



SIGNATURE FORM

Thank you for reviewing LBP's Clinical Service Agreement and Privacy Practices. Your signature on this form indicates that you have read these documents, understand the terms, and agree to abide by them. It further indicates your consent for treatment.

These documents will remain accessible to you online, may be printed at home, or at any time you can request to obtain a copy.

Thank you kindly for choosing LBP.

(Patient Signature)

(Date)

(Printed Name)

LBP Staff

(Date)

