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I, \_\_\_\_\_, a client of Dr. Stephanie T. Ho, received the HIPAA Notice of Privacy Policies and Practices. My therapist has discussed this document with me. I have been informed that, should I have any questions regarding this document or do not understand the information in the Notice, I may direct these questions to Dr. Ho.

Client Name: \_\_\_\_\_

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

If minor, name of parent or legal guardian: \_\_\_\_\_

Signature of parent or legal guardian:

\_\_\_\_\_ Date: \_\_\_\_\_