



Nicole Maus-Chaudhury LCSW-C

Receipt of Social Media Policy

Client Name: _____

DOB: _____

I affirm that I have received a copy of Finding Hope's Social Media Policy. I have been given an opportunity to ask questions about the Social Media Policy and by signing this document, I confirm that I understand the Policy and agree to abide by the Policy.

Signature of Client or Personal Representative

Printed Name of Client or Personal Representative

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