



Signature page for the following documents:

I have read the following documents as authorized through my signature below:

Notice of Privacy Practices:

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Patient Bill of Rights:

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Patient responsibilities:

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Cancellation and Discontinuation of Services Policy:

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Assumption of the Risk and Waiver of Liability Relating to  
Coronavirus/COVID-19

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Health Insurance Change form:

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Print name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

