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## Patient-Physician Relationship

I understand that I am a patient of \_\_\_\_\_, who is an independent practitioner at the Ravenna Homeopathic Clinic. The Ravenna Homeopathic Clinic is not a group practice, but rather a facility where independent practitioners share office space. My medical care is the exclusive responsibility of my individual practitioner, not of the Ravenna Homeopathic Clinic or of any other practitioners who practice there.

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Print Patient Name

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Signature of Patient (or of Legal Guardian)

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Date