



## Patient Rights and Responsibilities Acknowledgement

The undersigned certifies that s/he has read the Patient Rights and Responsibilities for Northwest NeuroSpecialists, PLLC, understands it, accepts its terms, has received a copy of it and is the patient or is duly authorized by the patient to act as their agent.

Date of Birth: _____	Date of Visit: _____
Patient's Name: _____ (Please Print)	

_____ <b>Patient's Signature or Legal Representative</b>	Relationship to Patient: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Other
<i>If declining acknowledgement:</i>	
_____ Patient's Signature or Legal Representative	Relationship to Patient: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Other

_____ Name of Interpreter, if utilized	_____ Date
_____ Signature of Witness	_____ Date