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Acknowledgement Form

Your signature below indicates that you have read the Client Services Agreement and agree to its terms, and also serves as an acknowledgement that you have received the HIPAA Notice Form.

Furthermore, your signature indicates that you understand the cancellation policy and that you agree to pay a \$60 fee should you not show to a scheduled session or fail to provide 24 hours advance notice of cancellation.

Client/Guardian Signature

Date

Client/Guardian Signature

Date

Therapist Signature

Date