

**JEFFREY F. OLLIFFE, M.D.**  
**1817 12th Avenue**  
**Seattle, WA 98122**

**CANCELLATION/"NO SHOW" POLICY**

Keeping scheduled appointments is important in addressing and managing your health care needs and concerns. Please notify us as soon as possible if you are needing to reschedule or cancel your scheduled appointments. We require a **minimum of 24 hours notice** prior to your scheduled appointment. **A \$25.00 charge may be assessed for missed appointments and late cancellations.**

- If you are a new patient to our office, you must notify us 24 hours prior to your scheduled appointments of any rescheduling or cancellations. If you do not notify us at least 24 hours prior to your appointment **you may NOT be rescheduled.**
- If you are an established patient and you "no show" or cancel scheduled appointments without providing us 24 hours notice **3 times, we may no longer be able to provide services to you.**
- Please call us if you are going to be late for an appointment. If you arrive to the office more than 15 minutes late for an appointment, you may need to reschedule your appointment. **If this happens 5 times, we may no longer be able to provide services to you.**

I acknowledge that I have read and understand this **CANCELLATION/"NO SHOW" POLICY.**

**Patient Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

If you have any questions or concerns, please direct them to the office manager or the doctor.

**Office Representative:** \_\_\_\_\_ **Date** \_\_\_\_\_