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***Acknowledgement of Receipt of  
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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.

\_\_\_\_\_  
Client's Printed Name                      X \_\_\_\_\_  
Client's Signature    \_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Client's Printed Name                      X \_\_\_\_\_  
Client's Signature    \_\_\_\_\_  
Today's Date

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

\_\_\_\_\_  
Legal Guardian's Printed Name                      X \_\_\_\_\_  
Legal Guardian's Signature    \_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Legal Guardian's Printed Name                      X \_\_\_\_\_  
Legal Guardian's Signature    \_\_\_\_\_  
Today's Date