



## RECEIPT OF PRIVACY PRACTICES

I have reviewed and received a copy of the Notice of Privacy Practices. I understand that I can ask for a copy at any time, free of charge.

\_\_\_\_\_  
Printed Name of Patient/Parent/Guardian

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## RECEIPT OF ATTENDANCE POLICY

I have reviewed and received a copy of the Attendance Policy. I accept all policies pertaining to missed appointments, illness, and inclement weather. I understand that I can ask for a copy at any time, free of charge.

\_\_\_\_\_  
Printed Name of Patient/Parent/Guardian

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date