

COHEN CHIROPRACTIC

Signature Page

Please print this page and bring it to your New Patient Visit

1. I have read the information about e-mail procedures and privacy and have received answers to all of my questions about using e-mail to communicate with Cohen Chiropractic.
2. I have read the Cohen Chiropractic Practice Policies and have received answers to all of my questions regarding the contents therein.
3. I have read the Privacy Practice for Protected Health Information policy of Cohen Chiropractic and have all of my questions answered regarding its contents.
4. I have read the information about the Health Insurance Policy and have received answers to all of my questions regarding its contents

Patient name (please print) _____

Signature _____ Date _____

