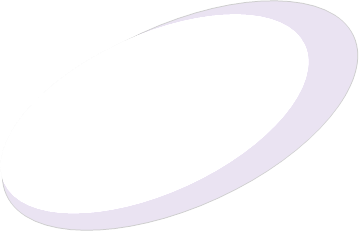
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I have attempted to obtain the patient’s signature on this form, but was not able to for the following reason:

Date:

Initials:

Please document the reasons you were unable to obtain the signature.

I have received a copy of the *H.A.L.O. Educational Systems, LLC.* Notice of Privacy Practices. I understand that *H.A.L.O. educational Systems, LLC.* has the right to change its Notice of Privacy Practices from time to time and that I may contact *H.A.L.O. Educational Systems, LLC* at any time to obtain a current copy of the Notice of Privacy Practices.

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**Signature of Client/Legal Representative**

**Relationship to Client**

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