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Aria Counseling
Assessment & Mediation Centers
"find your voice"

Acknowledgement Form

I have received the Notice of Privacy Practices and I have been provided with an opportunity to review it.

Name *

First Name | Middle Name | Last Name

Date of Birth *

Month Day Year

Signature

Date of Signature *

Month Day Year

Name of Parent/Guardian/Guarantor, If Applicable

First Name | Middle Name | Last Name

Date of Birth

Month Day Year

Signature

Date of Signature

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Day Year

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