


## NEW PATIENT WELCOME FORM

**Name** Stephanie Brakefield

**Signature** 


**Date** Sunday, December 3, 2023

**Time** 08:39 PM

## AGREEMENT AS TO RESOLUTION OF CONCERNS

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

**Name** Stephanie Brakefield

**Signature** 


**Date** Sunday, December 3, 2023

**Time** 08:39 PM

## PRIVACY PRACTICES

## ACKNOWLEDGEMENT OF PRIVACY PRACTICES

**Name** Stephanie Brakefield

**Signature** 

**Date** Sunday, December 3, 2023

**Time** 08:39 PM

## FINANCIAL POLICIES

**Name** Stephanie Brakefield

**Signature**



**Date**

Sunday, December 3, 2023

**Time**

08:39 PM

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

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

**Name**

Stephanie Brakefield

**Signature**



**Date**

Sunday, December 3, 2023

**Time**

08:39 PM