



ACKNOWLEDGEMENT OF POLICIES

University of Kansas School of Medicine – Wichita Medical Practice Association ("MPA") has made updates to the following policies:

- **Notice of Privacy Practices** - Revised December 2025
- **Financial Policy** - Revised December 2025
- **Notice of Non-Discrimination** - Revised December 2025

Printed copies of each policy are available upon request at the front desk. Please sign below to acknowledge that you have been informed of these policy updates and have had the opportunity to review or request a copy.

Patient Name *(Print)*

Date of Birth (MM/DD/YYYY)

Patient Signature

Date

If the patient lacks capacity or is a minor, signature of the parent, guardian, or authorized legal representative is required:

Representative Name *(Print)*

Relationship/Authority to Sign

Representative Signature

Date