**Receipt of Notifications**

I acknowledge that I have received and read Canopy Counseling Unlimited’s Informed Consent and Notice of Privacy Practices documents. I understand all of the information provided, agree to the terms and conditions, and consent to proceed with treatment. I understand that these documents are available on Canopy Counseling Unlimited’s website, www.canopycounselingunlimited.com, and that I may request a hard copy if I am unable to access them.

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Client or Legal Guardian’s Signature Date

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Client or Legal Guardian’s Name (Printed) Date

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Therapist Date

Revised 12/1/18