



Receipt of Mandatory Documents Acknowledgement

By signing below, you are acknowledging that you have received and reviewed the documents listed below and that all your questions regarding this information have been answered to your satisfaction.

I have received and reviewed copies of the following documents:

- Patient Rights and Responsibilities
- HIPAA Notice of Privacy Practices
- Advance Directive/Living Will, Healthcare Power of Attorney

Patient Name (please print)

Responsible Party Name (if patient is under 18 years old)

Responsible Party Signature (if patient is under 18 years old)