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Individual, Marriage, and Family Therapy

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Client Release Form

Receipt and Acknowledgment of Payment Fees, Privacy Practices, and Policies

Name _____

Birth Date _____

Client Name _____

Birth Date _____

In signing this receipt you acknowledge that you have read and understand these Practice Policies, Fee Schedules, and Privacy Practices that are required by Hipaa Laws.

Signature _____

Date _____

Signature _____

Date _____