

## NEW PATIENT WELCOME FORM

**Name** Jamie Bloodsworth

**Signature**



**Date** Tuesday, June 13, 2023

**Time** 12:48 PM

## AGREEMENT AS TO RESOLUTION OF CONCERNS

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

**Name** Jamie Bloodsworth

**Signature**



**Date** Tuesday, June 13, 2023

**Time** 12:49 PM

## PRIVACY PRACTICES

## ACKNOWLEDGEMENT OF PRIVACY PRACTICES

**Name** Jamie Bloodsworth

**Signature**



**Date** Tuesday, June 13, 2023

**Time** 12:51 PM

## FINANCIAL POLICIES

**Name** Jamie Bloodsworth

**Signature**



**Date**

Tuesday, June 13, 2023

**Time**

12:52 PM

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

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

**Name**

Jamie Bloodsworth

**Signature**



**Date**

Tuesday, June 13, 2023

**Time**

12:53 PM