## H.A.L.O. Educational Systems, LLC.

<u>H</u>elping <u>A</u>ll <u>L</u>earn <u>O</u>ptions www.HALOEducationalSystems.com

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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.

| Client Name (Print)                 |        |
|-------------------------------------|--------|
| Signature of Client/Legal Represent | tative |
| Relationship to Client              |        |
| Date                                |        |

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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:

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**Initials:**