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ACKNOWLEDGEMENTS

Date: _____

By initialing each of the following and then signing below, I am acknowledging that I have read and understand as well as agree to adhere to the following, and have received copies of each to keep in my possession:

<u>NAME OF POLICY</u>	<u>INITIALS</u>
Financial Policy - The Happy Mind Company	_____
Practice Policy - The Happy Mind Company	_____
Medication Policy - The Happy Mind Company	_____