Oriental Health Solutions, LLC, 907 Broad Street, Durham, NC 27705

Signatures for

Consent Form, Office Policies, HIPA Privacy Policy, and Email Permission

1. I acknowledge that I was shown and have read a copy of the Consent Form from Oriental Health Solutions, LLC (OHS). If I want a copy for myself, I can get one from their website under Forms, or I can be given a copy in the office.

_____ _____

Patient's Full Name (please print) Signature of Patient or Responsible Party/Guardian

_____ (Date)

2. I acknowledge that I was shown and have read a copy of the Office Policies from Oriental Health Solutions, LLC (OHS). If I want a copy for myself, I can get one from their website under Forms, or I can be given a copy in the office.

_____ _____

Patient's Full Name (please print) Signature of Patient or Responsible Party/Guardian

_____ (Date)

3. I acknowledge that I was shown and have read a copy of the HIPAA Privacy Policy from Oriental Health Solutions, LLC (OHS). If I want a copy for myself, I can get one from their website under Forms, or I can be given a copy in the office.

_____ _____

Patient's Full Name (please print) Signature of Patient or Responsible Party/Guardian

_____(Date)

4. Email Permission
   I authorize OHS to communicate with me by "unsecure" email; please use email address:

   _____ (Email Address)

   _____ (Signature)

   _____ (Date)