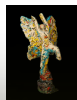


Pediatric & Family
Psychology, P.A.



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Licensed Psychologist

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Acknowledgement of Receipt of Notice of Privacy

I, _____ have received a copy of
Print Full Client Name

Pediatric & Family Psychology's Notice of Privacy Practices.

Signature

Date

Psychotherapist-Client Agreement

I, _____ agree to abide by the
Print Full Client Name

terms of the Psychotherapist-Client Services Agreement Form (formulated initially on 4/2003) during our professional relationship.

Signature

Date