

**Soul-Etudes LLC**  
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**CLIENT ACKNOWLEDGEMENT FORM**

Pursuant to HIPAA, Dr. Sutton is obligated to request that clients sign an acknowledgement that they have received and reviewed the Notice of policies and Practices to Protect the Privacy of your Health Information. Please request this from your therapist if you would like a copy of this Notice.

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**NAME OF CLIENT**

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**SIGNATURE OF CLIENT**

**DATE**

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**NAME OF PARENT(S)/LEGAL GUARDIAN(S) of MINOR CHILDREN or OTHER  
LEGAL REPRESENTATIVE**

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