

Asheboro, NC 27203

Phone 336-736-8038 Fax 336-736-8042

Patient Acknowledgement and Consent

PATIENT ACKNOWLEDGEMENT AND CONSENT

For New Patients Only

I have been given a copy of Safe-T-Works, Inc. N I consent to the uses and disclosures of my health	Notice of Privacy Practices, version effective <u>06/01/2023</u> . In information as outlined in the Notice.	
Signature of Patient or Representative	Date	
Print Name		
Relationship of Representative to Patient		
Please describe the Representative's authority to	act on behalf of Patient:	
FOR S	Safe-T-Works, Inc. USE ONLY	
	of Privacy Practices is not obtained from the patient or the nin acknowledgement and the reason you could not obtain it:	ne patient's

POLICY APPROVED: June 1, 2023, by Kimberlee Price, President, Safe-T-Works, Inc. Policy Form HPF-02: Patient Acknowledgement and Consent