

AFFILIATE MANUAL ACKNOWLEDGEMENT FORM

I acknowledge that I have read the Empathia Affiliate Manual, which provides guidelines on the policies, procedures and programs affecting my affiliation with Empathia. I understand that Empathia can, at its sole discretion, modify, eliminate, revise or deviate from the guidelines and information in this handbook.

I also understand that changes may be made by Empathia with respect to its policies, procedures or programs can supersede, modify or eliminate any of the policies, procedures or programs outlined in this handbook. These changes will be communicated to me when necessary.

I accept responsibility for familiarizing myself and my staff (if applicable) with the information in this manual and will seek verification or clarification of its terms or guidance when appropriate.

Affiliate Signature

Date

Affiliate Name/Clinic Name

(Please Print)