



PATIENT WELCOME PACKET ACKNOWLEDGEMENT FORM

I ACKNOWLEDGE RECEIPT OF THE FOLLOWING DOCUMENTS.

- WELCOME LETTER
- BILL OF RIGHTS
- HIPPA STATEMENT
- SUPPLIER STANDARDS

IF YOU HAVE RECEIVED THE DOCUMENTS LISTED ABOVE AND UNDERSTAND YOUR RIGHTS AND RESPONSIBILITIES, PLEASE SIGN AND DATE BELOW.

Signature: _____ Date: _____

Print Name: _____