

NEUROLOGY OFFICE

JOSEPH KANDEL, M.D.

& ASSOCIATES

PRESCRIPTION REFILL POLICY

Neurology Office, Joseph Kandel, M.D. & Associates will require 48 hour advance notice for any prescription refill request. Please understand that if shorter notice is given, the office may not be able to accommodate that request. We will however do our best to complete your request. The patient agrees to random urine drug screening at the request of the doctor.

No refills will be available during evenings or weekends.

Written prescriptions must be picked up by the patient and will not be given to a third party.

Early refills will not be given.

CANCELLATION POLICY

Neurology Office, Joseph Kandel, M.D. & Associates will require 24 hour advance notice of cancellation or rescheduling of an appointment. Appointments cancelled or rescheduled with less than a 24 hour notice will be subject to a \$50.00 cancellation fee.

HIPPA NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. We are also required to abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please ask to speak with our HIPPA Compliance Officer in person or by phone at our main phone number.

Please sign below acknowledging that you have received or been given the opportunity to receive a copy of our Notice of Privacy Practices

Signature: _____

Date: _____

Print Name: _____