



## Signature Page

**Please print this page and bring it with you to your New Patient Visit**

1. I have read the information about e-mail procedures and privacy and have received answers to all of my questions about using e-mail to communicate with De Novo Pittsburgh.
2. I have read the De Novo Pittsburgh Practice Policies and have received answers to all of my questions regarding the contents therein.
3. I have read the Privacy Practice for Protected Health Information policy of De Novo Pittsburgh and have had all my questions answered regarding its contents
4. I have read the information about the Health Insurance Policy and have received answers to all of my questions regarding its contents.

Patient Name (Please Print ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_