

**Alliance Counseling**

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**NOTICE OF PRIVACY PRACTICES**

By signing below, I understand and acknowledge that I have read this consent and have been given the Notice of Privacy Practices.

\_\_\_\_\_  
Name of Client

\_\_\_\_\_  
Parent/Guardian (print)

\_\_\_\_\_  
Signature of Client or Parent/Guardian

\_\_\_\_\_  
Date Signed

\*If you do not wish to retain your copy of the Notice of Privacy Practices, please give it to your therapist and save a tree!\*