

**Signatures for
Consent Form, Office Polices, HIPAA Privacy Policy, and Email/Texting permissions**

1. I acknowledge that I was shown and read a copy of the Consent Form from Oriental Health Solutions, LLC (OHS). If I want a copy for myself I can get one from their website under Forms or I can be given a copy in the office.

Patient's Full Name with Initial (please print)

Signature of Patient or Responsible Party/Guardian

Date

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Patient's Full Name with Initial (please print)

Signature of Patient or Responsible Party/Guardian

Date

2. Contact Information:

I authorize OHS to communicate with me by "unsecure" text; please use phone number
_____ (number)

_____ (signature);

I authorize OHS to communicate with me by "unsecure" email; please use email address
_____ (email address)

_____ (signature).

Date