

Traverse Health Clinic

ACKNOWLEDGEMENT OF RECEIPT

- I acknowledge that I received a copy of the Traverse Health Clinic Rights and Responsibilities Contract.

- I acknowledge that I received or was offered a copy of the Traverse Health Clinic Notice of Privacy Practices.

- I acknowledge that I received a copy of the Traverse Health Clinic Billing and Collection Patient Information Sheet.

[Patient Name, please print]

[Patient or Responsible Person Signature]

[Date]

[Relationship to Patient]