

*FAMILY DOCTORS OF GREEN VALLEY*  
**Acknowledgement of Receipt of Office Policies**

I, \_\_\_\_\_, have received a copy of Family Doctors of  
Patient's Name  
Green Valley's notice of Office Policies which became effective on November 1, 2006.

Upon receiving the Office Policy Acknowledgement form I am responsible for reading  
and applying the policies and procedures.

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

\_\_\_\_\_  
Date