Date: _____

Printed Name: _____

CANCELLATION POLICY

At APEX Heart Centre we have a policy for cancellation/missed appointment(s). **We require 24-hours' notice when making changes to your scheduled appointment(s).**
By committing to an appointment "that appointment time is reserved for you". You are responsible to attend as well as arrive on time. If you are late for your appointment it may result in rescheduling as **lateness inconveniences the rest of the scheduled day.**
Cancellation less than 24 hours or Missed appointments may result in the following fees: **Testing $100.00/Consultation $75.00.**

By signing, you agree to our Cancellation Policy **Signature:** _____

EMAIL WAIVER

Communication via email will be restricted to the email address placed on file. By signing you are giving authorization for us to respond to written emails from you and only you. APEX Heart Centre will not respond to emails on your behalf sent in by family members unless otherwise indicated on file.
By signing you understand that we will not communicate information regarding your care through emails unless listed on file or approved by you.

Email Address: _____ **Signature:** _____

RESEARCH AGREEMENT

APEX Heart Centre is involved in ongoing cardiac research projects to aid in future cardiac care of our patients. If you are interested in participating in a research project, please sign and we will be in touch with you regarding details (pending project and eligibility).

Print Name: _____ **Signature:** _____