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 note in your come of the l	Notice of Privacy Practices, please give it to you

therapist and save a tree!*