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Acknowledgment of Notifications

I acknowledge the receipt of **Office Policies and Agreement for Psychotherapy Services** and understand and agree to comply with them.

Client name (print)	Date	Signature
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Client name (print)	Date	Signature
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Janetti Marotta, Ph.D.	Date	Signature
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I also acknowledge the receipt of the **HIPAA** Notice of Privacy Practice for my review.

Client name (print)	Date	Signature
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Client name (print)	Date	Signature
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Janetti Marotta, Ph.D.	Date	Signature
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