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**Acknowledgment of Required Intake Forms**

I acknowledge that I have been given copies of:

- the *Psychotherapist-Patient Services Agreement* and
- the *HIPAA Privacy Notice*

to review and discuss with my therapist.

Please review and sign the *Psychotherapist-Patient Services Agreement*.

Please also review the *HIPAA Privacy Notice*. The *HIPAA Privacy Notice* does not require your signature.

Please let me know as soon as possible if you have any questions or concerns about doing this.

\_\_\_\_\_  
Signature of Patient (or Parent/ Legal Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient