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I acknowledge receipt of the HIPAA notice

Client Name:_____ Date: _____ Signature: _____

Client Name:_____Date: _____ Signature: _____

I have read the Agreement and Office Policies and General Information; I understand them and agree to comply with them:

_____

Client name (print) Date Signature

_____

Client name (print) Date Signature

I hereby consent to the use or disclosure of my Protected Health Information as specified in the TPO.

Signature of Client: _____ Date: _____

Signature of Client:_____Date: _____