

## NEW PATIENT WELCOME FORM

**Name** Kemberli Anderson

**Signature** 


**Date** Wednesday, August 9, 2023

**Time** 04:35 PM

## AGREEMENT AS TO RESOLUTION OF CONCERNS

"Provider" shall be understood to mean Dr. Jaime Schwartz

**Name** Kemberli Anderson

**Signature** 


**Date** Wednesday, August 9, 2023

**Time** 04:35 PM

## PRIVACY PRACTICES

## ACKNOWLEDGEMENT OF PRIVACY PRACTICES

**Name** Kemberli Anderson

**Signature** 

**Date** Wednesday, August 9, 2023

**Time** 04:40 PM

## FINANCIAL POLICIES

**Name** Kemberli Anderson

**Signature**

A handwritten signature in black ink, appearing to be 'KA' followed by a horizontal line.

**Date**

Wednesday, August 9, 2023

**Time**

04:40 PM

## **CONSENT FOR EMAIL/TEXT COMMUNICATIONS**

"Provider" shall be understood to mean Dr. Jaime Schwartz, Dr. Karen Herbst, Total Lipedema Care and Staff.

**Name**

Kemberli Anderson

**Signature**

A handwritten signature in black ink, appearing to be 'KA' followed by a horizontal line.

**Date**

Wednesday, August 9, 2023

**Time**

04:40 PM