

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE

I, _____ hereby acknowledge receipt of Off Grid Doc's Notice of Privacy Practices.

Date: _____ Signature _____

If signed by a personal representative, relationship to patient: _____



ACCEPTANCE OF MEDICAL CONSULTATION (SECOND OPINION) AGREEMENT

I, _____ hereby acknowledge that I am seeing Dr. Ramon Issa today for a one (1) time visit for a Medical Consultation (Second Opinion). I understand that neither Off Grid Doc nor Dr. Ramon Issa will be taking on the roll of primary care physician, nor providing any on-going counseling, treatments or coordination of care.

Date: _____ Signature _____