



## NEW PATIENT WELCOME FORM

**Name** Tracy Logelin  
**Signature**   
**Date** Monday, October 16, 2023  
**Time** 05:50 PM


## AGREEMENT AS TO RESOLUTION OF CONCERNS

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

**Name** Tracy Logelin  
**Signature**   
**Date** Monday, October 16, 2023  
**Time** 05:50 PM

## PRIVACY PRACTICES

## ACKNOWLEDGEMENT OF PRIVACY PRACTICES

**Name** Tracy Logelin  
**Signature**   
**Date** Monday, October 16, 2023  
**Time** 05:50 PM

## FINANCIAL POLICIES

**Name** Tracy Logelin  
**Signature** 

**Date** Monday, October 16, 2023

**Time** 05:50 PM

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

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

**Name** Tracy Logelin

**Signature**

A handwritten signature in black ink, appearing to read 'Tracy Logelin', with a stylized, cursive-like script.

**Date** Monday, October 16, 2023

**Time** 05:50 PM