



**COASTAL PINES**  
MEDICAL GROUP

**Coastal Pines Medical Group**

**2150 Main St, Suite 3**

**Cambria, CA 93428**

**Patient Rights and Responsibilities Attestation Page**

By signing below I acknowledge that I have read and understand these Patient Rights and Responsibilities:

**Signature:** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Date:** \_\_\_\_\_