



Thank you for choosing The Hull Institute, LLC for your care. Please read, sign below and give to your provider.

\*We request that you pay at the time of service, with a separate transaction for each service. To keep our costs down, we now charge an administrative fee if we must send you a bill.

**\*We prefer cash or checks.** We also accept credit cards, which we can swipe ***at each appointment.***

\*It is important for all clients to understand that any communications via e-mail or text messaging between client and provider are **unencrypted** and there is some level of risk that those messages could be read by a third party. If you choose to communicate via e-mail or text, you agree to accept this risk.

\*It is important for all clients to understand that any communications via e-mail between The Hull Institute provider and our billing service or between The Hull Institute provider and any of the client's other internal or external providers are **unencrypted** and there is some level of risk that those messages could be read by a third party. If you agree to this method of communication, you agree to accept this risk.

\*It is never appropriate to cancel an appointment via e-mail. Please speak with your provider about texting cancellations.

\*As written in your treatment contract, All LATE CANCELLATIONS (less than 24 hours) and NO SHOWS will be charged \$60.00, regardless of the original fee or service. The cancellation charge is due at the next appointment.

Please initial:

\_\_\_\_\_ I accept \_\_\_\_\_ I DO NOT accept the risks associated with sending/receiving texts and e-mails to/from my provider and I approve of the use of texting and/or e-mail as a method of communication.

\_\_\_\_\_ I accept \_\_\_\_\_ I DO NOT accept the risks associated with my Hull Institute provider sending/receiving e-mails to/from my other providers/the billing service and I approve of the use of e-mail as a method of communication.

\_\_\_\_\_ I understand and accept The Hull Institute cancellation/missed appointment policy.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

These policies are geared toward providing better, less costly, and more confidential care for all our clients. We thank you for your cooperation.

The Hull Institute Staff 10/14