



5020 Norton Healthcare Boulevard  
Louisville, KY 40241

*Missed appointments, not being on time for your appointment or appointments not cancelled within 24 hours are a lost opportunity for us to help another patient with their sight. We ask that you give us at least 24 hours notice of cancellation / reschedule.*

*A charge of \$25.00 will be billed to the patient if the appointment is not cancelled / rescheduled 24 hours prior to the appointment time. This charge will be the patient's responsibility. Two or more missed, late or rescheduled appointments without 24 hours notice may lead to you being prohibited from making appointments for a year's time.*

*Thank you,  
LeClear Vision Center*

*I have read and understood this cancellation / reschedule policy:*

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*Patient or Patient's Representative's Signature*

### **ACKNOWLEDGMENT of Privacy Policy:**

*Your information is protected by our privacy policy - I have read the LeClear Vision Center's "Notice of Privacy Practices". I understand my rights contained in this notice. By way of my signature, I provide this practice with my authorization and consent to use and disclose my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice.*

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*Patient or Patient's Representative's Signature*

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*Representative's Relationship to Patient*

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*Date*