



## ACKNOWLEDGMENT OF PATIENT BILL OF RIGHTS

Under Maryland state law you have certain rights, a full description of these rights can be found in The Key Vitality Solutions “Patient Bill of Rights” Form Provided to you. Key Vitality Solutions Is permitted to revise its bill of rights at any time we will provide you with a copy of the revised Bill of Rights upon your request. By signing This Form, you are acknowledging that you have received and reviewed Key Vitality Solutions “Patient Bill of Rights”.

Patient name: \_\_\_\_\_

Patient representative: \_\_\_\_\_

**If signed by a patient representative, state relationship to the representee below:**

\_\_\_\_\_

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