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# PATIENT SIGN-OFF FORM

I have read and understand the following documents:  
*(please check)*

- HIPAA
- Release of Information
- Signature on File
- Patient Information & Office Policies

Name of Insured: Last \_\_\_\_\_, First \_\_\_\_\_

Name of Patient: Last \_\_\_\_\_, First \_\_\_\_\_

Patient's Relationship to Insured: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date