



The Oncology Institute of  
Hope & Innovation

## New Patient Packet Attestation

I, \_\_\_\_\_ acknowledge that I have received, read, and understand The Oncology Institute's new patient packet including, but not limited to, HIPAA privacy policies, patient rights and responsibilities, advance directive, copay policies and general dispensary information, if applicable.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_