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ACKNOWLEDGMENT

PATIENTS' RIGHTS AND RESPONSIBILITIES:

By signing below I acknowledge that I have read and received a copy of "Patients' Rights and Responsibilities".

Patient Signature: _____ Date: _____

Patient name (printed): _____

Authorized Representative: _____ Date: _____

Relationship to patient: _____

PRIVACY PRACTICES

By signing below I acknowledge that I have received a copy of "Patient Privacy Practices". I have read it in full and I understand that the Notice of Privacy practices provides information about how Pedes Orange County may use and disclose my protected health information.

Patient Signature: _____ Date: _____

Patient name (printed): _____

Authorized Representative: _____ Date: _____

Relationship to patient: _____

CONDITIONS OF ADMISSION

By signing below I acknowledge that I have received a copy of and agree to the provisions stated in the "Conditions of Admission". I accept financial responsibility for services rendered and accept the terms of the Financial Agreement, Assignment of Insurance Benefits, and Health Plan Obligations as listed in the document.

Patient Signature: _____ Date: _____

Patient name (printed): _____

Authorized Representative: _____ Date: _____

Relationship to patient: _____