

## Welcome to PRA

I have received a copy of PRA's Policy and Procedures and Notice of Privacy Practices and have read them completely. My signature below indicates my understanding of PRA's practice policies.

\_\_\_\_\_  
*Printed* Patient Name

\_\_\_\_\_  
Patient Date of Birth

\_\_\_\_\_  
Patient Signature (12 and over)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian/Responsible party/Parent Signature

\_\_\_\_\_  
Date

**Thank you!**