

**Emily Murray MS, RD, LDN**  
Nutritionist / Registered Dietitian  
110 West Lancaster Avenue  
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(610) 574 – 0079  
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## **Office Policy Information**

### **Payment:**

Payment is expected at the time of your appointment. Checks are to be made payable to Emily Murray.

### **Cancellation Policy:**

Individual appointments are scheduled for a specific time. You will be charged for missed individual appointments unless the R.D. is notified of cancellation at least 24 hours in advance, or in cases of emergency.

### **Confidentiality:**

All information disclosed within sessions is confidential as outlined in the HIPAA notice of Privacy Practices. If you are *under 14 years of age*, please be aware that the law may provide your parents the right to examine your treatment records.

### **Medical Insurance:**

Medical insurance companies may or may not offer coverage for medical nutrition therapy. Carefully investigate the type of coverage you have. It is your responsibility to pay for your visit and to have your insurance company reimburse you if applicable. You will be provided with a receipt that you can submit to your insurance company for reimbursement.

I have read and understand the above information.

Signature of responsible party: \_\_\_\_\_

Date: \_\_\_\_\_