

## 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 DIRECT PRIMARY CARE MEMBERSHIP

I, \_\_\_\_\_ hereby accept the terms in the Direct Primary Care membership agreement and understand that this is a binding contract for the period of 12 months between Off Grid Doc and myself or my minor child from this the, \_\_\_\_\_ day, month of \_\_\_\_\_ in the year \_\_\_\_\_ and will end on the last day of the month of \_\_\_\_\_ in the year \_\_\_\_\_. I agree that I will pay the **enrollment fee** of \$\_\_\_\_\_ and **membership fee** of \$\_\_\_\_\_ today.

Date: \_\_\_\_\_ Signature \_\_\_\_\_