



General Acknowledgement of Forms

- I hereby acknowledge and agree that I read all of the forms and documents provided to me in connection with the evaluation and treatment provided by [Private practitioners name or private practice name] and/or their employees.

- I fully understand the meaning and intent of the forms provided and I agree to all content included.

- I have been given an opportunity to ask questions about the forms provided. All my questions have been answered to my satisfaction by Rise.

Print Name of Patient

Date

Signature of Participant or Legal Representative

Relationship to Patient