



## Acknowledgement of Receipt

**I have received a copy and reviewed the following:**

- Acadia Total Health Office Policies and Procedures
- Patient Bill of Rights
- Notice of Privacy Practices
- Consent and Financial Agreement
- Consent to Photograph and Authorization for Use or Disclosure

**By signing below, I acknowledge that I have received, reviewed, and understand these policies. I agree to comply with the policies outlined in these documents.**

\_\_\_\_\_  
**Patient Name- Printed**

\_\_\_\_\_  
**Patient or Legal Guardian- Signature**

\_\_\_\_\_  
**Date**