

## Policy Acknowledgement

Please initial on each line and sign below. You may request a hard copy of our policies at any time. They can also be found at [ManhattanMedGroup.com](http://ManhattanMedGroup.com)

\_\_\_\_ I acknowledge that I have received a copy of Manhattan Medical Group's **Notice of Privacy Practices** with the effective date of April 1, 2019.

\_\_\_\_ I acknowledge that I have read and understand the **payment policy** and agree to abide by its guidelines.

\_\_\_\_ I acknowledge that I have read and understand the **late arrival, late cancellation/reschedule, and no-show policy**.

Only applies to patients under the age of 18

\_\_\_\_ I acknowledge that I have read and understand the **vaccine policy**.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date