

Consents Acknowledgement

By initialing and signing below, I acknowledge I have received and agree to the following consents:

- Consent for Treatment: _____
(Initial)
- Financial Consent: _____
(Initial)
- HIPAA Consent: _____
(Initial)
- Notice of Privacy Practices: _____
(Initial)
- Patient's Rights and Responsibilities: _____
(Initial)

(Signature)

(Date)