

Oahu Kidney Care LLC

I have received a copy of, read, understood, agree to abide by, and provide consent for treatment and use of protected information as per:

- Consent for Use and Disclosure of Protected Health Information
- Informed Consent for Telehealth Services
- Notice of Privacy Practices
- Patient Rights & Responsibilities
- Payment Policy

Signature of Patient or Legal Guardian

Print Name of Patient

Date

Print Name of Legal Guardian