Receipt of Privacy Notice & Therapy Guidelines

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (client name), have received and read the Privacy Notice from Jennifer Mele, LCSW. I have also received and read the Therapy Guidelines from Jennifer Mele, LCSW.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

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Jennifer Mele, LCSW

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