Gallatin Children's Clinic
648 Hartsville Pike
Gallatin, TN 37066

Lafayette Children's Clinic
306 West Locust Street
Lafayette, TN 37083

Station Camp Children's Clinic
225 Big Station Camp Blvd, Suite 204
Gallatin, TN 37066

White House Children's Clinic
128 Raymond Hirsch Blvd
White House, TN 37188

Notice of Privacy Practices Acknowledgement

I have received a copy of the VUMC *Notice of Privacy Practices*. I understand that VUMC has the right to change its *Notice of Privacy Practices* from time to time and that I may contact VUMC at any time to obtain a current copy of the *Notice of Privacy Practices*.

No Show Policy

It is the policy of the Gallatin, Lafayette, Station Camp and White House Children's Clinics that all appointments must be canceled with appropriate advanced notice.

- All sick appointments must be canceled at least one (1) hour before the appointment time.
- All well visits must be canceled at least two (2) hours before the appointment time.

Any scheduled appointment that is not canceled according to the above policy is considered a No Show, the consequences of which are as follows:

- Upon your 1st No Show, you will receive a letter and a copy of this signed policy.
- Upon your 2nd No Show, you will receive a letter which states that if one more appointment is missed and/or not canceled with appropriate notice, you may be disengaged from the practice.
- Upon your 3rd No Show, your family may be disengaged from this practice at the physician's discretion.

This policy is necessary in order to provide quality medical care to all of our patients. Each appointment that is not canceled with appropriate notice is a missed opportunity for another child to receive medical care. For every well visit that is not canceled, we are unable to see two (2) sick children.
Please read this policy carefully and be aware that it will be strictly enforced.

Pharmacy Benefit Management

In order to provide the highest quality of care to our Patients, we request permission to access your pharmacy benefits from your insurance company. This will allow our providers to prescribe medications that are covered by your insurance as well as verify that the medications you may be prescribed will not interact with medications prescribed in the past.

By signing below, I acknowledge I have received and understand the VIPMS *Notice of Privacy Practices* and the *No Show Policy*. I also authorize VIP MidSouth, LLC to access my pharmacy eligibility to pull my formulary and receive my medication history.

Patient/Parent or Legal Guardian Signature Date