# Consent to Treatment

PLEASE PRINT CLEARLY

Client Name ______________________________ DOB ______________________________

**CONSENT:** This document contains important information about our professional services and business policies. Please read it carefully. When you sign this document, it will represent an agreement between us and consent for diagnostic testing, necessary treatment and follow-up care.

**TIME OF APPOINTMENTS:** Unless we make other arrangements, our appointments are scheduled to last an hour. If an appointment starts late due to our running behind, we will still keep the appointment. If you arrive late for an appointment, we will have to end the meeting an hour after it was scheduled to begin. We reserve the right to reschedule the appointment if necessary. You will be charged a $60.00 cancellation fee for any appointments that are cancelled with less than a 24 hour notice, or for which you do not show up. This $200.00 fee is generally not billable to insurance and will need to be paid by you directly.

You will not be charged for an appointment if you cannot keep it and let us know at least 24 hours in advance. This policy is strictly enforced.

**CONFIDENTIALITY AND PRIVACY NOTICE:** Privacy Practices are available upon request. Please contact us at the address below.

Contact our Privacy Office at:

SleepSafe Drivers, Inc.
Attn: Adrian Knight
adriank@sleepsafedrivers.com
11300 Strang Line Rd
Lenexa, KS 66215
Phone: 855-723-3378 X1

I understand and agree to all of the points discussed above. If at any point I have questions or problems regarding my treatment, I understand that SleepSafe Drivers has assigned a personal sleep apnea counselor, in which to support my individual treatment needs.

______________________________ ______________________________

Client Date

______________________________ ______________________________

Sleep Technologist or DME Therapist Date



11300 Strang Line Road • Lenexa, KS 66215
855.723.3378