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**ACKNOWLEDGEMENT & AGREEMENT TO OFFICE AND FEE POLICIES,
GENERAL INFORMATION AND PSYCHOTHERAPY SERVICES**

**I have read and understand the Office and Fee Policies and General Information ,
Agreement for Psychotherapy Services handout, dated 9-1-2008 .**

I understand the policies and information contained therein.

I agree to comply with these policies and understandings.

Client Name (print)

Date

Signature

Therapist (print)

Date

Signature