

Easton Health Solutions Chiropractic Center

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Acknowledgment of Receipt of Privacy Policies

I, _____ have received a copy of Easton Health Solutions Chiropractic Center's Privacy Policies. I understand that they will maintain a more detailed version, which I may view and/or receive a paper copy of at any time.

I also agree to address any disputes regarding its contents in writing.

Patient's Signature _____ Date _____
(or Legal Guardian if under 18 years old)