

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 WEIGHT LOSS INTENSIVE

I, _____ hereby accept the terms in the Medical Weight Loss Intensive agreement and understand that this is a binding contract for the period of 4 months between Off Grid Doc and myself from this the, _____ day, in the 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 **entire fee of \$**_____ today.

Date: _____ Signature _____