



50 E. Foothill Blvd., Ste. 100
Arcadia, CA 91006
p. 626.445.2400
f. 626.445.2419
www.dynamic-therapies.com

**AGREEMENT WITH, AND
ACKNOWLEDGEMENT OF RECEIPT
OF
POLICIES & PROCEDURES,
INFORMED CONSENT, AND PRIVACY PRACTICES NOTICE**

My signature below indicates that I have read, understand, and agree with Dynamic Therapies, Inc.'s:

- 1) **Policies & Procedures, Edition 02/2026**
- 2) **Informed Consent, Edition 07/2023**
- 3) **Privacy Practices Notice, Edition 07/2023**

For future reference, a copy of each of the above was provided to me.

If the name of the patient is different from the person signing, I hereby affirm that I am legally responsible for the patient.

Patient's Name

Patient's Signature

Date