



3900 Niles Rd, Saint Joseph MI 49085 (269) 429-7368

Acknowledgment and Consent to Policies

1. Privacy and Safeguarding of Information and Records

All information and records pertaining to your communications, transactions, consultations and treatments are strictly confidential. Written records (patient files) and computerized records are maintained in a secure office environment. Computerized records are routinely backed up via an off-site service. None of your information and records will be disclosed or shared with any third party without your written authorization. THIS INCLUDES PARENTS (UNLESS YOU ARE A MINOR) AND SPOUSES.

Patient or Guardian Signature _____ Date _____

2. Photographs

You will be required to submit to medical record photography and such photographs will become part of your medical record. For some procedures, you will be required to submit to photographs at multiple intervals and/or at multiple times following completion of your treatment. You will be required to be photographed according to your treatment's protocol, for example without facial makeup or wearing only disposable exam-room briefs.

Patient or Guardian Signature _____ Date _____

3. Payments

Treatments are most likely not covered by any health insurance plan, including individual or group coverage, Medicare, and Medicaid. Glo Medical does not accept insurance or file insurance claims for treatment. Unless prior arrangements are been made, payment is due in full at the time of treatment. If the treatment is part of a package, payment is due in full for the entire package at the time of the first treatment. **All sales are final, and there are no returns, refunds, or exchanges allowed.**

-“No show” appointments and cancellations without at least one business day’s notice are subject to a \$50 fee.

Patient or Guardian Signature _____ Date _____