEyes.com

OFFICE POLICIES

ACKNOWLEDGEMENT OF PRIVACY NOTICE:

In providing services to you, we create and store health information about you. We maintain your privacy, but it may be necessary to disclose this information to co-manage with other professionals involved in your care, as well as for insurance purposes. By signing this, you agree that you have reviewed our policy about uses and disclosures of health information.

Print Patient Name

X _____
Patient (or representative) Signature

Date

I understand that if Dr. Tran does not accept my insurance, that I am fully responsible for payment of services and materials received.

X _____
Patient (or representative) Signature

Date

CANCELLATION POLICY:

We understand issues may arise, so please let us know ASAP if you need to cancel your appointment. We charge the full appointment cost if notice is given less than **48 hours** during the weekday (**2 business days** prior to appointment). The fastest way to reach us is through this email.

X _____
Patient (or representative) Signature

Date