



LONGEVITÀ MEDICAL PRIVACY POLICY

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that a copy of the Longevity Medical Privacy Notice bearing the effective date of July 15, 2021 has been made available to me. I have reviewed and acknowledge the contents of this document as indicated by my signature below.

Name of Individual (Printed)

Signature of Individual

Signature of Personal Representative

Relationship

Date Signed ____/____/____