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Acknowledgement of Receipt of Notice of Privacy Practices (NPP)

I acknowledge receipt of this notice and understand that the office of Visualize Your Life Counseling will comply with it. For services to be rendered, this office must be given this signed receipt.

_____ X_____ _____
Client's Printed Name Client's Signature Today's Date

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Client's Printed Name Client's Signature Today's Date

----------if applicable----------

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Legal Guardian's Printed NameLegal Guardian's Signature Today's Date

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