Acknowledgement:

I have been provided the opportunity to review the Clinic's policy guidelines and Notice of Privacy Practices. By becoming a patient of Coastal Carolina Internal Medicine, PA, I agree to the standards of care and policies set forth until I revoke this agreement in writing. I understand that any changes made on these forms by me or the practice without due notice to both parties (patient and clinic) will be considered termination of patient-provider relationship. I also understand that the clinic reserves the right to cancel the appointment without fault should I refuse to sign this agreement.

Name _____

Signature _____

Date _____

Witnessed by Staff: _____

Revised October 2009