

Brian T Stutz, DC, PC
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Denver, CO 80246
303-733-2521
drbrianstutz.com

OFFICE POLICIES AND PROCEDURES

- Hours** Our standard office hours are Monday through Thursday from 8:30am to 5:30pm. We are closed on Friday, Saturday, and Sunday.
- Communication** We have phone support during regular office hours, however when we are with other patients or breaking for lunch, we may not be able to immediately take your call. If you reach our voicemail, please leave a message and we will return your call as soon as possible.
- In the event of an office closure, the voicemail will be updated to provide pertinent information.
- Our email address is frontdesk@drbrianstutz.com, and our cell phone number, used only for texting, is: 720-736-1434. Our email and cell phone are checked several times daily during office hours but not when the office is closed.
- Scheduling** You are always welcome to call our office to schedule, cancel or modify an appointment. You can also book online through our website, drbrianstutz.com. When you schedule online, please be sure to select the proper appointment type (e.g., acupuncture, chiropractic...) and click through all prompts. Regardless of whether you schedule online or by phone, you will receive a confirmation email containing your appointment details. You may change or cancel your appointment via the link in the email, or by phone.
- Appointments** We understand how valuable your time is and strive to maintain a reliable schedule. Therefore, we ask that you arrive for your appointment at the scheduled time. If you arrive late, Dr. Stutz will do his best to treat you with the balance of your scheduled appointment time but may need to end at the time scheduled.
- Cancellations** When you need to cancel an appointment, please provide as much notice as possible. This allows Dr. Stutz to see a patient on our waitlist. We require 24-hour notice of cancelation to avoid being charged the full balance of your scheduled appointment.
- Payment** Payment is due at the time of service. Forms of acceptable payment include cash, credit card, HSA/debit card, or check. Returned checks will incur a \$30 charge.
- Consent** By signing below, you indicate that you are voluntarily requesting Dr. Stutz to perform reasonable and necessary treatment for the condition which has brought you to seek his care. Your signature indicates your understanding that there are risks associated with all medical and healthcare procedures. Dr. Stutz will explain all procedures prior to performing them, and you acknowledge it is your responsibility to ask questions and seek any clarification needed to make an informed decision about your treatment. You also agree that this consent is to continue in nature even after treatment goals and corresponding procedures change. You have the right at any time to discontinue services.

I, _____ acknowledge that I understand and will comply with the policies and procedures outlined above.

Signature: _____

Date: _____