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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 4-8-2015**

I understand the policies and information contained therein.

I agree to comply with these policies and understandings.

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Client Name (print)                      Date                      Signature

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Therapist (print)                      Date                      Signature