



PATIENT'S NAME _____ Date of Birth _____

Patient Satisfaction Agreement

We at Shirley Therapeutic & Consulting Services, LLC hold your satisfaction as our top priority. If at any time during your communication with our staff, your treatment by our medical professionals, or any service follow up you have a question, issue, or concern, we want to do everything possible to answer your questions or address your issues and concerns.

We also take pride in our reputation for excellence and our great standing in the community, and we are committed to earning the positive reputation and maintaining that standing every day.

As we agree to work as hard as we can to meet your satisfaction, you agree to report any question, issue, or concern you have related in any way to the care we have provided to our Executive Director at (478) 922-2700. You further agree to follow the following process ("Patient Satisfaction Agreement Procedures") prior to any disclosure of the matter by you to third parties.

You agree to provide Shirley Therapeutic 30 days from the time you provide notice of your concern to our Satisfaction Director as described above. If you believe your concern remains inadequately addressed after these time periods and processes, you agree to provide Shirley Therapeutic with a written copy of any communication you plan to disseminate regarding an unresolved issue prior to doing so. You also authorize Shirley Therapeutic & Consulting Services, LLC to verify the source of any such communication from you to ensure concerns and issues are properly reported to permit us to address such matters in the future. You further agree that a failure to follow the above policy entitles Shirley Therapeutic to equitable relief.

No-Show and Cancellation Policy

Please understand that our appointment times are scheduled to allow us to take care of each individual patient's needs during the patient's visit. Since appointments with

Shirley Therapeutic are in high demand, we value notice from our patients who are unable to keep their scheduled appointments.

To decrease unnecessary costs and to contain our fees, we maintain a No Show/Cancellation Policy for all our patients. To promote efficient access to our clinic, we require that any appointment that is no longer needed or unable to be kept must be cancelled more than 24 hours in advance. Cancellations must be made between 8 a.m. and 5 p.m. on workdays at least one full business day before the scheduled appointment.

Cancellations must be done over the telephone by speaking directly to one of our scheduling professionals, who will provide a cancellation number. Patients will not be charged for an office visit if cancellation is made 24 business hours before their appointment and a cancellation number is received.

In the event an appointment is missed or cancelled with less than 24 hours' notice or no notice, a \$50 charge will be billed. If a second no-show or same day cancellation occurs, we reserve the right to terminate the patient doctor relationship.

Finally, you acknowledge that you have had an opportunity to review this agreement with the counsel of your choosing. This agreement shall be valid and enforceable for five years from Shirley Therapeutics' last date of service to you. Shirley Therapeutic & Consulting Services, LLC reserves the right to modify any policies without notice.

My signature below indicates that I have read and understand these policies.

X _____

Patient or Responsible Party Signature

X _____

Today's Date