**Informed Consent and Conditions**

\_\_\_\_\_\_\_\_ I understand that Mother & More will maintain my privacy to the highest standards and may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment.

\_\_\_\_\_\_\_\_ I hereby agree and give my consent for Mother & More to furnish care and treatment that is considered necessary and proper in the diagnosing or treating of my physical condition. I understand that this may include an internal assessment and can request that another person be in the room during this time. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time.

\_\_\_\_\_\_\_\_ I understand that Mother & More is a fee-for-service practice and will NOT bill insurance. A superbill will be provided and can be used towards out-of-network benefits.

\_\_\_\_\_\_\_\_ I understand that I must pay for the cost of services rendered by Mother & More at the time of the appointment with either cash or check.

\_\_\_\_\_\_\_\_ I understand that I must give a 48 hour cancellation notice. Appointments that are missed or cancelled without notice may be subject to a $50 fee.

