



ACKNOWLEDGEMENT OF MEMBER RIGHTS AND RESPONSIBILITIES

Name: _____ Phone: _____

Address: _____ City/State/Zip _____

I have received, read, and accept the Member Rights and Responsibilities.

IDO NOT need an interpreter to read and understand the Member's Rights and Responsibilities.

IDO NEED an interpreter to read and understand the Member's Rights and Responsibilities.

Name: _____ Date: _____

Signature: _____ Relationship to the patient _____