



Aaron  
Boone  
DO  
and  
Associates,  
PLLC

ACKNOWLEDGEMENT FORM OF POLICIES AND GUIDELINES:

**I have read and understand** the following policies and practices/guidelines of the office of Aaron Boone, DO & Associates, PLLC. All policies and practices/guidelines are available online at [aaronjboonedo.com](http://aaronjboonedo.com). I understand I have the right to request paper copies of each policy from the provider.

I acknowledge and accept the terms of the following guidelines and policies:

1. New Patient Information Packet
2. Payment Policy
3. Authorization for Payment and Release of Information
4. No Show Policy
5. Notice of Privacy Practices
6. Electronic Communications

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Patient's Signature or Guardian's Signature

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Printed Name

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Today's Date