

## NEW PATIENT WELCOME FORM

**Name** April Childers

**Signature**



**Date** Thursday, April 30, 1970

**Time** 12:50 PM

## AGREEMENT AS TO RESOLUTION OF CONCERNS

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

**Name** April Childers

**Signature**



**Date** Thursday, October 19, 2023

**Time** 12:50 PM

## PRIVACY PRACTICES

## ACKNOWLEDGEMENT OF PRIVACY PRACTICES

**Name** April Childers

**Signature**



**Date** Thursday, October 19, 2023

**Time** 12:50 PM

## FINANCIAL POLICIES

**Name** April Childers

**Signature**



**Date**

Thursday, October 19, 2023

**Time**

12:50 PM

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

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

**Name**

April Childers

**Signature**



**Date**

Thursday, October 19, 2023

**Time**

12:50 PM