



6545 France Ave S, Suite 480 Edina, MN 55435

## NOTICE OF PRIVACY POLICY

Patient Name (Print): \_\_\_\_\_ Date \_\_\_\_\_

I \_\_\_\_\_, have reviewed the One Stop Medical Center Privacy Policy. I agree with all the terms of this policy.

I \_\_\_\_\_, have reviewed and request a copy of the One Stop Medical Center Privacy Policy. I agree with all the terms of this policy.